

# Medicaid School Health Services

*School District Administrative Claiming*

*Medicaid Certified School Match*



# Overview

- The School District Administrative Claiming (SDAC) program offers reimbursement for the costs of administrative activities, using a time study for outreach, referrals, and health care coordination which support the Medicaid program.

# Completing RMS Forms

- Sampled staff must write one complete sentence with the following details:
  1. What was the staff sampled doing during that moment?
  2. Why they were performing the stated task.
  3. Who else was present during the moment?

*\*Please note: Staff must also sign, title, and date the RMS form.*



# Selecting an Activity Code

- A code is selected based on the sentence written by staff.
- SDAC codes are designed to categorize activities.
- The objective is to determine the extent to which Medicaid activities are performed.



# Activity Codes

1. Outreach to Medicaid Program
2. Outreach to Non-Medicaid Programs
3. Facilitating Application for Medicaid
4. Facilitating Application for Non-Medicaid Programs
5. Care Planning and Coordination for Medical/Mental Health Services
6. Client Assistance to Access Medicaid Services
7. CHCUP (EPSDT) Training
8. Coordination with AHCA and Contracted Medicaid Providers
9. Program Planning, Development and Monitoring
10. Direct Medical and School Health Related Services
11. Non-Medicaid, Other Educational and Social Activities
12. General Administration
13. Not scheduled to work



# Examples

- *“I was at a training for self-contained teachers within our district where we covered topics such as Medicaid billing, IEPs and the districts plan for the year.” (Teacher, Intellectual Disabilities)*
  - This was submitted as a code 12, but is an example of a 7-CHCUP (EPSDT) Training and is reimbursable. The district included additional information in the moment description, clarifying that the Medicaid billing topics included information for staff to improve their identification, referral, and coordination for Medicaid-covered services.



# Examples

- *“Instructional services were being provided to a homebound student, due to chronic medical issues. Rules and expectations were being discussed between the student and myself.” (H/H Teacher)*
  - This moment was submitted as a 5 but is an example of an 11 – Non-Medicaid, other Educational and Social Services and would not be reimbursed under SDAC.



# Examples

- *“Meeting with the Occupational Therapist to discuss the most appropriate placement for a child we had reevaluated and determined needed additional therapy services.” (Speech/Language Pathologist)*
  - This is an example of a 5 – Care Planning and Coordination.





# Examples

- *“Collaborating with teachers about effective strategies to improve remediation activities addressed in each student's IEP. Proactive strategies to address students’ behavior concerns were shared with classroom support staff.” (Psychologist)*
  - This moment is an example of a 9 – Program Planning, Development and Monitoring



# Examples

- *“In an IEP meeting, facilitating it as the LEA/ESE Specialist.” (Email clarification attached to the moment indicated the parent, teacher, ESE teacher and SLP were in attendance and were discussing yearly progress)*
- *“I was participating in a pre-IEP meeting...to make [sure] that all aspects of the IEP were done correctly.” (Speech/Language Pathologist)*
  - Both moments were originally submitted as an 11, but these should be coded as a 5 and are reimbursable.



# Examples

- *“I was in my office making changes to my students’ therapy schedules” (Speech-Language Pathology)*
  - This moment was submitted as a 9 but is an example of a 5.



# Examples

- Forms that were invalidated:

08/14/2019 09:44 AM = Moment to be Sampled

**Who were you with at your Moment?**

No one

**What activity were you doing at your Moment? (Please indicate issues, ideas, or services conveyed.)**

Completing this RMS

**Why were you doing this activity at your Moment?**

To understand it and complete it.

## RMS Details

Sample ID:

Date and Time:

09/10/2019 10:35 AM

Quarter:

July - September

Name:

Job Title: TEACHER, SLD

## RMS Form

Job Title

TEACHER, SLD

Activity:

11 - Non-Medicaid, Other Educational and Social Activities

Activity Description:

Grading papers at home with my four children not being watched as I'm working.

Work Phone No.

Participant Name/Signature:

Date/Time moment completed:

09/16/2019 18:11 PM

Status:

Coded

Comments:



# Random Moment Sample Questionnaire

09/20/2019 01:57 pm, Moment to Be Sampled

2019-Q3 \*153\*

	1	2	3	4	5	6	7	8	9	10	11	12	13
Office Use Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Please use the area below to describe the activity in which you were involved at the exact moment of your random sample time. It will be necessary for you to be as specific as possible when writing your response. Document exactly what issues, ideas, or services were being conveyed at that time. Include in your response, who were you with, what were you doing, and why were you performing the activity.

