

## **Appendix D: Medical Assistance Reimbursement**

### **Criteria for Medical Assistance Reimbursement**

#### **Regulations**

- I. For the HCPSS to be eligible for Medical Assistance reimbursement, child must:
  - Be enrolled in the Maryland Medical Assistance Program (aka: Medicaid)
  - Be receiving eligible health-related services as required by an IFSP or IEP.
  
- II. To be considered an eligible provider for Medicaid reimbursement, the HCPSS employee must meet the professional standards as stated in COMAR 10.09.50.02, “EPSDT School Health-Related or Health-Related Early Intervention Services: Licensure and Certification” by being properly licensed or certified in their service field.
  
- III. HCPSS shall insure that reimbursed funds received do not supplant current operating funds, but are used to enhance programs and services for children with disabilities.

#### **Program Authorization**

Services provided to eligible children with disabilities are authorized for reimbursement by the Code of Maryland Regulations (COMAR):

- I. Early Intervention Services Case Management (COMAR 10.09.40)
- II. EPSDT School Health-Related Service or Health-Related Early Intervention Services (COMAR 10.09.50)
- III. Service Coordination for Children with Disabilities (COMAR 10.09.52)
- IV. Transportation Services Under IDEA (COMAR 10.09.25)

#### **Medicaid Eligibility**

Eligibility for Medical Assistance is determined through the Department of Social Services or the Health Department. Eligibility for the Autism Waiver (a Medicaid Waiver Program) is initially determined through the Maryland State Department of Education.

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### **Eligible Services**

According to COMAR, services eligible for reimbursement include any service necessary to develop and implement a child's IFAP or IEP, such as identification, assessment, evaluation, or treatment for:

- Audiology
- Nursing Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Social Work Services
- Speech-Language Services
- Transportation (as a related service)
- Case Management/Service Coordination

Direct services (the child must be present) may be billed as often as one session, per type of service, per day, for either individual or group sessions, as long as the service is within the requirements of the IFAP or IEP.

Service Coordination/Case Management activities may also be billed. Service coordination activities for HCPSS are defined in the following way:

- Initial IEP to include convening and conducting an IEP Team meeting to perform multidisciplinary assessment, and to develop an initial IEP for a student. (Only one initial IEP may be reimbursed in a student's lifetime).
- Ongoing service coordination (monthly service) is provided following the initial IEP and includes, at a minimum, a monthly contact with the student or student's parent/guardian on the student's behalf.
- An IEP Review includes convening and conducting an IEP Team meeting to reassess the student's status and service needs, and revising (as necessary) the IEP.

The Medical Assistance Program may not make payment for ongoing service coordination in the same month that payment is requested for an initial IEP, or in the same month that a review is billed. Only three reviews may be billed in a twelve-month period.

Service coordination activities for the Infants and Toddlers Program are defined in the following way:

- An initial IFSP, consisting of convening and conducting a multidisciplinary team to perform an assessment and to develop and complete an IFSP stating the child's needs for early intervention, medical, mental health, social, educational, financial assistance, counseling, and other support services.

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- Ongoing case management is provided following the initial IFSP and includes at least a monthly contact with the child’s family on the child’s behalf, and all other follow-up services, as necessary.
- An annual IFSP review, consisting of at least one contact with the child’s family and convening and conducting a multidisciplinary team to perform a reassessment of the child’s status and services, and to review and revise, as necessary, the child’s IFSP.

### **Reimbursement Rates**

The current rate of reimbursement for service coordination/case management activities: \$500.00 for the Initial IEP/IFSP, \$275.00 for a Review, and \$150.00 (flat-rate per month) for monthly service coordination/case management.

Health-related services are reimbursed as various amounts as dictated by the current “School Health Related Service Procedure Codes Schedule.”

### **Medical Diagnosis Codes**

Services eligible for reimbursement must be health-related services consistent with the child’s medical diagnosis code(s) from the International Classification of Diseases, or the Diagnostic and Statistical Manual of Mental Disorders. (Note that this not the same as the code used to describe the child’s educational disability on the IEP).

