

Schools and Medicaid Quarterly Call
April 20, 2016
Call Notes

Present on call:

District contacts

Linda Carris, PT and Lake County School District Medicaid Contact

Lakera Reddick, AHCA

Derica Smith, AHCA

Luc Toussaint, AHCA

Ami Flanigan, AHCA

Jeffrey Douglas, AHCA

Pam Kyllonen, AHCA

Anne Glass, USF Student Support Services Project/FDOE

Thomas (TJ) Garrett, USF Student Support Services Project/FDOE

Richard Gary, USF Student Support Services Project/FDOE

I. Introductions

AHCA and FDOE/SSS staff introduced themselves. Derica Smith was welcomed back.

II. Parental Consent and Notification

Anne reported that the parental consent form has been approved by the FDOE General Counsel's office. The form was reviewed and Anne stated it will be posted on the USF website at www.sss.usf.edu. The form is an example of what districts can use and districts are not required to use that particular form. The form incorporates requirements of IDEA and applicable parts of 6A-6.03028(q), Florida Administrative Code. Access to the form will also be available through PEER. A question was asked about FDOE review of parental consent forms. Those forms should generally go through your district legal office if the district wants to know if they meet the legal requirements. Content of the form is included in the presentation slides that accompany these meeting notes.

III. Changes to Chapter 486, Florida Statutes

Linda Carris, PT, presented changes to Chapter 486, the statute governing physical therapists. Changes were made during the most recent legislative session and include changes to the number of days a PT can treat without a prescription (from 21-30) and an allowance for services to be based on a prescription from an out of state physician. An email was sent to ESE/Student Services directors from the FDOE BEESS Bureau Chief, Dr. Monica Verra-Tirado on April 4, 2016 with information about the changes. AHCA staff stated that districts should operate under the requirements of Chapter 486, which includes any changes made to that statute. Additional detail pertaining to the statute is included in the presentation slides that accompany these meeting notes.

IV. HB 5101-Charter and Private Schools-Medicaid

Anne shared information on the recently passed HB 5101, which appropriates state general revenue funds for school-based services provided by private schools and charter schools that are not participating in Medicaid through their local school districts. The bill created a general revenue appropriation in the amount of \$4,000,000. Derica reported that AHCA is in the process of developing a coverage policy to align with the legislation and that the Medicaid State Plan will need to be updated. AHCA also has internal work to be done prior to submission. She stated the process for developing and getting approval from CMS for a state plan amendment can take from 3-12 months. A question was asked through the chat box regarding the effective date of the HB5101. Anne indicated she will check on this. Additional details of the appropriation and a link to the entire bill text are included in the presentation that accompanies these notes.

Follow up:

- In answer to the question posed through the chat box, HB 5101 is effective July 1, 2016.

V. Status of MCSM Handbook, Provider Agreements, Free Care, Telemedicine

Derica reported that the policy coverage (known now as the Medicaid Certified School Match Coverage and Limitations Handbook) is still under review. She stated that AHCA would like to receive any recommendations for changes from school districts. Districts may email these Derica (derica.smith@ahca.myflorida.com) and Luc (luc.toussaint@ahca.myflorida.com).

Ami reported that AHCA plans to update all provider agreements and districts may be contacted for information. The agreements are handled through AHCA's contract management.

Derica reported that the telemedicine rule is anticipated to be adopted in the next 60-90 days.

Derica reported that AHCA is reviewing the free care information. Within the next few months, AHCA plans to update coverage policy (plan to remove language, remove restrictions in Medicaid State Plan amendment, remove from general provider handbook).

VI. Monitoring Process

Jeffrey reported that Debbie Dunn has retired and they have moved staff around to cover the districts for monitoring. Jeffrey will send Anne a copy of the current monitoring assignments and Anne will disseminate to school district Medicaid contacts.

Follow up:

- Jeffrey sent list and Anne sent to all school district Medicaid contacts.
- Per request on call, contact information for Pam and Jeffrey:
Jeffrey Douglas: Jeffrey.douglas@ahca.myflorida.com

Pam Kyllonen: pamela.kyllonen@ahca.myflorida.com

VII. Health Departments – Information Sharing

Anne requested that districts email her if they are sharing student information with county health departments for health department billing of services taking place in schools.

Follow up:

- Anne has not received any emails from districts.

VIII. Questions and Answers

School district Medicaid contacts were requested to send questions in advance of the meeting to obtain answers from USF/FDOE and AHCA staff.

- Question: FDOE: What changes will DOE make for implementation of PT changes?
Answer: Anne stated that for now, no changes are needed, as the requirements for FDOE only refer to alignment with the statute. FDOE reviewed the SP&P requirements, as well as Part B.
- Question: FDOE/AHCA: Please clarify the email Anne sent on March 4 that included information from Ami Flanigan about communication between districts, data managers and AHCA.
Answer: Provider agreements are between the school district provider and AHCA. AHCA requests that contacts with them regarding policy clarification be through school district staff. This does not preclude a vendor being part of the conversation, but the school district should receive answers to policy questions directly. Vendors may contact Ami regarding claims preparation. Districts must not remove themselves from the process just because they have a data manager.
- Question: AHCA (FFS): During an IEP meeting, if a student needs specialized transportation, the IEP team completes a Transportation Services form which specifically outlines the student's need. However, the IEP team sometimes includes a non-specific reference in the IEP such as "student must ride special education bus to and from school/home." I understand that, by itself, this reference would not be enough for Specialized Transportation. The DOE allows districts to attach the separate Transportation Services form to an IEP in order to document the criteria that have been met to determine eligibility for weighted transportation funding. Since Medicaid has the same criteria for transportation, would this be acceptable for Medicaid documentation?
Answer: AHCA responded that as long as the provider is documenting the services in accordance with the Medicaid Certified School Match Coverage and Limitations Handbook, it will be reimbursable.

