



# MEDICAID SCHOOL-BASED SERVICES

## MSBS 101

FOCUSED, PASSIONATE, DRIVEN FOR YOUR SUCCESS

# TABLE OF CONTENTS

|    |   |    |  |
|----|---|----|--|
| 01 | SWREC Medicaid Team Introduction        | 05 | Random Moment Time Study & Participant Lists |
| 02 | Program Overview, Goals & Regulations   | 06 | Free Care                                    |
| 03 | Steps to Becoming a MSBS Provider       | 07 | Q & A  |
| 04 | SWREC Requirements For Billing Medicaid |    |  |

# MEET OUR SWREC MEDICAID TEAM!



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Southwest REC exists to partner with school districts in southwest New Mexico to provide educational and support services for teachers and administrators who directly affect the educational opportunities of their students.

We serve the school districts of Animas, Cobre, Deming, Hatch Valley, Lordsburg, Reserve, Silver, and Truth or Consequences.

Our Medicaid Team also assists 44 charters (and counting!) with their MSBS program.

# Why are you here?

Each one of you play a key role in Medicaid School –Based Services (MSBS) Program.

Understanding your role, as well as the roles of others, is beneficial to the program's overall success.

Superintendents/School Administrators

Business Managers/CFO's

Special Education Directors/Coordinators

Ancillary Staff/Providers

Medicaid Staff

Let's  
Grow  
Together

# PROGRAM OVERVIEW



Healthy children & youth have a better chance of achieving academic, social, & personal success than their peers who are singled-out by a health concern or disability that impacts their ability to participate in school. Because of their position in the daily lives of children, youth, & their families, New Mexico schools are poised to offer unique advantages & opportunities that can help families access health information, medical & behavioral health services, & facts about Medicaid enrollment. Through the Medicaid School-Based Services (MSBS) program, New Mexico schools also offer key health & health-related services that are designed to integrate & maintain active learning for Medicaid-eligible children & youth with special education & health care needs.

The MSBS program was added in 1994 as a Medicaid-covered benefit for children & youth aged 3-20.  
(Derived from: New Mexico Medicaid Guide for School-Based Services. August 2022)

# PROGRAM OVERVIEW CONTINUED...



Through the MSBS program, schools are eligible to receive reimbursement for services provided to Medicaid-eligible students that receive services under the Individuals with Disabilities Education Act (IDEA) through an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).

These services include:

- Audiology services
- Occupational, physical & speech therapies
- Mental health services
- Nursing services
- Transportation
- Nutritional assessments & counseling

Additionally, school districts are able to bill & be reimbursed for certain Medicaid-related administrative activities, such as conducting Medicaid-related outreach, facilitating Medicaid eligibility determinations, coordinating transportation to Medicaid-covered services, making referrals, coordinating & monitoring Medicaid services, & engaging in medical service program planning, policy development & interagency coordination.

School districts are able to use the money paid to them under the MSBS program to pay for health & health-related services benefiting all students, not just those who are Medicaid or IDEA eligible.

[Click here for more MSBS Program Resources](#)

(Derived from: New Mexico Medicaid Guide for School-Based Services. August 2022)



# PROGRAM GOALS



## Enrollment

Enroll students in the Medicaid Program.

## Accessibility to Health Services

Increase access to comprehensive health services for children & youth through the MSBS program.

## Maximize Financial Resources

Increase & maximize the financial resources available for school-based services.

## Collaboration

Increase collaborative efforts between schools, families, community providers, & state agencies. Each partner has a defined role & exhibits commitment & accountability to the MSBS program.

## Development & Implementation

Develop & implement standards for providing or linking comprehensive health services through the schools.

Develop & implement a long-range plan to ensure sustainability of a comprehensive MSBS program.





# MSBS PROGRAM REGULATIONS

## Appendix C: Covered Services

**COVERED SERVICES:** Medical Assistance Division's (MAD) covers the following services when medically necessary and rendered as part of an eligible recipient's IEP, IFSP, 504 plan, IHCP or other care plan by specified providers in school settings.

A. For services in Subsections A - E of 8.320.6.13 NMAC, a provider must first develop and then update the eligible recipient's present level of performance for each of his or her IEP or IFSP cycles. 504 plans, IHCPs or other care plans should be reviewed annually to establish ongoing medical necessity for services. MAD requires the following elements be included in the provider's treatment notes:

- (1) the specific activity provided to the MAP eligible recipient for each date of service billed;
- (2) a description of the level of engagement and the ability of the eligible recipient for each date of service billed;
- and
- (3) the outcomes of session on the impact on the eligible recipient's exceptionality for each date of service billed.