At my selected moment in time I was not scheduled to work due to sick day (illness)

Please do not use the proper name of students, staff, parents or guardians.

1. Before signing this document please make certain that the position title that is printed on the upper left-hand corner of this form is correct. If the title assigned to you is incorrect, please contact your district Medicaid liaison to update your position title. Include your telephone number at the bottom of this form so you can be reached.
2. If the title that is printed on this form is correct, you will need to verify your district's assigned title in writing at the bottom of this page.
3. Make certain that the activity you describe on this form coincides with the sample moment selected specifically for you. You will find this moment at the top left-hand corner of this form. Predated forms signed by you in the area below will not be accepted and will require you to recomplete another form.
4. If you make any corrections on this form; i.e., all strike-throughs, erasures or stray marks must be initialed and dated by you before submitting the form to Medicaid district liaison. Also, please use pen in completing this form.
5. Vague or multiple activities described on this form will require the Medicaid district liaison to contact you for clarification.
6. It is imperative that you submit your completed form in a timely manner to insure your county's ability to participate in the State of Florida School District Administrative Claiming program.

VE teacher  
Title / Credentials

9/20/2019  
Date Signed

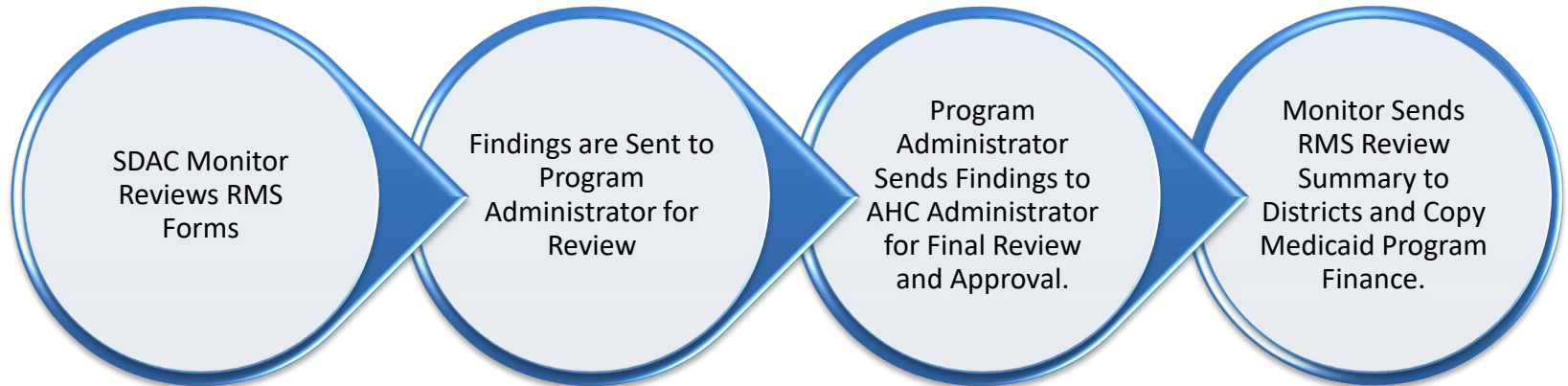
By submitting this form, I certify that all information provided on the form is accurate, and I understand the purpose of the Administrative Claiming

Participant signed and dated form on a day when they were out sick.

Please ensure the participants sign and date on the day the form was completed.



# Agency's Monitoring Process



# Appeals

- If a school district requests reconsideration for any of the findings on the RMS review summary, they will send to the Program Administrator directly. The managers will conduct the reconsideration review and send updated RMS review summaries after the review.



# Proposed Updates

- Standardized reconsideration request template
- Standardized notification of direct services claimed under SDAC vs. MCSM per quarter
- Changing verbiage on RMS review summary form
  - “Non-fatal errors” change to “Additional Training Recommendations”





## SDAC RMS RECONSIDERATION REQUEST FORM

**School District:**

**Quarter (Month to Month, Year):**

**Date Request Submitted:**

*Instructions: Reconsideration requests must be received by the Agency 14 calendar days (2 weeks) from the date the SDAC RMS Review Summary was sent. To complete this form, begin by filling out the district information in the table above. Then, paste information from the original SDAC RMS Review Summary into the tables below **and write a detailed explanation in your own words of why the discrepancy should be reconsidered**; if there is additional documentation to support the claim, please attach it to the email requesting the reconsideration. Save this form as a Word document and submit to the monitor to start the reconsideration process; the Agency will use the same form to complete the reconsideration and results will be sent back as a PDF document, along with the finalized SDAC RMS Review Summary.*

### Discrepancies Resulting in an Updated Code

Activity Description	Participant Name	Job Title	District Code	Agency Updated Code	District Reconsideration Request	Final Agency Determination
1.						
2.						
3.						

