

Washtenaw ISD Medicaid Annual Quality Assurance Plan

School-Services Programs

Policy:

The Michigan Department of Health and Human Services (MDHHS) Provider Manual includes the following language regarding Quality Assurance for Direct Service Claiming and Caring 4 Students (C4S). Collectively, these programs will be identified as “School Services Programs” (SSP), except where specifically identified (Section 3.1):

“School-services Program providers must have a written quality assurance plan on file. SSP costs will be reviewed/audited by MDHHS for determination of medical necessity and to verify that all services were billed and paid appropriately. The purpose of the quality assurance plan is to establish and maintain a process for monitoring and evaluating the quality and documentation of covered services.

An acceptable quality assurance plan must address each of the following quality assurance standards:

- A. Covered services are medically necessary, as determined and documented in the plan of care (POC) through appropriate and objective testing, evaluation and diagnosis.*
- B. The POC which includes, but is not limited to, IEP, IFSP, Individual Health Plan, 504 plan, Treatment Plan, Nursing Plan, identifies which covered services are to be provided and the service frequency, duration, goals and objectives.*
- C. A monitoring program exists to ensure that services are appropriate, effective and delivered in a cost-effective manner.*
- D. Billings are reviewed for accuracy.*
- E. Staff qualifications meet current license, certification and program requirements.*
- F. Established coordination and collaboration exists to develop POCs with all other providers, (i.e., Public Health, MDHHS, Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), Hearing Centers, Outpatient Hospitals, etc.).*
- G. Parent/guardian and student participation exists outside of the IEP/IFSP team process in evaluating the impact of the SSP program on the educational setting, services quality and outcomes.*

Washtenaw ISD Plan:

- A. Covered services are medically necessary as determined and documented in the plan of care through appropriate and objective testing, evaluation and diagnosis.

Services are rendered in accordance with each student's Plan of Care developed by medical professionals in the school setting.

Special Education: Evaluations are conducted by the Multidisciplinary Evaluation Team (MET). Once the initial evaluations are completed, the evaluation team develops a written MET report with an eligibility recommendation. An Individualized Educational Program (IEP) meeting is then scheduled. The IEP team reviews the MET report, as well as any other pertinent information, and decides whether or not a child is eligible for special education services, including medically related services.

In addition, local districts periodically conduct a REED, Review of Existing Evaluation Data. The purpose of the REED is to review existing data about the student and to ascertain what, if any, additional evaluation is needed to determine/re-determine eligibility.

C4S: Evaluations are conducted by qualified medical professionals including, but not limited to, Psychologist, Counselor, Social Worker, Nurse, etc. Once the evaluations are completed, they will be used to develop, implement, revise and monitor an individualized POC, including an emergency plan, for students with acute or chronic health care needs.

Speech, Language and Hearing Referrals, Occupational Therapy, Orientation and Mobility Prescriptions, and Personal Care Authorizations: The 1st of each month, the Medicaid Department will run a report of all students with these services on their most recent IEP that do not have a current prescription. Physician prescriptions are obtained for all of these students from Dr. Robert Gordon, DO.

Once the signed/dated scripts are returned, files with the scripts and their effective begin/end dates are sent to the IT department to be inputted into PSSP. A copy of the script is uploaded into each student's repository in PSSP by the Medicaid Department.

Physical Therapy Prescriptions: Physical Therapists are reminded each year that physician prescriptions are required when PT services are to be reported for Medicaid reimbursement. The Medicaid Department sends all Washtenaw County PTs on PCG's staff pool a list of students every month who have expired or missing PT scripts. PTs obtain these prescriptions from the student's doctor and send a copy to the Medicaid Department to be uploaded into PSSP and the student's repository.

B. The Plan of Care identifies which covered services are to be provided and the service frequency, duration, goals and objectives.

A student POC includes covered services, service frequency, duration and goals and objectives. This information is verified at various times throughout the school year during reviews for speech referrals, OT and O&M scripts, and when researching billing questions and issues.

Programmatically, we have added rules to our electronic IEP form which will generate an error if a service is added without a corresponding service type (Direct, Consultative, or Direct /Consultative) and service frequency and duration. The Medicaid Department also reviews student files randomly throughout the year and annually during our internal quality review process.

C. A monitoring program exists to ensure that services are appropriate, effective and delivered in a cost-effective manner.

District staff, including Targeted Case Managers and Direct Service Staff and their supervisors, are responsible for monitoring the appropriateness and effectiveness of services provided pursuant to the student's Plan of Care.

The Medicaid Office intermittently throughout the year reviews billings for accuracy and will research why claims are pending or denied. Reviews also help verify that the treatment notes correspond to the procedures chosen.