# MSBS PROGRAM REGULATIONS

## Appendix C: Covered Services

B. To be reimbursed for a MAD school -based service, all the requirements in this subsection must be met.

(1) Services must be medically necessary and must meet the needs specified in his or her IEP, IFSP, 504 plan, IHCP or other care plan. The services must be necessary for the treatment of the eligible recipient's specific identified condition.

(2) The ITP portion of the IEP, IFSP, 504 plan, IHCP or other care plan must be developed in conjunction with the appropriate qualified PT, OT, SLP, audiologist, RN, or behavioral health provider listed in 8.320.6.11 NMAC.

(3) The LEA, REC or other SFEA must complete a MAD specified good faith effort to notify the eligible recipient's PCP of the services to be provided under an IEP or IFSP.

(4) Frequency and duration of services billed may not exceed those specified in the eligible recipient's IEP, IFSP, 504 plan, IHCP or other care plan.

(5) Reimbursement is made directly to the LEA, REC, or other SFEA when therapy, licensed nutritionists or registered dietitians, transportation, case manager, or nurse providers furnish services under contract to the LEA, REC, or other SFEA.



# MSBS PROGRAM REGULATIONS

## Appendix C: Covered Services

C. Therapy services: MAD covers physical, occupational, audiological and speech evaluations, and therapy required for treatment of an identified medical condition that is part of an eligible recipient's ITP.

D. Nutritional assessment and counseling: MAD covers nutritional assessment and counseling when rendered by a licensed nutritionist or dietician for an eligible recipient who has been referred for a nutritional need when part of his or her ITP. A nutritional assessment consists of an evaluation of the nutritional needs of the eligible recipient based upon appropriate biochemical, anthropometric, physical, and dietary data, including a recommendation for appropriate nutritional intake.



# MSBS PROGRAM REGULATIONS

## Appendix C: Covered Services

E. Transportation services: MAD covers transportation services for an eligible recipient who must travel from his or her school to receive a covered service from a MAD provider when the service is unavailable in the school setting and when the service is medically necessary and are part of the eligible recipient's IEP or IFSP; see 8.324.7 NMAC. MAD covers transportation to and from the school on the date a medically necessary MAD school-based service is rendered in the school setting for an eligible recipient who has a disability.

- (1) MAD school-based services are billed on the specific day on which transportation is rendered and are part of the ITP portion of his or her IEP or IFSP.
- (2) The eligible recipient requires transportation in a vehicle adapted to serve his or her needs that are part of the ITP portion of his or her IEP or IFSP.
- (3) Transportation occurs in a modified school bus for disabled students.



# MSBS PROGRAM REGULATIONS

## Appendix C: Covered Services

G. Nursing: MAD covers certain nursing services required for treatment of a diagnosed medical condition that qualifies an eligible recipient for an IEP , IFSP or IHCP when provided by a licensed RN or LPN. Nursing services require professional nursing expertise and are provided by a licensed RN or a LPN and must be provided in accordance with the New Mexico Nursing Practice Act and must be a covered MAD service. Delegated nursing services which are tasks in accordance with the New Mexico board of nursing that may be delegated by the RN to unlicensed school personnel. Delegated staff may include, but is not limited to, school or contracted staff, such as health assistants, teachers, teacher assistants, therapists, school administrators, administrative staff, cafeteria staff, or personal care aides.

- (1) The IHCP should be written by the RN in accordance with the NM DOH school health manual.
- (2) Delegated nursing services must be delivered in accordance with Subsection B of 16.12.2.12 NMAC.

H. Behavioral health services: MAD covers counseling, evaluation and therapy required for treatment of an identified behavioral health condition that is part of an eligible recipient's ITP.

I. Telemedicine services: MAD covers school-based services provided via telemedicine; see 8.3 10.2 NMAC.



# MSBS PROGRAM REGULATIONS

## Appendix C: Covered Services

J. Administrative activities: MAD covers the cost of certain administrative activities that directly support efforts to provide health-related services to a MAP eligible recipient with special education or health care needs. These administrative activities include, but are not limited to, providing information about MAD services and how to access them; facilitating the eligibility determination process; assisting in obtaining transportation and translation services when necessary to receive health care services; making referrals for MAD reimbursable services; and coordinating and monitoring MAD covered medical services.

