

School-Based Outreach Services – A Random Moment Time Sample

Medicaid in Schools Program



The School District Administrative Claiming (SDAC) Program



What is the SDAC Program?

- A federally funded program administered by the Agency for Health Care Administration (AHCA) in coordination with the Florida Department of Education (FDOE).
- Policy: <u>School District Administrative Claiming Guide</u>.
- Proper and efficient administration of the state plan to determine eligibility or support a covered service in school.
- Allows school districts to be reimbursed for some of their costs associated with school-based health and outreach activities.
 - Utilizing a Random Moment Time Study (RMTS).
 - Costs not claimable under the Medicaid Certified School Match (MCSM) "Fee For Service (FFS)" program.



What are Reimbursable Activities?

- Types of school-based health and outreach activities funded under SDAC are:
 - Medicaid outreach
 - Referral of students/families for Medicaid eligibility determinations
 - Transportation and translation in support of Medicaidcovered services
 - Program planning, policy development and interagency coordination related to medical services
 - Medical/Medicaid-related training
 - Referral, coordination and monitoring of health (Medicaid) services



RMTS Sample



What is an RMTS?

- Necessary to determine the amount of time school district staff spend performing Medicaid administrative outreach activities.
- Time spent by school district staff on Medicaid administrative activities is captured using time studies.
- The results of time studies are then used in a series of calculations to determine the percentage of school district costs that can be claimed under SDAC.
- Time percentages are a critical component of school district Medicaid reimbursement.
- Reimbursement to school districts for SDAC is made from Medicaid federal funds.



What is the Purpose of the RMTS?

- Measure the work effort of the entire group of approved staff involved in the school district medical and health-related services program.
- Allows the district to be reimbursed for costs associated with school-based health and medically necessary outreach activities.



Who Should Participate in the RMTS?

- Direct service providers who are district-hired or contracted:
 - Occupational Therapists and Assistants
 - Physical Therapists and Assistants
 - Speech and Language Therapists and Assistants
 - Registered Nurse
 - Licensed Practical Nurse
 - School Health Aides
 - Psychologists
 - Social Workers
 - School Counselors
 - Behavior Analysts
 - Audiologists



Who Should Participate in the RMTS?

- Staff whose work activities improve access to health care:
 - Interpreters
 - Orientation and Mobility Specialists
 - Bilingual Specialists
 - Program and Staffing Specialists
 - Substance Abuse Specialists
 - Administrators for Exceptional Student Education (ESE)
 - Augmentative Specialists
 - Dietitians
 - Respiratory Therapists
 - ESE Teachers



Who Should be Excluded from the RMTS?

- Exclude:
 - Staff paid 100 percent through federal or grant funding.
 - Staff who are not likely to provide outreach activities.
- If excluded, the district may not be reimbursed for the costs associated with the position during that quarter.



Can Additional Staff be Included?

Job code certification forms

- Sampled and Support Staff:
 - Must be completed by the school district
 - One certification for each job code/job title
 - Submitted to the state Medicaid office for approval
 - Keep a copy of the approved job code certification form on file
 - Provide a copy of the approved job code certification form to the SDAC group



RMTS Timeline

- Each participating school district must submit an employee file quarterly to be included in the group's sample pool.
- Quarters
 - Q1 January through March
 - Q2 April through June
 - Q3 July through September
 - Q4 October through December



RMTS Notification Rules

- The sample participant will be notified electronically via email that they have been selected to complete a Random Moment Sample (RMS).
- Check email often over the next seven days.
- On the actual day, an email containing the valid date and time of the RMS that needs to be completed will be sent.
- The email will contain a hyperlink to a secured website where the participant can access the form using a temporary password.
- The sample participant will have seven working days to complete the RMS.



Continuum of Care



Early and Periodic Screening, Diagnostic and Treatment

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
 benefit provides comprehensive and preventive health care services
 for children under age 21 who are enrolled in Medicaid. EPSDT is key to
 ensuring that children and adolescents receive appropriate preventive,
 dental, mental health and developmental and specialty services.
 - **Early:** Assessing and identifying problems early.
 - **Periodic:** Checking children's health at periodic, age-appropriate intervals.
 - **Screening:** Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems.
 - Diagnostic: Performing diagnostic tests to follow up when a risk is identified.
 - Treatment: Control, correct or reduce health problems found.