- Question: AHCA (FFS): Language evaluation needed to assist in determining eligibility: The school psychologist is conducting tests/assessments to determine an ASD disability for a student. The school psych needs a language evaluation including in that testing and requests that an SLP conduct the language evaluation. The SLP conducts the language evaluation. Based on all the tests and assessments, the student is found to have a disability of autism spectrum disorder and needs behavioral health support, which is included in the IEP. However, the student will not need speech/language services. Can we bill for the language evaluation in this instance?

Answer: AHCA responded that in accordance with Chapter 1, page 5 (“Medicaid Reimbursable Services”) of the Medicaid Certified School Match Coverage and Limitations Handbook, “If an evaluation is done for a student and it is determined that he is not entitled to services under Part B or C of IDEA (an IEP or FSP is not completed), Medicaid will not reimburse the school district for the evaluation time.”

Follow up question posed through chat box: In the technical assistance part of the certified school match handbook, it states on page 7 an evaluation can be reimbursed if the service is not recommended. Would that also pertain to the school psychological-autism spectrum disorder evaluation?

Answer: Derica asked that districts refer to chapter 6 of the Medicaid Certified School Match Coverage and Limitations Handbook for specifics on behavioral services, and what is included.

- Question: AHCA (FFS): Where can we find list of denial codes when claims are denied? Who do we contact if we have questions about denials? Are you aware of any Medicaid system wide issued related to denials (for example certain procedure codes denying)? A district also commented in the chat box that she tried on several occasions to reach the HP field representative so called the 800 number and spoke to customer service. The rep said she couldn’t help her and had no idea what to do.

Answer: AHCA does not maintain a list of denied codes. If you need claim related assistance, you can contact HP (AHCA’s contracted fiscal agent for claims). Anne reminded all that districts should regularly review their remittance advice received for claims filed for errors and denied claims. Derica stated that HP should be helpful and should provide this information. If not they can reach out to their local area offices. A district also responded through the chat box that a district can access the Medicaid portal and can download the remittance report and see the denial codes toward the end of the report.

Follow up:

- If you need claims assistance, call AHCA’s fiscal agent, HP, at 1-800-289-7799, Option 7.

- Link to map of HP field representatives:
<https://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/Rep%20Area%20Map.pdf>.
- Question: AHCA (SDAC): If a staff person that was employed by the district was included in the sample pool, but subsequently the staff person left the position because the program in which the staff person worked was closed and there was no replacement (due to the closing of the program) and the staff person is selected to complete a “moment”, what should the district coder code the form?
Answer: Ami stated that per page 2-15 in the SDAC Guide, this would be considered a “terminated position” and would be coded a 13-“Not Scheduled to Work.”
A follow up question was posed through the chat box:
Question: To clarify the scenario of the program and position that was vacant: How should the moment be coded if the program and position were gone prior to the beginning of the quarter?
Answer: Ami responded that this would also be coded a 13.
- Question: AHCA (SDAC): We know that the district can’t “double dip” and claim FFS and administrative claiming for the same services. If we bill FFS for some of the services, such as therapy or evaluations and include those staff in the time sample for other activities such as care planning and coordination, how are we supposed to report the salaries on the administrative claim. Do we prorate them?
Answer: Ami stated this is addressed on page 2-5 of the SDAC guide. She reminded call participants that documentation should be maintained in case of audit.

IX. Open Forum

Prior to the call, two districts asked for input from other districts on the following questions:

- How are district staff finding time during the workday to meet the requirement to document services (and/or enter into an electronic system) on the date that the service occurs? District responses:
-provide laptops for their therapists so that services may be documented timely
-district gives them planning time but they are often being pulled for other duties during their documentation time
- How are districts getting parental consent forms signed? District responses:
-obtain consent from every student at the beginning of the year (form is put in each student’s packet at the first of the year)
-parental consent is on the district’s emergency card
-adding the form to the IEP

- this has been problem-we obtain consent at initial staffing and mail to parent
- adding annual notification to the IEP
- send annual notification to the parent with the McKay scholarship information

X. Annual Meeting

Anne stated that once again, FDOE has determined that the Medicaid in Schools meeting will be held in conjunction with the FDOE BEESS Administrator's Management Meeting (AMM) in St. Petersburg at the Vinoy Renaissance Hotel. The meeting is scheduled for one day and will be held Monday, September 12, 2016. As we have in the past, school districts will be polled for topic areas before finalizing the agenda. AMM will be held September 13-15.