

Menominee County ISD

School Based Health Services Program

Quality Assurance Plan

MDHHS POLICY

The Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual dated January 1, 2018 includes the following language regarding Quality Assurance for School-Based Services.

SBS providers must have a written quality assurance plan on file. SBS costs will be reviewed/audited by the 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, and the impact of Medicaid enrollment on the school environment.

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

- Covered services are medically necessary, as determined and documented through appropriate and objective testing, evaluation and diagnosis.
- The IEP/IFSP treatment plan identifies which covered services are to be provided and the service frequency, duration, goals and objectives.
- A monitoring program exists to ensure that services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities and assisting the beneficiary to benefit from special education.
- Billings are reviewed for accuracy.
- Staff qualifications meet current license, certification and program requirements.
- 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, Outpatient Hospitals, etc.)
- Parent/guardian and beneficiary participation exists outside of the IEP/IFSP team process in evaluating the impact of the SBS program on the educational setting, service quality and outcomes.

I. Purpose and Intent of the Quality Assurance Plan

Menominee County Intermediate School District (MCISD), as a provider of School Based Health Services reimbursed under the State's Medicaid Program, has established a Quality Assurance Program. The policies and procedures associated with the MCISD Quality Assurance Program are described within this formal Quality Assurance Plan. The purpose of the plan is to establish a process for monitoring and evaluating the quality with which reimbursable School Based Health Services are rendered. Additionally, the Quality Assurance Plan sets forth the guidelines for ensuring the fiscal integrity of services reimbursed by the Medicaid Program.

The MCISD Quality Assurance Plan reflects the overall approach to ensuring and reviewing the necessity, appropriateness, and intensity/level of services provided, as well as required documentation to support service provision and Medicaid billing.

The Menominee County ISD Quality Assurance Plan addresses policies and procedures for the following:

- Assurance that Special Education services are provided to any student who was determined to be in need of such services regardless of the student's or parent's financial status to pay for such services, or Medicaid eligibility.
- Medicaid covered services which are provided by professional personnel employed or under contract by MCISD or its constituent local districts, and the manner in which these services are provided to eligible students.
- Required professional credentials and licensure of personnel providing Medicaid covered services to eligible students.
- Assessments, evaluations and tests generally rendered to students to determine the type and level of need for services.
- Development of service plans (i.e., IEP/IFSP) for students determined to be in need of Medicaid reimbursable School Based Health Services.
- Authorization of services and service plans by appropriately credentialed personnel and referral for services by physicians when necessary and/or appropriate.
- Determination that School Based Health Services which are reimbursed by Medicaid are appropriate and medically necessary based upon related assessments, evaluations and testing.
- Guidelines for documenting service provision, including service plans, service records and progress notes, and the maintenance of such documentation.

Nature and frequency of periodic reviews and monitoring programs to ensure that the guidelines and requirements set forth in the quality assurance plan are followed.

MCISD is confident that the policies and procedures described in the quality assurance plan assure the Michigan Department of Health and Human Services / Michigan Department of Education and the Medicaid Program that services reimbursed by Medicaid comply with Federal and State related requirements and regulations. The specific quality assurance guidelines and policies and procedures identified above are described in greater detail in subsequent sections of this plan.

II. Organizational Structure

The MCISD provides services to 4 local public school districts and 2 non-public schools within its boundaries. MCISD and local districts serve a total of approximately 2,000 students.

MCISD serves as a link between the State Department of Education and local school districts. It also furnishes programs and services that single districts find difficult or impossible to provide. MCISD collects and checks vast amounts of data required by the State Department of Education.

The MCISD is a legally constituted intermediate school district established to provide coordination and supplementary services to local school districts and acts as a link between basic educational units and the State education authority.

MCISD serves as a regional monitor for the Michigan Department of Education as a means of guaranteeing all students have access to a free and appropriate public education regardless of their disability.

MCISD assures that a continuum of programs and services are available through the MCISD and its constituent local districts. The continuum represents a range of programs/services, from least restrictive to most restrictive. This may include various alternative programs and service arrangements.

Any person, age 0-25, who resides within the MCISD and is identified as special education through the IEP/IFSP process, will be provided with appropriate programs and/or services by their local district, the ISD or other approved providers through a contract or agreement.