### Invalid RMS Forms

Participant Name	Job Title	District Code	Reason Form was Voided	District Reconsideration Request	Final Agency Determination

[AGENCY-USE ONLY]

**Additional Comments:**

Random Moment Sample (RMS) Count	
RMS Forms Received	
RMS Forms Accepted	
Discrepancies	
Invalid Forms	

**Discrepancies Resulting in an Updated Code**

Activity Description	Participant Name	Job Title	District Code	Updated Code	Guide Reference
1.					<i>Choose an item.</i>
2.					<i>Choose an item.</i>
3.					<i>Choose an item.</i>

**Invalid RMS Forms**

Participant Name	Job Title	District Code	Reason Form was Voided
			<i>Choose an item.</i>

**Additional Training Recommendations:**

- 



# Medicaid Certified School Match

## OIG Federal Audit 2016-17 Findings:

Deficiencies were due to:

- Individual Education Plans or Plans of Care without the required signature
- Not enough supporting documentation to substantiate services
  - Missing one or more of the following:
    - Type of service
    - Whether the therapy was part of a group session
    - Length of time
    - Description of service provided
    - Progress notes
    - Progress toward established goals
    - Signature and title of the provider
- Provider qualification requirements such as licenses and training courses missing



# Medicaid Certified School Match

## Opportunities for Improvement

- Provide Policy/Process for:
  - Digital signatures for electronic documentation (verifying signatures)
  - Record keeping
    - Central location for records
    - Able to readily pull info from years prior (for audit purposes)



# Claimable Percent

## (Quarterly Sample Results and General Administration Allocation)

- Calculate the total number of activities sampled using the monitoring summaries for each district in a consortium
- Each activity count is then divided by the subtotal of activities 1-11.
  - Activity 12 is proportionally reallocated into activities 1-11, it does not change the percentage for each activity
- The percentages from activities 1, 3, 5, 6, 7, 8, and 9 are then added together
  - These are the reimbursable activities



# Claimable Percent

## (Quarterly Sample Results and General Administration Allocation)

### General Administration Allocation EMACS

District:	0
For the Quarter Ending:	JAN - MAR 2018

District Input

Act.	Activity Count Sub Totals... Where the "General Administration Activity Count" (Activity 12) Has Not Been Allocated to Activites 1 Through 11.	Activity Percentages For Activities 1 Through 11... Based on the Activity Count Total for Activites 1 Through 11 Only.	Allocation of "General Administration Activity Count" (Activity 12)... to Activites 1 Through 11.	Activity Count Sub Totals... Where the "General Administration Activity Count" (Activity 12) Has Been Allocated to Activites 1 Through 11.	Activity Percentages For Activities 1 Through 11... Based on the Activity Count Total for Activities 1 Through 11, After the "General Administration Activity Count" (Activity 12) Has Been Allocated to Activites 1 Through 11.	
1A ★	Outreach to Medicaid Program	1	0.1567%	0.1207	1.1207	0.1567% ★
1B	Outreach to Medicaid Program - Enhanced	-	0.0000%	0.0000	0.0000	0.0000%
2	Outreach to Non-Medicaid Program	3	0.4702%	0.3621	3.3621	0.4702%
3 ★	Facilitate Medicaid Application	-	0.0000%	0.0000	0.0000	0.0000% ★
4	Facilitate Non-Medicaid Application	1	0.1567%	0.1207	1.1207	0.1567%
5A ★	Care Planning/Coordinating Medical Services	57	8.9342%	6.8793	63.8793	8.9342% ★
5B	Care Planning/Coordinating Medical Services - Enhanced	-	0.0000%	0.0000	0.0000	0.0000%
6 ★	Client Assistance to Medicaid Services	-	0.0000%	0.0000	0.0000	0.0000% ★
7A ★	Child Health Checkup Training (CHCU)	-	0.0000%	0.0000	0.0000	0.0000% ★
7B	Child Health Checkup Training (CHCU) - Enhanced	-	0.0000%	0.0000	0.0000	0.0000%
8A ★	Coordination with ACHA/Contracted Provider	-	0.0000%	0.0000	0.0000	0.0000% ★
8B	Coordination with ACHA/Contracted Provider - Enhanced	-	0.0000%	0.0000	0.0000	0.0000%
9A ★	Program Planning, Development, and Monitoring	-	0.0000%	0.0000	0.0000	0.0000% ★
9B	Program Planning, Development, and Monitoring - Enhanced	-	0.0000%	0.0000	0.0000	0.0000%
10	Direct Medical/School Health Services	118	18.4953%	14.2414	132.2414	18.4953%
11	Non-Medicaid Other Services	458	71.7868%	55.2758	513.2758	71.7868%
	Subtotal	638	100.0000%	77	715	100.0000%
12	General Administration	77				Claimable Percentage 9.0909%
	Sub-Total	715				
13	Not Scheduled to Work	23			23	
	Total	738			738	



