

# Medicaid and Schools Call Notes

## October 29, 2020

### AHCA Guidance

#### Telemedicine Consent

We received guidance from AHCA regarding telemedicine delivered in brick and mortar schools. On August 14, AHCA stated in an email that they would permit telemedicine while students were in school as long as we had active informed, signed and dated parental consent to receive telemedicine services. This guidance led to a lot of confusion since telemedicine was already allowable while students were in school prior to COVID-19 without parental consent to receive telemedicine services. On September 21, AHCA reinforced the need for parental consent.

*On October 2, AHCA asked the question, when students are on campus receiving telemedicine services, is written consent required?*

*Answer: When a child is receiving services on campus, parents must have a choice and be informed regarding their options for face-to-face or telemedicine services. The option to opt in or out of the service using telemedicine should be made available. Schools should provide a reasonable deadline for parents to opt out of telemedicine services to ensure timeliness of service provision.*

The FDOE Medicaid Consultant has met with FDOE senior leadership to discuss this requirement. Senior leadership stated that “should” is best practice, and “shall” is law. If a district needs to utilize telemedicine services due to a critical shortage, limited movement in the hallways, staff being quarantined, etc., the district can use telemedicine services and submit claims for those services. Giving parents the option to opt out of telemedicine services is best practice. If face-to-face services are available, the parent should be given the option to “opt out.” It is a district level decision to allow parents to opt out of their students receiving telemedicine services in schools if face-to-face is available. AHCA provided districts with an updated FAQ on October 2, 2020. Refer to question #15 using this link: [Medicaid School-Based Services - Frequently Asked Questions \(FAQs\) Regarding Telemedicine Flexibilities for School Districts, Private, and Charter Schools During COVID-19](#).

#### Parent Present

Guidance received from AHCA stated that while services are delivered to a student in brick and mortar, an adult is required to the extent needed if the child requires assistance using the technology or requires some level of adult supervision to appropriately complete the therapy session. This is a district based decision.

FDOE has continued to receive questions from districts regarding the “parent present” requirement when students are in the home receiving telemedicine services. FDOE has asked AHCA for clarification on this requirement. They referred districts to #13 in the FAQ, which states, “consent is not necessary when telemedicine is utilized by students who are learning remotely. Schools should refer to the Florida Department of Education for any other consent requirements”.

The telemedicine guidance also states the parent must be present for the service to be reimbursable when providing telemedicine in the home. AHCA did not provide clarification on what “parent present” means.

*District Question: Do they have to be in the room? Can it be another adult? Do they have to be on camera for the entire session?*

*Answer: This will need to be a district level decision.*

### Individual/Group

Individual and Group on the Plan of Care (POC) and Individual Educational Plan (IEP). During the state of emergency, flexibility was given by AHCA on April 9 to allow districts to seek reimbursement for an individual session provided although group was stated on the POC/IEP. The guidance from AHCA in this link stated if the POC/IEP indicates group therapy, but individual therapy is provided due to the provider/school staff working remotely to ensure the child can continue services outlined on their POC/IEP, the service should be billed as individual. This guidance is very clear. Districts can receive reimbursement for individual sessions provided during the state of emergency, when students are at home receiving telemedicine services and the IEP/POC states group. [Plans of Care/Individualized Education Plans \(IEPs\)](#)

On September 23, AHCA gave districts this guidance:

*FDOE Question: Can schools bill for an individual session instead of a group session, if only one student attends a scheduled group therapy session?*

*Answer: Schools can only seek reimbursement for individual or group sessions as indicated on a student's IEP/POC and as medically necessary.*

Districts can **ONLY** submit an individual session if group is stated on the POC/IEP when services are delivered in the home via telemedicine during the state of emergency. When services are delivered in the school, districts cannot submit an individual session for reimbursement if group is stated on the POC/IEP. However, through some follow up questions to AHCA, they did state districts can seek reimbursement for a group of "1" for therapy sessions if there is only one student in the group for that session and the POC/IEP states group. According to the handbook, behavior groups must be a minimum of "2," so districts cannot seek reimbursement for a behavior group unless there are at least 2 students in the group.

### Make Up Services

On September 23, AHCA addressed make up sessions.