D. Billings are reviewed for accuracy.

Power School Special Programs (PSSP) and Relay Service Portal, which are the software programs used by district staff to record and claim reimbursable services, contains logic that allows users to enter only those procedures allowed for their specific discipline. It can track service times and frequencies and prevents over-billing and/or duplicate services and will place claims in a pending status if they are missing parent consent, have no finalized POC on file, are under time or exceeding daily, monthly or yearly limits. In addition, our billing software links transportation to the appropriate medical service, and if matched, the claim is paid. The Medicaid Department conducts informal reviews and runs reports on a regular basis to check the validity of billed and unbilled encounters.

E. Staff qualifications meet current license, certification and program requirements.

District Special Education Offices are responsible for ensuring that staff included on their Staff Pool Lists are on the appropriate cost pool and that those recording services for Medicaid reimbursement meet the qualifications stated in policy, i.e., staff is fully licensed or certified, and if limited, supervision by a fully licensed provider is required. In addition, on a monthly basis the Medicaid Department checks that all licenses/certifications for those listed on the Staff Pool are current via our Medicaid Staff Pool Database, which

automatically tracks expired or missing dates for all licenses/certifications. If licenses have expired and not been renewed, the Medicaid office notifies the LEA secretary to research and update us.

When staff profiles are created in PSSP, their selected Role Field for Service Capture allows us to limit the procedure codes staff may use. Medicaid office staff also check to ensure limited licensed staff in the Direct Service cost pool are assigned the appropriate access level that requires a supervisor's signature before submitting services in the Relay Service Portal. In addition, supervising clinicians are requested to submit a supervision log sheet to their District special.ed.secretary that documents their supervision of limited licensed staff. The Medicaid Office collects signed/dated supervision letters at the beginning of every school year. Medicaid Office also collects supervision logs quarterly. If there are any staff without the proper supervision for the quarter, the Medicaid Office will reach out to District staff responsible for quarterly financials and the facility settlement and ask them to remove the limited licensed staff from those reports.

- F. Established coordination and collaboration exists to develop plans of care with other providers, (i.e., Public Health, MDHHS, Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), Hearing Centers, and Outpatient Hospitals, etc.).**

There is established coordination and collaboration with outside agencies. Some examples of the agencies we collaborate with and a few of the services they provide are Community Mental Health (helps with mental health counseling/therapy and respite care); Michigan Rehabilitation Services (provides pre-employment skills, job coaching and helps students obtain jobs); Michigan Works (provides driver's training); Disability Network (provides cooking services, art services, parenting services, to name a few). Parents/guardians are also invited to Plan of Care meetings.

- G. Parent/guardian and student participation exists outside of the IEP/IFSP team process in evaluating the impact of the SSP on the educational setting, services quality and outcomes.**

WISD's Parent Advisory Committee (PAC) posts on both the PAC site and WISD site a Parent Information Handbook each year. This Handbook provides District parents with a Medicaid Annual Notification Regarding Parental Consent document that explains the Medicaid School Services Program for all Medicaid Eligible students receiving direct special education services or Caring 4 Students direct general education services. A Parental Consent form is part of this Handbook and given to parents in order to obtain their approval for billing Medicaid. As of March 2013, Medicaid parental consents are good in perpetuity and need to be collected only one time as long as the student remains in the same county. Most Districts seek parental consent at the initial POC

meeting. There are both electronic and hard copy options for parental consents. Parent responses to consent are logged by the Medicaid Office into PSSP and Relay. A refusal entered into the system will cause any services entered for the student to be filtered out of claim submissions. Also, the local districts provide progress reports to

the parents which include updates on both academic and health related services that the student is receiving in school.

The Medicaid Office sends out reminder emails to case managers the day before an IEP/IFSP meeting for a student without Medicaid consent on record so that consent can be collected during the meeting.

Additional Reviews

A. Annual Record Review for School Based Services:

In an effort to monitor compliance with the School Services Program policy for Medicaid reimbursement, Washtenaw ISD conducts an annual record review. Current parameters for the review are as follows:

- From a list of all students for whom at least one direct service has been listed on their IEP, 30 students (three from each LEA and three from Washtenaw ISD) are selected at random using a random number generator.
- The following items are confirmed for each student. See the attached two templates.
 - **IEP Compliance:**
 - IEP contains the signatures of participants, measurable goals, service duration and frequency, and the special education primary disability.
 - **Logging Service Records:**
 - Service being billed is listed on the Services page of the IEP.
 - Appropriate selection for Service Type on the service record selected.
 - Total Time logged on Service Records matches amount of time indicated on IEP.
 - Number of services logged matches frequency total (day, week, month, year) as indicated on IEP.
 - Group Size on the service record entered correctly.
 - Entered student's progress under Progress Report, when applicable.
 - Entered detailed Provider Note (should contain enough information to recreate what occurred).
 - If 'Other' is checked for Areas Covered/Assessed, provider has specified what 'Other' is.
 - Completed a Monthly Progress Summary for each month there are therapy entries, with sufficient detail including any changes in

medical or mental status and any changes in treatment.