To the maximum extent appropriate, special education eligible students shall be educated with non-handicapped students. Assignment to special classes, separate schools, regular hospitals, institutions or non-school settings will occur only when the nature and severity of the handicap is such that education in a regular class, with the use of supplemental instructional aides and/or services, cannot be successfully achieved.

Responsibility for Quality Assurance Program

Responsibility for the development and implementation of the quality assurance plan for School Based Health Services shall reside with MCISD. The Superintendent or designee will appoint an individual who will be responsible for coordinating the following:

- Developing the quality assurance plan. At a minimum, the quality assurance plan should be reviewed annually and revised as appropriate.
- Implementing the guidelines, policies and procedures detailed within the plan, including appropriate communication to MCISD personnel and professional provider personnel.
- Establishing monitoring and record review functions. It is expected that the coordinator of this program will participate on the record review committee and review monitoring reports.
- Coordinating any necessary training programs for provider personnel in an effort to more effectively meet the requirements of the School Based Health Services Program.
- Communicating with the Michigan Department of Health and Human Services (MDHHS) and Michigan Department of Education (MDE) in areas relevant to the School Based Health Services Program and the delivery of special education services to students.

CLAIMING PROCEDURES FEE FOR SERVICE - PART A

The Menominee County Intermediate School District (MCISD) will establish and maintain the following practices and procedures to monitor and evaluate the quality of our Medicaid School Based Services Billing Program:

- I. **Covered services are medically necessary, as determined and documented through appropriate and objective testing, evaluation and diagnosis.**
 - A. Services are provided in accordance with each student's Individualized Education Program (IEP) developed in the school setting.
 - B. Evaluations are conducted by the Multidisciplinary Evaluation Team or MET. Once the initial evaluations are completed, the evaluation team develops a written MET report with an eligibility recommendation. An IEP meeting is then scheduled. The IEP team reviews the MET report, as well as any other information, and decides whether or not a child is eligible for special education services, including medically-related services.
 - C. In addition, districts periodically conduct a Referral/Review of Existing Evaluation Data (REED). 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.

- II. **The IEP/IFSP treatment plan identifies which covered services are to be provided and the service frequency, duration, goals and objectives.**

Student IEPs and IFSPs include covered services, service frequency, duration and goals and objectives. MCISD uses PCG's electronic IEP system which requires that a frequency and duration be assigned when a service is added to a student's IEP. This system also requires that goals and objectives be added to an IEP before it can be finalized. This information is verified throughout the school year during reviews for speech referrals, OT scripts and when researching billing questions and issues. Districts are able to bill for transporting any student who has an IEP/IFSP that indicates the student's need for special transportation.

- III. **A monitoring program exists to ensure that services are appropriate, effective and delivered in a cost-effective manner consistent with the reduction of physical or mental disabilities and assisting the student to benefit from special education.**

District staff, including Designated Case Managers and direct service staff, are responsible for monitoring the appropriateness and effectiveness of services provided according to the IEP treatment plan.

IV. Billings are reviewed for accuracy.

- A. MCISD contracts with EdPlan PCG, which is the software used by district staff to record reimbursable services, contains logic that allows users to enter only those procedures allowed for their specific discipline.
- B. EdPlan PCG, Inc, a contractor who acts as the billing agent, has the necessary compliance checks in place to ensure that all services submitted to Medicaid on behalf of MCISD, meet all policy requirements for reimbursement. The billing agent tracks service times/frequencies and all other billing requirements and prevents over-billing. The MCISD Medicaid Office conducts informal reviews and runs reports on a regular basis to check the validity of logged and logged encounters. The Medicaid billing program will not submit claims from providers who do not have appropriate credentials in the system, or for those students who do not have the proper consents such as Parent Consent, Speech Referral, OT/PT prescriptions, and Personal Care Authorizations. LEA's are reminded at the beginning of each school year that speech referrals and Personal Care Services Authorizations are required when these services are reported to Medicaid. Speech Referrals, Audiological services and OT prescriptions are obtained from a physician contracted by MCISD or the students family physician. Personal Care Services Authorizations are signed by licensed practitioners operating within the scope of their practice, or physician contracted person.
- C. EdPlan PCG Special Education Monthly Monitor Reports will be utilized as an up front billing screen for all documentation that will be sent to the Medicaid School Based Services Program. The EdPlan PCG Error Reports will be individually investigated and billing on the rejected claims will not be released to the Medicaid Program until it is found that the criteria below have been satisfied:
 - 1. Monthly Summaries
 - 2. Targeted Case Management Missing Direct Services
 - 3. Annual Prescriptions or Referrals on file for Occupational Therapy, Physical Therapy, Speech Therapy, Nursing Services and Personal Care Services
 - 4. Duplicate services billed
 - 5. Annual Parent Permission Form on file
 - 6. Multiple Individual Education Plans billed within six months
 - 7. Annual Individualized Education Plan or annual Individualized Family Service Plan on file
 - 8. Service Verification for COTA, PTA, and LPN services