(1) Payment for an allowable administrative activity is contingent upon the following:

- (a) the LEA, REC or other SFEA must complete a MAD PPA to become an approved school-based health services provider;
- (b) the LEA, REC or other SFEA must enter into a GSA with HSD and agree to abide by the terms and conditions of the GSA;
- (c) the LEA, REC or other SFEA must submit claims for allowable administrative activities in accordance with federal and state regulations, rules and guidelines.

(2) A provider or contractor coordination with the school or contractor or in consultation with principals, school counselors, or teachers are not billable as a service by the provider. The provider must consult with the school to determine if the school will include such activities in its contract with the provider or contractor. The school may not bill MAD separately for these services but can include the costs as administrative costs.

(3) Administrative claiming is subject to compliance reviews and audits conducted by HSD, the state Medicaid fraud control unit and the Centers for Medicare and Medicaid Services (CMS). By signing the MAD PPA, the LEA, REC or other SFEA agrees to cooperate fully with HSD, the state Medicaid fraud control unit and CMS in the performance of all reviews and audits and further agrees to comply with all review and audit requirements.

[8.320.6.13 NMAC - Rp, 8.320.6.13 NMAC, 7/1/2015; A, 2/1/2020; A, 7/1/2022]





# MSBS PROGRAM REGULATIONS

## Appendix C: Non-Covered Services

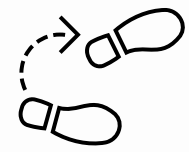
**NON-COVERED SERVICES:** MAD school-based services billed in school settings are subject to the limitations and coverage restrictions that exist for other MAD services; see 8.301.3 NMAC. MAD does not cover the following services.

- A. Services classified as educational.
- B. Services to non-MAP eligible individuals.
- C. Services billed by a practitioner outside his or her area of expertise.
- D. Vocational training that is related solely to specific employment opportunities, work skills or work settings.
- E. Services that duplicate services billed outside the school setting unless determined to be medically necessary and MAD or its designee gave prior authorization for the service.
- F. Services not identified in the eligible recipient's IEP, IFSP, 504 plan, IHCP or other care plan.
- G. Transportation services listed below:
  - (1) transportation that a MAP eligible recipient would otherwise receive in the course of attending school;
  - (2) transportation for the eligible recipient with special education needs under the Individuals with Disabilities Education Act (IDEA) who rides the regular school bus to and from school with non-disabled children; and
  - (3) transportation of a minor aged child, such as a sibling of the eligible recipient who is simply accompanying the eligible recipient to a MAD service.

[8.320.6.15 NMAC - Rp, 8.320.6.16 NMAC, 7/1/2015; A, 7/1/2022]



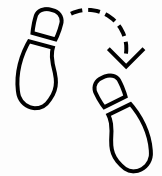
# STEPS TO BECOMING A MSBS PROVIDER



01

## Letter of Intent

- Submit a letter of intent to participate in MSBS program to HSD/MAD.



02

## Governmental Services Agreement

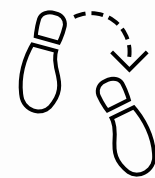
- Sign contract with SWREC.



03

## National Provider Identifier (NPI)

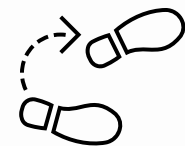
- Obtain federally-mandated ID number.



04

## Provider Participation Agreement

- Submit a provider participation application to HSD/MAD.



05

## Compliance with State & Federal Guidelines

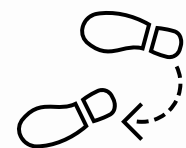
- Compliance & adherence to these guidelines are critical to the effectiveness of the program.



06

## Identification of Medicaid-Eligible Children

- Confirm the recipient's Medicaid eligibility prior to billing.



07

## Medicaid Application Process & Presumptive Eligibility

- LEA or RECs should have Presumptive Eligibility Determiners (PEDs) on-site to screen for Medicaid eligibility.

# SWREC REQUIREMENTS FOR MEDICAID BILLING

- MSBS contract with the SWREC
- Service Provider Information
- Student Information
- MSBS Participant Lists
- Financial Documentation
- Communication





## MSBS CONTRACT WITH THE SWREC

This agreement specifies the responsibilities of HSD & the LEA and/or REC concerning program administration, billing, payment & program parameters.