- All direct/ancillary services listed in the IEP are logged, including evaluations and IEP participation for Consult Only students.
- All personal care services listed in an IEP are logged and monthly classroom log sheets initialed/completed daily if applicable.
- Student was in attendance on all dates for which services were billed.
- Parental consent for Medicaid billing was obtained.
- Prescriptions, referrals and authorizations were obtained for the reported services.
- Staff met Medicaid qualifications to provide billed services and were supervised if they had a limited license.
- Transportation: if a student requires specialized transportation, is that checked Yes in their IEP? Are the one and two way bus trips logged in Relay?
(**Note:** Our billing system creates an encounter for each trip, allowing for only two trips to be claimed in one day. The system validates these encounters by verifying a health-related service was provided the same day. If there was no health service recorded that day, the encounter is marked not billable and is not extracted for claim files.)

Exceptions are noted and reported to district Special Education Directors/Supervisors. Exceptions are resolved via corrective action or claim cancellations/voids, depending upon the severity of the issue. Issues that appear to be systemic are addressed in the Medicaid newsletter, training sessions and/or written communications with district Special Education Directors/Supervisors and applicable staff.

B. Random Moment Time Study Compliance Reports:

The Medicaid office monitors the PCG Claiming System Compliance Report three times a week to ensure random moment time studies are completed in a timely manner. The Medicaid Office will notify (via email and phone calls) LEA special education secretaries and ISD providers if staff have not completed their time study after two days. The Medicaid office will also assist PCG with contacting participants for follow-up questions regarding time study responses.

Financial Reporting

Every fall, staff positions are reviewed for the allocation of federal funds. During the year, positions are updated for new hires, resignations, retirements, terminations, leave of absences, long-term substitutes or changes in positions. The credentials of staff are reviewed. Local Districts update AOP financials, as does the ISD. The Facility Settlement report is created jointly between the LEAs and WISD's Business Office.



Quality Assurance - Medicaid Document Review

Review Dates: ____ through ____

| | |
|---------------|------------------------------|
| District: | Reviewed By: _____ On: _____ |
| Student Name: | Services: _____ |

**Students selected using random number generator from Google*

| | | | |
|--|-----|----|----|
| Plan of Care (POC) Compliance: | | | |
| a. POC has a signed Medical Signature Form | Yes | No | |
| b. POC contains measurable goals | Yes | No | |
| c. POC indicates the service duration and frequency | Yes | No | |
| d. POC indicates the special education primary disability | Yes | No | |
| Logging Services: | | | |
| a. The service being billed is listed on the Services page of the POC | Yes | No | |
| b. Entered the appropriate selection for Service Type on the service record | Yes | No | |
| c. Total Time logged on Service Records matches amount of time indicated in POC | Yes | No | |
| d. Services logged matches frequency as indicated in POC | Yes | No | |
| e. Entered correct Group Size on the service record | Yes | No | |
| f. Entered student's progress under Progress Report | Yes | No | |
| g. Entered detailed Provider Note (should contain enough info. to recreate what occurred) | Yes | No | |
| h. If 'Other' is checked for Areas Covered/Assessed, provider has specified what 'Other' is | Yes | No | NA |
| i. Completed Monthly Summary each month there are therapy entries | Yes | No | |
| j. Monthly Summary includes sufficient detail; how the student did overall for that month | Yes | No | |
| k. All direct/ancillary services listed in the POC are logged, including evaluations and POC participation for Consult Only students | Yes | No | |
| l. Personal care services listed in the POC are logged in PSSP | Yes | No | NA |
| m. Personal Care monthly classroom log sheet initialed/completed daily | Yes | No | NA |
| Attendance: Services only logged on dates the student was marked present in school | Yes | No | |
| Parent Consent: Form is on file | Yes | No | |
| Prescription, Referral, Authorization: On file and current (OT, PT, O&M, SLP, Personal Care) | Yes | No | NA |
| Provider Credentials: Certificate or License on file and not expired or lapsed | Yes | No | |
| Supervision: | | | |
| a. If provider has a limited license, they were supervised by a licensed/certified therapist | Yes | No | NA |
| b. Supervision logs of meetings/observations/reviews were completed by Supervisor | Yes | No | NA |
| c. Supervisor approved limited licensed staff's service records in PSSP | Yes | No | NA |
| Transportation: | | | |
| a. Is the need for specialized transportation checked in the POC? | Yes | No | NA |
| b. Specialized transportation trips are logged in Relay | Yes | No | NA |