*FDOE Question: Are makeup sessions allowed in the event of an emergency?*

*Answer: Make up sessions cannot be reimbursed if the IEP/POC is not updated to reflect medically necessary changes. In the event a student misses a session, schools may update the IEP/POC and deliver medically necessary services in accordance with the updated treatment plan. .*

FDOE was seeking clarity on guidance that districts previously received from Erica Floyd Thomas in 2004, where she stated, "the POC/IEP is flexible and the therapist should indicate in their records why the temporary change occurred and those extra sessions can be billed". Her answer was in response to an email regarding school closure due to a hurricane. In the past, districts did submit claims above the frequency and duration on the IEP/POC and during monitoring they were instructed to void the services, as they exceeded the frequency and duration of the service on the

IEP/POC. This topic is still outstanding. We do not have a clear response from AHCA, yet. As soon as FDOE receives an update, districts will be notified.

## **CS/HB 81: Health Care for Children**

### Coverage Policy

At this time, FDOE does not know what the rules are going to look like for the free care services. The draft policy released a couple of years ago addressed a plan of care and listed the things that would need to be in the plan. FDOE expects that something similar will be in the new rule. AHCA did not address or name the plans previously, they only indicated the plan must cover specific elements. As long as the healthcare or behavior, etc., plan contained those specific elements, the plan met the requirements for a plan of care. AHCA has up to one year from July 1, 2020 to submit the policy. Districts have up to one year to submit claims for delivered services. If the district is capturing services, there is a POC in place, the plan meets all the requirements once they receive the updated policy, then the district can submit claims for reimbursement.

### Medicaid Parental Consent

The district will need to have Medicaid parental consent to check Medicaid eligibility and submit claims for reimbursement. As previously discussed, FDOE created a combined Medicaid parental consent for districts to use, or to be used as a guide by districts creating their own consent form. FDOE's form was reviewed by the FDOE Legal Department. FDOE also created a checklist to ensure districts' combined Medicaid consent meets all the requirements under IDEA for ESE services and FERPA for non-ESE services. As a reminder, annual notification is only required under IDEA for ESE services. The links to these documents are found here:

[Medicaid Parental Consent Combined](#)  
[Medicaid Parental Consent and Annual Notification Checklist](#)

Districts should defer to their own legal departments for guidance with creating their Medicaid parental consent documents. Districts should review the plans their providers are currently using to determine if they meet the current requirements in the handbook. If plans do not meet requirements, districts must determine what will be used for the POC. A 504 plan, a health care plan or some type of behavior plan of care can be used to meet requirements. Districts should meet with all the stakeholders to be prepared when the new policy is available. If a district has any questions, please let FDOE know and we can set up a meeting to discuss the services your district provides and what your district's next steps are.

## **FMAP Increase**

### Current Rate

The new FY 2021 FMAP rate as of October 1, 2020, is 61.96. The State of Emergency was extended through January 21, 2021, through the Family First Coronavirus Response Act to allow an additional 6.2 on the existing FMAP rate, so the state's current FMAP rate through January 21, 2021, is 68.16. Districts should review their claims to ensure the appropriate rate is being paid.

## Reimbursement

If districts submitted claims prior to the increase on March 18, 2020, for services delivered after January 1, 2020, and did not receive the increase in the FMAP rate of 6.2, the district will need to submit an adjustment or a void to correct the payment. If there are any questions regarding the adjustment, please contact the Medicaid helpline: **Medicaid Helpline 1-877-254-1055**.

## **Outstanding Questions and Updates**

### Updates

1. Many questions were answered during our last call and in the notes emailed to districts on 8/4/20. Cynthia Joseph emailed districts on October 22 instructing them to resubmit denied claims. Here is a list of procedure codes that were denied, including the NCCI edits:
  - 97150 GP - Physical Therapy Group Session
  - 96150 HO GT - Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors Individual Service-Evaluation - Rate Not Found
  - 96150 AH - Psychologist - Individual Service Evaluation and 96152 AH - Psychologist - Individual Service - All Else - Invalid Billing Combination
  - Behavior 32 units/day reduced to 8 units/day for evaluations and 6 units/day for services - MUE/NCCI

If your district is able to submit these codes and receive payment, please let FDOE know so they can be taken off the list. AHCA was working with Sam Soppe from Accelify in August to correct the denial of procedure code 96150 AH with 96152 AH. Sam informed FDOE that AHCA stated it must be corrected for each district individually. If your district continues to receive any of these procedure codes as denied claims, please let FDOE know. AHCA previously stated that a Claim Issues Team was put in place for districts to contact directly to resolve these issues. Please continue to call the support line listed above to report district denied claims. FDOE will continue to work with AHCA until these issues are resolved.

