

Schools and Medicaid Quarterly Call
August 24, 2017
Call Notes

Present on call:

District contacts

Ami Flanigan, AHCA

Luc Toussaint, AHCA

Jeffrey Douglas, AHCA

Gilda Duran, AHCA

Vanessa Gonzalez, AHCA

Marilyn Jones, AHCA

Anne Glass, Student Support Services Project/FDOE

TJ Garrett, Student Support Services Project/FDOE

Richard Gary, Student Support Services Project/FDOE

Mary Walsh, Therapy Program Specialist, FDOE

I. Introductions

AHCA and FDOE/SSS staff introduced themselves. Luc stated that Erica Floyd Thomas, whom many of us have worked with in the past is the new Medicaid Bureau Chief at AHCA. Jeffrey announced that John McFarlane is now his counterpart at AHCA (replaced Pam Kyllonen).

II. Fee for Service: Rule Revisions/SPAs Status/Free Care

Luc stated that AHCA has been working on and revising the MCSM policy. It has been routed for approval within AHCA. Luc stated that once it is approved internally, AHCA will hold a workshop. He is hoping that will be soon. Luc reminded districts to sign up for the Medicaid Health Alerts, because that is how the notification on the workshop will be sent out.

The SPA (Medicaid State Plan Amendment) for private and charter schools is still in process. The original SPA was submitted in December 2016 and AHCA is continuing to provide answers to formal request from CMS. AHCA met with CMS on August 16 about changes that need to be made in the SPA before it can be approved. From feedback AHCA received, there does not appear to be concerns about AHCA's responses. Luc said one of the biggest things AHCA had to figure out was how to add the charters and private schools as providers that would not affect the school district provider type.

District Question: What are the specifics regarding Free Care Act?

District Question: Is there any information regarding 504 reimbursements under free care interpretation?

District comment: Would like specifics of what is in SPA.

Luc's response: Working out those details now. Will likely include services provided via 504 and other plans.

III. NCCI Codes and Denied Claims

Luc reminded everyone of the NCCI process (recap of what was discussed in prior call). Said that he has received a lot of feedback from school districts about large reductions in Medicaid reimbursement. AHCA is looking at options to remedy and has reached out to CMS for process to file for an exception. Luc reminded everyone that currently, claims will deny if units billed exceed the NCCI edit number. Districts must resubmit the claims with the total number of units at or below the NCCI edit number (96150-8 units, 96152-6 units).

District Comment: Code 96150 here says 32 units this is in direct conflict with NCCI edits.

District Comment: Districts are not asking that limits be increased. Asking for limits to remain what they are now.

IV. Medical Necessity

Due to questions received regarding medical necessity, Luc clarified that the definition is in AHCA policy and it is also in statute. Outside of that policy and statute, AHCA has not issued guidance beyond that. It is up to school districts to determine if the services that are billed to Medicaid meet the definition of medical necessity.

District Question: Medical vs. educational needs. How do we use this in public education? One district replied that educationally relevant therapy falls under medical necessity. Anne gave example of PT in community and in schools: Person has issues with fine motor coordination. In community setting, therapy might be provided for motor skills for purpose of using utensils. In schools the same motor skills might be addressed but for improving handwriting.

V. Medicaid Fee Schedule

Luc stated that the posted fee schedule, effective 1/1/17, is being reviewed. The reimbursement rule that was effective 6/23/17 (contained the fee schedule) is being opened again and a draft will be coming up soon. Luc is also reviewing the changes in the Medicaid payment system to check to make sure they are correct, as some of the changes in the system did not get captured.

District Comment: Please clarify what rates are currently in the system being paid.

Luc response: Hopes to get a correct fee schedule to districts next week.

VI. AHCA Rule Process

Luc reviewed the rule process (see slides in presentation). He also stated that usually a rule workshop two weeks before it occurs. This means that when districts receive notice of the rule workshop, they have option to attend or send comments on the rule for the Medicaid Certified School Match policy at that time. Luc explained that there are federal rules as well as Florida Administrative Code to follow. He said that since the 2005 MCSM handbook was completed, changes have been made at AHCA and the agency must now go through the rule process to make changes to what are now known as handbooks. AHCA is making policy less prescriptive for all programs and the rules for

each program now essentially state what is reimbursable and who can provide the reimbursable services. Most of the new policies for programs are much shorter than current handbooks (policies), most of which are now 6-10 pages. Also, at one time rule workshops were a time for comment only. The process now allows for discussion of the rule. If changes occur due to the workshop or hearing, there will be a notice of rule change. Usually the process should take approximately 6 months, but some take much longer than that.

VII. SDAC Letters of Agreement

Ami thanked districts for their cooperation in updating the AGENCY SDAC Letters of Agreement. All but 5 have been returned and activated.

VIII. SDAC-Sample Pool

Ami stated that districts should look at the sample pool and ensure that those included are routinely performing multiple activities. The sample pool should reflect those that are truly performing claimable activities on a regular basis and contributing to your participation. She also reminded districts that they should make certain that the certifications are kept at the district level and are completed on any positions not included on the pre-approved job description list.

IX. SDAC-Claiming Salaries and Benefits

Ami clarified documentation that must be kept regarding claimed amounts. She is going to be requesting payroll information on a more regular basis and requests that districts provide the information to her when requested in an Excel spreadsheet. She suggested double checking payroll and have it on file for at least 3 years in case of an audit. She stated that claimed costs for support staff (one up/one down) must have a direct correlation to the sample pool staff. Ami reminded districts that they are not to include salaries and benefits that are 100% federally funded. She has been looking at payroll and has found districts that left federally funded employees on the payroll reported.

X. SDAC Codes 5,9,10

Ami stated that at times there is confusion about the SDAC codes 5.9 and 10. She reviewed each code and reminded districts that code 5 is oversight of potential treatment for a specific (individual) student, code nine does not pertain to an individual student and code 10 is individual treatment.

Note: Anne put an incorrect definition of Code 9 in the PPT. The one you are receiving with these notes contains the correct definition.

XI. Student Support Services Website

Anne reminded districts of the website where resources for districts participating in the MCSM program can be found. The site has parental consent forms (English, Spanish, Creole) and information that has been shared by districts. Anne encouraged anyone who wants to share resources to send to her for posting. Also on the site is information from past schools and Medicaid conferences and notes and presentation from quarterly calls.

XII. Parental Consent and Notification

Anne reminded districts that parental consent generally occurs one time, but notification must occur annually. Procedures for parental consent and notification are found in Florida Administrative Code 6A-6.03028(3)(q)-Procedures for students with disabilities who are covered by public benefits or insurance. Anne stated that an IDEA Q and A is available.

Follow up:

- Following the call, Anne received a few requests for additional information on the annual notification. A link to the USDOE Q and A on consent and notification is <https://www2.ed.gov/policy/speced/reg/idea/part-b/idea-part-b-parental-consent--qa.pdf>

XIII. NAME Conference

Deneen Gorassini provided an update on the upcoming National Alliance for Medicaid in Education Conference that will be held in Fort Lauderdale October 15-18. Deneen is the Medicaid contact for Broward County and is also the Conference Chairperson. Also, actively involved in conference planning (and carrying out) and planning Florida's presentation are Iris Kahn (Palm Beach), Nanci English (Broward), Lisa-Ann Clarke (Broward), and Linda Guzman (Palm Beach) Mary Ellen Barkman (Pinellas), and Karen Raker Thomas (Leon).

Follow up:

- Conference information can be found at <http://www.medicaidforeducation.org/annual-conference/2017-ft-lauderdale-fl>