# School District Quarterly Expenditures

- Only funds expended from Fund 100 or the General Fund should be included by function
- These values are used in the “Allocated 300-400-500 Costs” and “Training” calculations

School District Quarterly Expenditures - General Fund 100 Only

District: 0		District Input											
For the Quarter Ending: July - Sept 2019		Reimbursable Expenditures								Other Expenditures (Optional)			TOTAL
Function	Title	Salaries 100	Benefits 200	Pro. & Tech. POS (1)	POS Other Allow. Costs	Energy 400	Mat. & Sup. 500	Allocated 300-400-500 (2)	Total	600	700	900	
5000	Instruction							\$ -	\$ -				\$ -
5100	K-12	\$ 2,354,111	\$ 666,313	\$ 191,825	\$ 14,624		\$ 412,100	\$ 426,733	\$ 3,538,982	\$ 42,781	\$ 1,262		\$ 3,583,025
5200	ESE	\$ 356,275	\$ 81,127	\$ 402	\$ 12,105		\$ 13,148	\$ 25,253	\$ 463,057		\$ 258		\$ 463,315
5300	Vo-Tec	\$ 388,278	\$ 92,431	\$ 22,310	\$ 5,006		\$ 10,300	\$ 15,306	\$ 518,325	\$ 5,695	\$ 9,388		\$ 533,408
5400	Adult General	\$ 18,767	\$ 4,544					\$ -	\$ 23,311				\$ 23,311
5500	Prekindergarten	\$ 110,532	\$ 32,023	\$ 255	\$ 3,856		\$ 2,808	\$ 6,662	\$ 149,472				\$ 149,472
5900	Other Non FEPP							\$ -	\$ -				\$ -
6000	Instruction Supp.							\$ -	\$ -				\$ -
6100	PPS							\$ -	\$ -				\$ -
6110	Atten/SW							\$ -	\$ -				\$ -
6120	Guidance	\$ 222,018	\$ 45,492	\$ 742	\$ 315		\$ 6,530	\$ 6,845	\$ 275,097				\$ 275,097
6130	Health	\$ 55,810	\$ 13,172				\$ 3,963	\$ 3,963	\$ 72,945	\$ 1,768	\$ 1,294		\$ 76,007
6140	Psych.	\$ 75,985	\$ 19,070					\$ -	\$ 95,055		\$ 210		\$ 95,265
6150	PPS Other							\$ -	\$ -				\$ -



# What are allowable costs?

- Allowable costs are those that relate solely to expenditures that benefit the personnel listed in the sample pool with their support staff.
- Examples of allowable costs are salaries and benefits attributed to the personnel on the sample pool list and their support staff.
- Also included, if properly sampled, in these allowable costs would be contracted professional and technical services expensed in object code 310.

Allowable Florida Department of Education expenditure **object codes** to be included are:

- 100 Salaries
- 200 Employee Benefits
- 300 Purchased Services
- 400 Energy Services
- 500 Materials and Supplies





# Purchased Services (Professional and Technical Services)

- Outside contractors are allowed for reimbursement only if they are specifically identified by name on the quarterly sample pool list given to the data managers.
  - This requirement ensures that outside contractors be subject to the same sampling requirements as district school staff.

## Purchased Services – Professional and Technical Services (Object 310) Detail

District:	0	District Input
For the Quarter Ending:	July - Sept 2019	

Group and Total each Service (Therapies, Psychological, Social, Nursing, and Augmentative Devices).