2. Districts were seeing delays with the providers receiving their FDOE certification. If a provider did not have an existing certification, the date on the certification was July 1 of that year. If the provider had an existing certification and were adding a new subject area such as school psychologist, school social worker or school counselor, the date on the certification was the date the certification was issued. Providers did not receive their certification for months and districts were not able to seek reimbursement for their services, as their certification did not indicate July 1 when they began delivering services. The certification department did implement a new system for issuing certifications. The certifications are typically processed within three weeks. Districts noticing any delays that may negatively affect reimbursement, please inform FDOE immediately. Please note, under the general auditor requirement, FDOE has up to 90 days to create these certifications.
3. In regards to charter school enrollment. AHCA has verified school districts' ESE Directors do not need to sign the enrollment forms for charter/private schools. Each charter/private school has their own directors who will complete the forms. Charter schools are beginning to reach out for information regarding the Fee-for-Service program and are starting to enroll. FDOE has added a link for the charter school enrollment process if a school reaches out to a district for support:

### [Private and Charter School Enrollment Update](#)

## Questions

*What is the process for districts to resubmit denied claims exceeding one year?*

*Answer: AHCA stated the historical NCCI reported issue is still under review with their system team. We do not have an answer for the process of how districts can seek reimbursement for denied claims exceeding one year or if they are actually paying yet.*

*Has AHCA reviewed the fee schedule comments submitted February 5, 2020?*

*Answer: AHCA has not provided any feedback for the comments submitted on the fee schedule in February of this year.*

*Are there any updates regarding the FFS federal audit?*

*Answer: AHCA has not provided any additional information regarding the federal audit from last year.*

*Can AHCA allow flexibility for telemedicine audio-only behavior services to be reimbursable when video is available?*

*Answer: AHCA has not given us any guidance on allowing flexibility to use audio-only telemedicine behavior services to be reimbursable when video is available.*

*How often are the FFS reimbursement totals updated on AHCA's website?*

*Answer: AHCA has not provided information regarding how often the FFS reimbursement amounts are updated on their website.*

## **Provider Relief Fund**

### Payments

With the remaining balance of the \$20 billion budget, the Health Resources and Services Administration will calculate an equitable add-on payment that considers the following: A provider's change in operating revenues from patient care. A provider's change in operating expenses for patient care, including expenses incurred related to coronavirus and payments already received through prior Provider Relief Fund distributions. FDOE has included links to the CARES Act general information:

[CARES ACT PROVIDER RELIEF FUND GENERAL INFORMATION](#)

### Phase 3

FDOE has included the links to INSTRUCTIONS FOR PHASE 3 – APPLICATION AND ATTESTATION and the APPLICATION FOR PHASE 3. Applications are due November 6, 2020. Please note: No changes can be made to the application once submitted.

[INSTRUCTIONS FOR PHASE 3 – GENERAL DISTRIBUTION APPLICATION VIA PROVIDER RELIEF FUND APPLICATION AND ATTESTATION PORTAL](#)

## APPLICATION FOR PHASE 3

To apply for these additional funds, the district will need to sign in to the organization's TIN dashboard and complete the attestation for the phase 2 payment received. Link provided here:

### SIGN IN TO ORGANIZATION TIN DASHBOARD

1. Complete the Attestation for Phase 2
2. Click Submit New Information

Districts who applied received two percent of their gross revenue from patient care. Once the attestation is complete, you will see the three green checkmarks. Then click submit new information.

### *Phase 3 Application Updates*

- Removed
  - Fields 6-8, 19-32 and 37-48
- Updated
  - Field 13 - Operating Revenues from Patient Care
  - Field 14 - Operating Expenses from Patient Care
  - Field 15 - Revenues Worksheet
  - Field 17 - Supporting Documents for 2019
  - Field 18 - Supporting Documents for 2020

For district questions, please call the Support Line: 866-569-3522.

The current application questions #13 and #14 are capturing the loss in revenue from patient care and the increase in expenses for Q1 and Q2 of 2020 compared to Q1 and Q2 of 2019 due to COVID-19. When looking at increased expenses think about what the additional cost was to provide remote therapy. When looking at the loss in revenue, districts may use any reasonable method of estimating the loss if your district has not submitted claims through June of 2020. Patient care means health care, services and supports, as provided in a medical setting, a home or in the community to individuals who may currently have or be at risk for COVID-19. HHS broadly views every patient as a possible case of COVID-19. Operating expenses from patient care should include operating expenses incurred as part of the delivery of care. Some of the biggest losses were probably transportation, nursing and behavior.