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

Certification status of staff will be checked based on the requirements of the Michigan Department of Community Health. The MCISD will maintain a file of staff certification for those listed on the Direct Service and Case Management Staff Pool Lists. Only staff members with state approved certification will be listed on the Medicaid Staff Pool Lists. In addition, supervising clinicians are required to document their supervision of limited license staff. Services are not submitted until approved by supervising clinician.

As new provider personnel are employed by MCISD or contracted during the school year, verification of their qualifications will be made prior to submitting Medicaid logs for services rendered. Services rendered by provider personnel who are 100% federally funded shall not be processed for submission to the Medicaid Program. Provider Licensure/Credentials and Special Education Personnel Approvals are monitored and maintained centrally at MCISD in the Human Resources office.

At the beginning of each school year, the MCISD will request the Human Resources coordinator to review the licensure status of staff providers by accessing the US Department of Health and Human Services Office of Inspector General List of Excluded Individuals search engine (<http://exclusions.oig.hhs.gov/>), to verify that sanctions have not been imposed that would exclude the

staff providers from logging Medicaid services. If sanctions are found, logging privileges will be suspended. Logging privileges will not be reinstated until the sanctions have been rescinded. For staff that adds on after the initial check at the beginning of the school year, verification that sanctions are not imposed will be performed at the time the request for hire has been made to the Board of Education.

VI. Collaboration with Other Providers

The Individualized Education Program Form/Procedure provides an opportunity for parent input as to other community services that the child receives. Coordination and/or collaboration will be available if requested of our therapists. The LEAs are responsible for the coordination of student services with outside agencies. The MCISD special education staff are also available to assist LEAs with the coordination of services with various agencies.

VII. Parent/guardian and student participation exists, outside of the IEP/IFSP team process, in evaluating the impact of the SBS program on the educational setting, service quality and outcomes.

The MCISD provides the districts with literature explaining the SBS program, which is to be given to all parents/guardians of all students receiving special education services. The parental consent form is on the MCISD web site under Special Education forms to facilitate the printing of the document along with other IEP forms. Parental consent forms are presented to parents at IEP/IFSP meetings in order to obtain their approval for SBS logging. If consent was given on or after March 18, 2013, it is considered a one-time consent and only the Medicaid Notice for Rights and Protections will be given to parents/guardians at subsequent IEP/IFSP meetings. If consent is not obtained at the IEP meeting, it may also be sought via a letter sent to parents by the LEA's on their letterhead. A refusal entered into the system will cause any services entered for the student to be excluded from claim submissions.

VIII. Quality Assurance Committee

In addition to the periodic monitoring of the School Based Health Services program, MCISD has in place a monitoring and evaluation program of the MCISD's special education program and services. The Catamaran is the system used by the state to promote positive outcomes and ensure compliance with the Individuals with Disabilities Education Act (IDEA) and the Michigan Administrative Rules for Special Education.

Collectively, the monitoring guidelines established for the school based health services program and the formal ISD monitoring and evaluation program assure that the needs of children are identified and met and that special education services are provided in an appropriate manner by qualified professionals. The Quality Assurance Committee (QAC) will conduct reviews of Medicaid documentation. These reviews will include documentation for students throughout the Intermediate School District and will occur annually.

- A. A sampling of five students, one from each of the districts/MCISD, of the School Based Services Medicaid documentation, from the previous twelve months, will be selected and examined for randomly selected students. The documentation will include:
 - The students' corresponding Individualized Education Plans, which will be reviewed for services, frequency, duration and goals and objectives
 - The MET(s) and evaluations related to the selected time frame
 - The current prescriptions for speech, occupational therapy and physical therapy, and O&M if applicable
 - Parental consents for Medicaid billing
 - Personal Care and/or Transportation logs, if applicable
 - Staff certifications/licenses
- B. Randomly selected claims will periodically be traced back to the Business Office to review backup for costs submitted to the program under the cost-based rate methodology.
- C. Problems that are identified during this Committee review will be moved to the Audit component of our Quality Assurance Plan for more analysis.