Contracts will be drafted by the SWREC Medicaid Financial Coordinator & sent out for e - signatures prior to start of new fiscal year or prior to billing in the following order:

01 School Administrator/Superintendent

02 Business Manager

03 Special Education Director

04 SWREC Executive Director

Once all signatures are obtained each signer will receive an electronic copy for their records of the agreement.



# MSBS CONTRACT CONTENTS

## Purpose of the agreement

Work together for the purpose of receiving reimbursement for state-specific Medicaid covered medical services.

**Scope of Work / SWREC** – Maintain tracking systems for provider licensure, obtaining physician signatures, monitoring reporting, provide training, complete MAC & Cost Settlement, etc.

**Scope of Work / LEA** – Abide by IDEA, MSBS regulations. Provide SWREC with school contact information/updates, access to SIS or provide complete copies of IEPs/updates & consent forms. Ensure provider documentation is completed in MaxCapture , provide financial documentation to SWREC to complete claims/reports, etc.

**Additional Contents** – Compensation details, Term & Termination details, Confidentiality and recommendations for allowable expenses of MSBS funds.



## SERVICE PROVIDER INFORMATION

Individual service providers employed by or under contract with the LEA, and/or REC must meet specific licensing & other qualification criteria.

- Checklist filled out for MaxCapture login
- Copy of State Board License
- Copy of PED License
- National Provider ID Number (NPI)
  - If provider doesn't have an NPI, the SWREC Medicaid Specialist will ensure this process is completed.
- Medicaid Provider ID Number
  - If provider doesn't have this ID number SWREC Medicaid Specialist will ensure this process is completed.



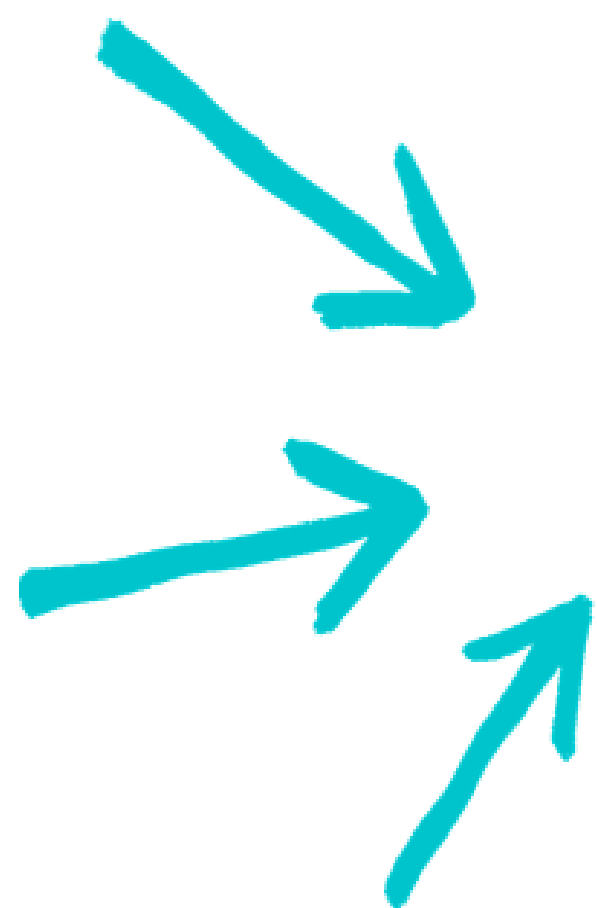
## STUDENT INFORMATION

Student IEPs, consents, and any other requested student information is key to ensuring the SWREC Medicaid team has the correct information to bill accurately.

- Copy of all current IEPs of eligible students
  - Ensure dates & demographics information is up-to-date.
- Copy of complete Medicaid School-Based Services Consent Form
  - Ensure that this form is filled out entirely. (See next slide)

Please be careful to document the student's name, DOB, IEP dates, etc. correctly.





| MEETING PARTICIPANTS  |                             |                         |           |
|---|-----------------------------|-------------------------|-----------|
| Signature signifies attendance and participation in the development of the IEP. |                             |                         |           |
| Name/Signature  | Role                        | Method of Participation | Date      |
| [Redacted]  | Parent                      | In Person               |           |
| [Redacted]  | Regular Education Teacher   | In Person               | 4/13/2023 |
| [Redacted]  | Facilitator                 | Video Conference        | 4/13/2023 |
| [Redacted]  | Speech-Language Pathologist | In Person               |           |
| [Redacted]  | TOSA                        | In Person               | 4/13/2023 |
| [Redacted]  | Amplified Therapy           | In Person               |           |

| PARENT RIGHTS   |
|---|
| I have had the opportunity to participate in the development of this Individualized Education Program (IEP) and the recommended services and setting for my child. The information was presented in an understandable manner. I have received a copy of "Parent and Child Rights in Special Education" as part of an initial IEP meeting. |
| Parent Initials: _____  |