*Update: Karen Thomas, Leon, volunteered to assist districts with the Provider Relief Fund Phase 3 application, please contact Karen Thomas at [thomask4@leonschools.net](mailto:thomask4@leonschools.net).*

## **Reconsideration of Moments**

### Q3 and Q4 2018 Reimbursement

Across the state, districts have received an additional 3.6 million dollars in SDAC reimbursement for Q3 and 4.9 million dollars in SDAC reimbursement for Q4. That is 8.5 million dollars

### Q1 2019 Timeline

Q1 2019 was recently submitted and the agency's review is due November 13. If a district submitted moments for reconsideration, the district should receive an email from Logan Harrison

with an updated monitoring report and reconsideration form, if changes were made. If changes were not made, she should still send districts notification in an email. This is very important because FDOE experienced that a district was forgotten. The district and FDOE had to contact AHCA to review and redistribute the updated claiming invoices for all of the districts in the group. If a district has submitted a reconsideration form and did not receive an email from Logan by November 13, please contact her.

## Q2 2019

Q2 2019's deadline for submission is December 15. If a district would like for FDOE to assist in the review process, please reach out.

## Additional information

There is a new district monitor working with AHCA. Her name is Makeesha Griffin. At this time, Leila and Makeesha are reviewing SDAC moments for our state. Logan and Antraneise are doing a 2nd and 3rd review of those moments. If there are any changes to claimable codes or any errors noted on the monitoring report that are not reflected in policy, please contact FDOE so it can be addressed. If there are any nuances in their coding, please contact FDOE. It has been noted how important receiving additional information can be to ensure a claimable code is not changed to a non-claimable code. Please reach out to participants for additional information if their moment is too vague, or if clarity is needed on something they stated, to ensure the district is selecting the appropriate code.

## **Increase Medicaid Reimbursement**

### Action Plan

Districts wanting an action plan to increase Medicaid reimbursement, should contact FDOE. We can assist your district. FDOE can assist districts with reviewing their process and identify any additional areas to maximize district reimbursement. Please contact FDOE if the district is interested in putting together an action plan.

- Review Approved Job Codes
- Complete Job Code Certifications
- Review Costs for Non-Sampled Supervisory and Clerical Staff
- Review Cost Center From/Through Times
- Identify Gaps in Training and/or Documentation
- Review Funding Source
- Complete a Rate Study

It appears job code certifications are taking approximately 30 days for approval. Please be mindful of this when planning for future SDAC quarters. In regards to increasing a district's rates, one district has been waiting over a year to receive the rate increase. FDOE is working with AHCA to get a more concise timeline for rate increases.

## **Virtual Meeting**

### Medicaid 101

FDOE is planning to do a virtual Medicaid 101 session for all the new Medicaid contacts. There will be two sessions; one for Fee-for-Service and one for School District Administrative Claiming. If a

district has new staff and is wondering what the Fee-for-Service Certified School Match and School District Administrative Claiming programs are, this is the session for you or anyone else interested in reviewing the guides and discussing district issues. Please save the date, **November 17 and November 18, 2020**, for this review session.

*Update: Both Medicaid 101 SDAC and FFS were held on November 17, 2020. An additional Medicaid 101 session will be scheduled in 2021 for those not able to attend.*

There will also be a virtual Telemedicine conference with break out rooms. Districts enjoy meeting to brain storm ideas in their districts and hearing what other districts are doing. Members of the Student Support Services team may join us, so we have some experts in the room regarding student services. If a district has ideas on topics, please contact FDOE. Please complete the survey (link below) as to get an idea of what district needs are and what topics to discuss.

Survey:

[https://forms.office.com/Pages/ResponsePage.aspx?id=exC\\_Y2\\_Lc0GMHBQGu1y3IAeJkgke2KZLr4Vpwt2Q0DBUNkZHN0hVUkUxME41UDg5VIZMNjAxUFcwRS4u](https://forms.office.com/Pages/ResponsePage.aspx?id=exC_Y2_Lc0GMHBQGu1y3IAeJkgke2KZLr4Vpwt2Q0DBUNkZHN0hVUkUxME41UDg5VIZMNjAxUFcwRS4u)

*Update: Deneen Gorassini, Broward, volunteered to assist FDOE on the virtual meeting break out rooms. If you are interested in working on this committee, please contact her at [Deneen.Gorassini@browardschools.com](mailto:Deneen.Gorassini@browardschools.com).*

Student Support Services Project Website: <http://sss.usf.edu/resources/topic/medicaid/index.html>