IX. Internal Audits

Internal audits will be conducted by the MCISD on an as needed basis, depending on the findings of the QAC. Staff members will be notified of the results of each audit. Individual and group feedback will be used to correct an problems that are found.

X. Staff Training

Edplan PCG Medicaid School Based Services training will be provided by the MCISD via in person and video on an as needed basis throughout the year.

RATE METHODOLOGY PROCEDURES
FINANCIAL REPORTING AND COMPLIANCE - PART B

I. Staff Pool Lists

The Random Moment Time Study site is open quarterly for review and updates by each district's financial contact. Staff Pool Lists are certified by the MCISD quarterly. The following will be considered when reviewing the quarterly MCISD staff pool lists for outreach, case management, direct service and personal care providers:

- New staff hires, deleted employees
- Employee leaves
- Staff certification
- Staff job duties
- Federal funding levels

II. Random Moment Time Studies

Time study follow up and reminders to staff will be done by the MCISD Special Education Director. All staff will receive email notices of their selection for the time study.

III. Submission of Quarterly Financial Data

A. Quarterly Financials are made available online to the local districts by PCG. Each LEA district will submit its own quarterly cost financial data directly to PCG at miaop@pcgus.com. PCG will supply ISD's with copies of district quarterly reports.

- Quarterly financial cost data must not be estimated or calculated with formulas in the PCG miaop@pcgus.com spreadsheet. The cost data is subject to audit based on payroll reports.
- LEA quarterly financial data will be reviewed by the MCISD Business Office.
- Amended quarterly cost reports will follow the guidelines as provided by PCG at miaop@pcgus.com
- LEA claims submissions will be monitored by the MCISD at each quarterly submission to make sure that the LEA staff that are reported in the cost reports are submitting claims.
- The MCISD will verify the following:
 1. That staff on the quarterly financials match the quarterly staff pool lists and note discrepancies (i.e., 100% federally funded, removed from SPL)
 2. District Indirect Cost Rates
 3. By random sample that staff listed are reporting services
 4. Licensure by random sample

IV. Reconciliation Process

Local districts prepare the Medicaid Annual Expenditure Report (MAER) and submit via e-mail to the MCISD Business Office. LEAs will report their Medical Staff Costs and Transportation Costs using the MAER form and will submit a signed Cost Certification form to the MCISD for the reconciliation. The MCISD will verify the following:

- That staff on the quarterly financials match the quarterly staff pool lists and note discrepancies (i.e., 100% federally funded, removed from SPL)
- District Indirect Cost Rates
- Reasonableness of staff salaries/benefits including comparison to district SE-4096 reports
- Transportation data using district SE-4094 forms
- That the “Summary Staff Pool List” will be sorted to identify all Direct Service providers
- That the Direct Service providers will be entered into the MCISD “Discipline Specific Cost Report Spreadsheet”

Amended MAER cost reports will follow the guidelines as provided by PCG at miaop@pcgus.com. The MCISD will store all ISD and local MAER data in a file containing the MAER template for viewing.

V. Reconciliation Summary Software

- A. The Medicaid Summary Software will be downloaded from the State of Michigan secure site and stored on Business Manager’s computer at the MCISD.
- B. The Business Manager will complete the yearly reconciliation process for the MCISD and its LEAs and submit the data to the state in a timely manner.

VI. Communication Procedures

The MCISD will work to share Medicaid School Based Services Program updates and information.

- A. Michigan Administrative Outreach Program (miaop@pcgus.com) newsletters will be shared with all Staff Pool List committee members.
- B. State Implementer meetings will be attended by at least one representative from the MCISD Medicaid team.
- C. The MCISD will communicate program updates and requirements with the LEAs.
- D. Edplan PCG Medicaid User Group meetings will be attended by at least one representative of the MCISD Medicaid Team.

Cost Certification

Each local district certifies its own data. The MCISD compiles and reviews district data as noted above and submits the certification to the Michigan Department of Community Health.