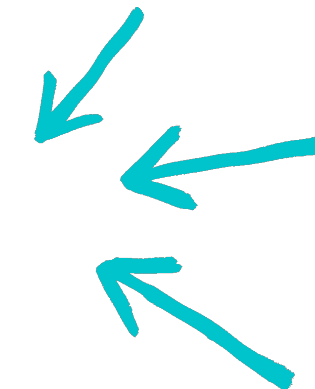
| CASE MANAGER   |
|--|
| The case manager is responsible for ensuring that everyone involved in implementing this IEP has access to necessary information and is informed of his/her specific responsibilities for providing the accommodations/modifications the student requires to benefit from his/her educational program. |

Ensure all meeting participants signatures are obtained & Provider roles are included

Special Education IEP  
Student: Sample  
ID#:  
Agenda: EDT/Initial  
Date: 02/25/19

Ensure that Hours/Week  
and  
Projected Start & End  
Dates are entered.

| SCHEDULE OF SERVICES  |                                |   |                                     |  |
|---|--------------------------------|---|-------------------------------------|--|
| Note: Therapy may be provided in a group, consult or individually   |                                |   |                                     |  |
| Activities with students without disabilities:  |                                |   |                                     |  |
| <input type="checkbox"/> Recess   | <input type="checkbox"/> Music | <input type="checkbox"/> Library  | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other Electives |
| <input type="checkbox"/> Lunch/Breakfast  | <input type="checkbox"/> Art   | <input type="checkbox"/> PE   | <input type="checkbox"/> Vocational |  |
| GENERAL EDUCATION SETTINGS  |                                |   |                                     |  |
| Service   | Provider/Title of Provider     | Hours/Week  | Projected Start Date                | Projected End Date                       |
|   |                                |   |                                     |  |
|   |                                |   |                                     |  |
|   |                                |   |                                     |  |
|   |                                |   |                                     |  |
|   |                                |   |                                     |  |
| Total Hours/Week:   |                                |   |                                     |  |
| Comments: Click here to enter text.   |                                |   |                                     |  |
| SPECIAL EDUCATION SETTINGS  |                                |   |                                     |  |
| Service   | Provider/Title of Provider     | Hours/Week  | Projected Start Date                | Projected End Date                       |
| DD preschool  | Sped Staff                     | 5   | 4-16-19                             | 4-16-19                                  |
| Articulation Therapy  | SLP                            | .5  | 4-16-19                             | 4-16-19                                  |
|   |                                |   |                                     |  |
|   |                                |   |                                     |  |
|   |                                |   |                                     |  |
| Total Hours/Week:   |                                | 5.5   |                                     |  |
| Comments: Click or tap here to enter text.  |                                |   |                                     |  |
| LEVEL OF SERVICE  |                                |   |                                     |  |
| Total Number of hours per week of special education services:   |                                |   |                                     |  |
| Total number of hours in a typical school week, (excluding lunch and recess):                                   |                                |   |                                     |  |
| Services Level (%):   |                                |   |                                     |  |
| <input type="checkbox"/> 10% or less of school day (level 1-min)  |                                | <input type="checkbox"/> 11-49% of the school day (Level 2 – mod)                   |                                     |  |
| <input type="checkbox"/> 50-74% of the day or more (Level 3 – ext)  |                                | <input checked="" type="checkbox"/> 75% & Up to a full day or 3Y/4Y (Level 4 – max) |                                     |  |
| EDUCATIONAL SETTINGS  |                                |   |                                     |  |
| Total number of hours per week in segregated location:  |                                |   |                                     |  |
| Total number of hours in a typical week:  |                                |   |                                     |  |
| Educational Settings Level (%):   |                                |   |                                     |  |
| SETTING - Choose the appropriate setting code for the correct Grade-level range from the drop-down lists below: |                                |   |                                     |  |
| Grades K-12: Choose an item.  |                                |   |                                     |  |
| 3 yrs or PreK: Attends a Sped program in a separate Sped classroom - SC   |                                |   |                                     |  |
| Other: Choose an item.  |                                |   |                                     |  |
| Other category not defined above:   |                                |   |                                     |  |



## IEP PROGRESS DOCUMENTATION

Inform parents of their child's progress toward annual goals in the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Progress reports are required at least as often as parents of non-disabled children receive reports.