School Services on the Continuum of Care

School-based practitioners provide important health-related services on the continuum of care for children.

Promotion	Prevention	Identification	In-School Treatment	Community & Home Treatment	Acute Care	Recovery & Maintenance
	Universal Screening	 Indicated Screening Assessment Evaluation 	 Individual therapy Group therapy Skilled interventions In-Context (school or home) skilled supports 		 Acute Outpatient Acute Inpatient 	 Individual therapy Group therapy Skilled interventions In-Context skilled supports In-Home skilled supports



Continuum of Care

- Direct services are an important health care component on the continuum of care in a school setting.
 - The right care for the right child at the right time.
- When students receive services both in-school and out, the services that school districts provide do not duplicate services in other settings, but rather complement them.
- Broad scope supports a comprehensive, high-quality health benefit.
- States share responsibility for implementing the EPSDT benefit with the Centers for Medicare and Medicaid Services (CMS).
- The school setting should be viewed as part of a continuum of care and services across the community that are covered for eligible children and youth.



School-Based Health Services

- CMS strongly encourages states to make available the broadest array of qualified providers for Medicaid-covered physical health, mental health and substance use disorder services to children both inside and outside of school settings.
- CMS supports reducing the administrative burden for states to expand access to qualified practitioners in school settings who provide Medicaid services while ensuring the quality of care across settings where children may receive such services.
- This guidance is relevant both to practitioners employed by schools where the school is enrolled as a Medicaid provider, and to practitioners who are individually enrolled with the State Medicaid program and who provide services in the school.



Health Care Professionals in Schools

- Work under the scope of a license in an education setting.
- Bring skills, training, experience and scope of license to the work that is being done, including:
 - Direct services with student(s)
 - Preparation/planning for services and paperwork/follow-up activities related to services (report writing, documentation, etc.)
 - Bringing your skills/training/license to contribute to a meeting, consultation, communication, coordination, training and other similar activities.
- Activities that can be done by an unlicensed provider (lunch duty, bus duty, teaching, etc.), are considered educational.
- Keep the role of a health care professional in mind when responding to the RMTS.



RMTS Documentation Requirements



RMTS Documentation

- Must have a written supporting description for the "One Minute" in time.
 - Who were you with at your moment?
 - What activity were you doing at your moment?
 - Why were you doing this activity at your moment?
- The activity should be verifiable by school district records.
- Insufficient written records to substantiate the activity will result in an invalid response.
- Additional information may be requested to establish medical necessity.
- Codes assigned to identify the reimbursable or educational-only activity category.



Medically Necessary School Activities

In the school setting, "medically necessary" medical and mental health services are delivered to support and/or improve educational outcomes, and are defined in education as one of the following:

- Medical (e.g., health problems, nursing, speech, language, physical therapy, occupational therapy, etc.);
- Mental Health (e.g., social work, school counseling, psychological, etc.);
- Intellectual (e.g., impairments in social interaction or communication);
- Impairments (e.g., hearing, vision, etc.);
- Disabilities (e.g., developmental delay, emotional/behavioral, intellectual, adaptive functioning, learning processes, etc.).

Responses related to or in support of **medically necessary services** as delivered in the school setting and defined above require **detailed information**.



Additional Program Requirements



Are There Additional Requirements?

- To receive SDAC reimbursement, the school district must:
 - Meet the FFS billing requirement:
 - One reimbursable therapy, nursing and behavioral service claim paid; or
 - Community provider agreement received
 - 75 percent valid responses completed.
 - No responses
 - Staff training to understand the purpose of the program.



FDOE-Sponsored Electronic Medicaid Administrative Claiming System (EMACS)



FDOE-Sponsored EMACS

- Provided to school districts at No Cost and with No Contract
- EMACS:
 - Approved programming logic in a web-based process to disseminate and record outreach activities performed by approved staff.
 - Use of a statistically appropriate random selection of school district staff and times.
 - 100 percent of the school district staff time captured through various activities.



FDOE-Sponsored EMACS

- Spreads the RMS workload proportionately among its member districts
- Supported by the EMACS Data Manager
- Member districts work cooperatively to complete the quarterly SDAC RMS
- 26 school districts currently participating:
 - Small, medium, large and very large in size



Contact

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Medicaid in Schools Website:

http://sss.usf.edu/resources/topic/medicaid/index.html



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