## **Process**

### **Verification of Provider Credentials**

- To be reimbursed for health-related services, providers must be qualified as stated in COMAR 10.09.50.02, “EPSDT School Health-Related Services: Licensure and Certification.” It is the responsibility of the Medicaid Program Head to verify with the HCPSS Office of Human Resources, or with the individual providers, that each provider’s credentials meet these regulations and that current copies of required licenses or certifications are on file.
- To be reimbursed for service coordination/cases management, the service coordinators shall be qualified as stated in COMAR 10.09.40.03C, “Early Intervention Services Case Management” of COMAR 10.09.52C, “Service Coordination for Children with Disabilities.” Again, the Medicaid Program Head will verify with the HCPSS Office of Human Resources that each service coordinator meet this criteria.

### **Identification of Eligible Students**

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- Children enrolled in the Medicaid Program will be identified by matching the child's name from the quarterly MA Eligible list provided the Department of Health and Mental Hygiene (DHMH) with students having an IEP or IFSP.
- Children/students may also be identified by matching their social security number to the Eligibility Verification System (EVS)
- Medicaid eligible students are then identified on TIENET, and updated eligible lists may be obtained from TIENET under "School Reports."

### **Confidentiality**

- The confidentiality of students eligible for Medical Assistance and receiving health-related services will be strictly maintained. This information will be available only to the Medicaid Reimbursement Billing staff, and those service providers and their administrators who are directly responsible for service delivery.
- All identifying Medicaid information in the Student Record or the Medicaid Billing student files will be kept in locked file cabinets. Service providers are responsible to insure the confidentiality of their own personal notes and records.
- As with other student records, all aspects of the HCPSS CONFIDENTIALITY OF STUDENT RECORDS POLICY apply to Medicaid Billing records.

### **Provider Responsibilities**

#### **Monthly Services**

Services Coordinators/case managers and all other services providers should check TIENET, under School Reports, MA Service Coordination, at the beginning of each month for the most recent list identifying the students eligible for reimbursement for their school.

The service coordinator and all service providers shall complete the appropriate "MA Documentation of Services" (check with the MA Program Head or appropriate Program Head for the current documentation forms):

- The child **MUST** be present to bill for services, except for monthly service coordination.
- Only one child may be entered on one form.
- Only one provider may record on one form.
- All dates of services for the month (per provider) should be included on the form.
- If recording dates of service for previous months, more than one month of services may be included on the form.
- The MA monthly services documentation forms shall be forwarded on a monthly basis, by the tenth of the month following the provide services, to the MA Reimbursement Billing Office.

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### **Records**

Special Education Student Records and Early Intervention Records, including service logs indicating the services rendered, progress notes and summaries, and “MA Monthly Services Documentation” for children receiving Medicaid reimbursement must be retained SIX years: for the current school year and five previous school years (COMAR 10.09.36.03[5]).

### **Medicaid Billing Office Responsibilities**

The responsibilities assigned to the Medicaid Billing Office are to:

- Match student names to the quarterly DHMH MA Eligible list, or social security numbers to EVS, to verify Medicaid eligibility.
- Update the TIENET data-base to reflect a student’s eligibility for Medicaid and to monitor IEP required services eligible for reimbursement.
- Maintain a Medicaid eligible student database to include demographic and billing information.
- Update the billing record on the student database on an on-going basis as the “MA Monthly Services Documentation” forms are received from the providers.
- Complete an electronic submission of claims to DHMH weekly.
- Reconcile payment vouchers received to services billed.
- Calculate the Medicaid/Third Party Billing budget and allocations on an annual basis.
- Process regular reports to monitor all aspects of the Medicaid Reimbursement Billing.
- Provide training to staff on an on going basis regarding Medicaid Billing reimbursements, eligibility, and required forms.
- Retain Medicaid student files (containing the “MA Monthly Services Record” forms) for six years from last date of service.

Medicaid reimbursements will be disbursed as follows:

- The administrative costs of Medicaid Reimbursement Billing will be paid from the reimbursement funds.
- Funds generated from the Infants and Toddlers Program will remain within the Infants and Toddlers Program.
- Remaining funds will be allocated for countywide purposes and a percentage of the reimbursement will be sent to each school or discipline originating the reimbursement activity to enhance services available to children with disabilities.