

The background features a dark blue gradient with a subtle pattern of small white dots. Overlaid on this are several white circular and semi-circular lines of varying thicknesses and styles (solid, dashed, dotted). A prominent feature is a large circular scale on the left side, with numerical markings from 140 to 260 in increments of 10. The scale is partially obscured by other circular elements. The overall aesthetic is technical and modern.

POLICY & REIMBURSEMENT UPDATES

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POLICY UPDATES

- Comprehensive School Health Service (CSHS)
 - Providers
 - School Psychologists
 - Social Workers
 - School Nurses
 - Services
 - Preventative
 - Intervention
- Reimbursement will be similar to SBS, but these programs will not be connected

POLICY UPDATES (CONT.)

- School Prescription Policy
 - Currently under MDHHS review
 - Current practices have exposed the program to risks
 - Updates

COMPARISON OF PROVIDER MANUAL & STATE PLAN

Provider Manual

- Provides policy guidance to providers within the State of Michigan
- Easy to navigate
- SBS information is listed in the SBS chapters
 - SCHOOL BASED SERVICES
 - SCHOOL BASED SERVICES ADMINISTRATIVE OUTREACH PROGRAM CLAIMS DEVELOPMENT
 - SCHOOL BASED SERVICES RANDOM MOMENT TIME STUDY
- Can be more restrictive than the State Plan, but not less restrictive

State Plan

- Agreement between the State of Michigan and CMS on how the Medicaid program is to be administered
- VERY difficult to navigate
- SBS information is listed in sections:
 - Supplement to Attachment 3.1-A, Pages 13a.1 – 13a.9
 - Supplement to Attachment 3.1-A, Page 36a
 - Attachment 4.16-A, Pages G-2 – G-9
 - Attachment 4.19-B, Pages 4 & 14 – 17
 - Page 158

AMENDMENT PROCESS

Provider Manual Update

- Accomplished at the state level
 - Bulletin changes
 - Proposed comment
 - Final bulletin (Becomes active policy)
 - ~200 days
 - Technical changes
 - No bulletin necessary
 - 90 - 180 days

State Plan Amendment

- Must be coordinated with, and approved by CMS
 - After appropriate notices the State submits the State Plan Amendment (SPA) to CMS
 - CMS has 90 days to approve the SPA
 - CMS can stop the process with a Request for Additional Information (RAI)
 - The State has 90 days to respond to the RAI

RISK OF UNEXPECTED CONSEQUENCES

Provider Manual Update

- Low
 - Input from Medicaid leadership
 - Input from public comment
 - Update can be stopped if necessary

State Plan Amendment

- High
 - Dependent on current CMS guidelines
 - Possible changes to any opened pages or companion pages
 - Unwanted changes may still take affect even if SPA is stopped

BALANCING THE LISTS

List of Needs/Wants

- Add Free Care/ 504 services
- Expand list of approved providers
- Add additional services
- General updates

List of Concerns

- Changes to RMTS response times
- Changes in RMTS methodology

CURRENT RISKS ASSOCIATED WITH A SPA

- Reduction in RMTS Response Times
 - May have more impact for Michigan than any other state
- Changes in RMTS Methodology
 - Changes the way non-responses are handled
 - Changes the way non-working/non-paid moments are handled

RMETS RESPONSE CHANGE

- Current: 5 days prior notice, 10 days to respond
- Proposed: 0 prior notice, 2 days to respond
- Current 2 – day response rate = nearly 85%
 - Not an accurate of estimate of future response rate
 - Not possible to predict the effect of no prior notice of moment on the response rate
 - Paper notification slows notification down

CONSEQUENCES OF RESPONSE RATE DROPPING BELOW 85%

- 85% response rate is different than 85% claims rate
 - Claims rate is comparison of claims to prior years
 - Response rate is the percentage of RMTS moments returned within the allowable time
- Consequences of response rate dropping below 85%
 - Below 85% response rate the RMTS sample becomes an invalid sample
 - To remedy this non-countable moments become countable non-productive response
 - This drives the RMTS percentage down = less funds available to the ISDs/LEAs

AT SOME POINT THE STATE PLAN WILL BE REOPENED – HOW DO YOU PREPARE?

- Work on obtaining accurate responses the first time
- Work on quick turn around on RMTS response
 - Helps to prepare for shorter response time requirements
 - May increase accuracy
- Start exploring paperless options if your ISD still uses paper notification

WORK GROUPS

- Technical Assistance
 - First meeting – Fall 2018
- Finance
 - First meeting – MISBS Conference 2018
- Codes
 - First meeting – Awaiting on hiring of coding specialist

QUESTIONS FROM THE FIELD

- What if a sub is only in place 29 days during a quarter, but has been a long-term sub for over 30 days in the previous quarter? Can they bill?
- Can a Physician Assistant sign a script instead of a doctor? What about a nurse practitioner?
- For a teacher as the TCM, how many service entries do we need to have each month?
- I am trying to remember how many years providers need to keep their records on file for Medicaid Audits.
- In my LINKS groups I have up to 3-4 target students and then maybe 20 gen ed students all working on social skills and team building, etc. In your Dec newsletter it said that groups larger than 8 students is not eligible for reimbursement.
- I am wondering if personal care and social worker services are included in the claims that count for the 85% monthly billing quota?

QUESTIONS?

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