Contractor Name or Payee	Service Type	Method of Payment (1)	Amount Paid (2)	Contract Period
Physical Therapy Company	Therapies	T	\$597.00	07/01/2019 - 09/30/2019
Speech Therapy Company	Therapies	T	\$ 10,969	07/01/2019 - 09/30/2019



# Personnel Costs

- A list of claimed staff including the fund paid, job code, job title, name, sampled or non-sampled, and the associated costs per position

Fund	Function	FIRN Job Code	S or N	Job Title	Name	Salaries	Benefits	Total
100	6130	61320	S	NURSE, RN	Adam Adkins	5981	1826	7807

- **Sample Pool Participants**
  - Pre-Approved List
  - Certified Positions
- **Support Staff**
  - If staff supports other personnel outside of the sample pool, then their costs must be prorated in proportion to their time spent with sample pool personnel and the SDAC program
- When to certify a position:
  - If district has a unique job title or code for a pre-approved position
  - If a position performs several Medicaid outreach activities and is not listed on the pre-approved list



# District Cost Allocation

- Claimed Personnel Costs are recorded here by the function from which they are paid
- Using the total salaries and benefits from the School District Quarterly Expenditures, the “Percent Claim to Function” is calculated
- For each function claimed, the “Object 300-400-500 Costs” from the School District Quarterly Expenditures is multiplied by the “Percent Claim to Function” to calculate the “Allocated 300-400-500 Costs”



# District Cost Allocation (cont.)

District Cost Allocation, Object 300 Less 310, 400, and 500 Costs

District:	0
For the Quarter Ending:	July - Sept 2019

District Input

Personnel Claimed by Function	Salaries Claimed	Benefits Claimed	Total Claimed	Total Function Salaries	Total Function Benefits	Function Total	Percent Claim to Function	Object 300-400-500	Allocated 300-400-500
5000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -
5100	\$ -	\$ -	\$ -	\$ 2,354,111	\$ 566,313	\$ 2,920,424	0.00%	\$ 426,733	\$ -
5200	\$ 323,583	\$ 74,115	\$ 397,698	\$ 356,275	\$ 81,127	\$ 437,402	90.92%	\$ 25,253	\$ 22,960
5300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -
5400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -
5500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -
5900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -

Claimed Amounts

Total Costs from School District Quarterly Expenditures

Total Claimed Total Costs

Object 300-400-500 X Percent Claim to Function

Function 6400 Staff Training Allocation							
	Salaries	Benefits	Prof & Tech 310	Other Allowable 300	400	500	Total
Total 6400 Costs	\$ 22,060	\$ 5,350	\$ -	\$ 1,575		\$ 339	\$ 29,324
CLAIMED 6400 ABOVE	0	0					\$ -
Net Costs	\$ 22,060	\$ 5,350	\$ -	\$ 1,575	\$ -	\$ 339	\$ 29,324

6400 salaries and benefits that are to be allocated

Salaries / Benefits Claimed	Total Salaries/Benefits Claimed	\$ 869,726	12.22%	Claimed	\$ 3,583	CORRECT
District Salaries and Benefits	Total Salaries/Benefits Claimed	\$ 7,118,474		Claimable Training =		

Total Salaries/Benefits from School District Quarterly Expenditures  
 Total Claimed Total Costs = Total Percent of Salaries and Benefits Claimed  
 Total 6400 Costs X Total Percent of Salaries and Benefits Claimed







# Contact Information

- All claim information and job title certification requests should be sent to:

[SDAC@ahca.myflorida.com](mailto:SDAC@ahca.myflorida.com)

- All submissions should be electronic
- Electronic Signatures are acceptable



# AHCA Contacts

- Medical Health Care Program Analyst - Makesha Griffin (SDAC)
  - Email: [Makesha.Griffin@ahca.myflorida.com](mailto:Makesha.Griffin@ahca.myflorida.com)
- Medical Health Care Program Analyst - Leila Jett (SDAC & MCSM)
  - Email: [Leila.Jett@ahca.myflorida.com](mailto:Leila.Jett@ahca.myflorida.com)
- Program Administrator – Logan Harrison
  - Email: [Logan.Harrison@ahca.myflorida.com](mailto:Logan.Harrison@ahca.myflorida.com)
- Quality Bureau Chief– Melissa Vergeson
  - Email: [Melissa.Vergeson@ahca.myflorida.com](mailto:Melissa.Vergeson@ahca.myflorida.com)
- Medical Health Care Program Analyst – Alycia Berry (Finance)
  - Email: [Alycia.Berry@ahca.myflorida.com](mailto:Alycia.Berry@ahca.myflorida.com)
- Government Operations Consultant III – Christine Pawelczyk (Policy)
  - Email: [Christine.Pawelczyk@ahca.myflorida.com](mailto:Christine.Pawelczyk@ahca.myflorida.com)