*See Goals section for how progress will be measured*

## AGE OF MAJORITY

Student will reach the age of majority (18 in New Mexico) on (date): 7/13/38

Student and parent/guardian were informed annually of the student's rights upon reaching the age of majority beginning at age 14 on (date): 4/13/23

## MEDICAID CONSENT FORM

I, , the parent/guardian of [REDACTED] child, have been fully informed of all services that my child will be receiving and agree to have Medicaid billed for such services. **The District is required to obtain Parent/Guardian Consent prior to accessing the parent/child's public benefits through Medicaid for the first time, and annually thereafter.** Consent is voluntary and may be revoked at any time. If consent is revoked, it is not retroactive. I understand that if I refuse to allow access to Medicaid benefits, my child's school is not relieved of its responsibility to ensure that all required IEP services are provided at no cost to me. My signature below grants this consent.

Child's Primary Care Physician: Southwest Pediatrics-Dr.Roque

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

# ATTENTION

This form must be filled out entirely!



Parent/Guardian  
Signature & PCP/Clinic  
Name is critical

[SCHOOL DISTRICT NAME]  
Consent for Medicaid School Based Services

New Mexico School districts may bill Medicaid for health/health related services documented in the child's/student's Individualized Education Program (IEP). In order to bill Medicaid, parent(s)/guardian(s) must be fully informed of these IEP services, as well as their frequency and duration. The district must provide written notification to the child's parent/guardian before accessing a child's or parent's public benefits or insurance (e.g., Medicaid) for the first time. Written notification must be provided annually thereafter. Districts need only obtain parental consent one time. These guidelines are set forth herein and in 34 CFR 300.154(d)(2)(iv) & (v). Questions/Comments: contact School and Family Support Bureau, Medicaid in the Schools Program: 505.827.1804.

Child's Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

Phone Number - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

\*\*\*\*\*  
Parental one-time consent for services for which Medicaid will be billed:

I \_\_\_\_\_, parent/guardian of child, \_\_\_\_\_, have been fully informed of all services listed in my child's IEP and agree to have Medicaid billed for these services. In order to bill Medicaid, I consent for my child's name, date of birth, Medicaid number, IEP services provided to my child, dates covered and the code for the type of service to be given to the Medicaid agency (New Mexico Human Services Department) for payment.

I understand that:

- my consent is voluntary and may be revoked at any time;
- revocation of consent is not retroactive; and
- refusal to allow access to Medicaid benefits does not relieve my child's school of its responsibility to ensure that all required services included in my child's IEP are provided at no cost to me.

My signature below also allows the district to release my child's information as described in the first paragraph above to my child's primary care provider or clinic.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Provider/Clinic Name: \_\_\_\_\_

# R A N D O M M O M E N T T I M E S T U D Y

## R E Q U I R E M E N T S & P A R T I C I P A N T L I S T S

LEAs and/or RECs participating in the MSBS program must require certain staff to participate in a quarterly time study that covers the period for which claimed direct medical service & administrative activities were performed. This time study, in turn, provides the basis for calculating amounts owed to the districts for these activities in the annual cost settlement report & quarterly administrative claims.

The SWREC Medicaid Team will need a list of all eligible employees that can be claimed on the Administrative Claim.

**Note: Participants cannot be 100% federally funded. (Unless Ancillary)**

Below are examples of those that can be claimed:

### Direct Service Providers

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Social Work
- Psychology/Psychiatrist
- Audiology
- Nursing

### Administrative Staff

- Special Education Director
- Special Education Secretary
- Special Education Teacher
- IEP Facilitator
- Guidance Counselor
- Nurse Assistant
- Educational Diagnostician

There is an 85% participation rate requirement for RMTS completion

## NM Medicaid School-Based Program JS23 Time Study



Fairbanks - Time Study <info@fairbanksllc.com>

To ● Amber Rivera



↩ Reply

↩ Reply All

→ Forward



Thu 8/3/2023 4:11 AM

 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

This email has originated from an **external source**. Please use proper judgement and caution when opening attachments, clicking links, or responding to this email.

Name: Vacant Vacant

District: Mission Achievement & Success Charter Schools

District Contact: Amber Rivera

MAC Category: Speech-Language Pathologist

Random Moment: 02:50 PM on 08/08/2023

You have been selected to participate in a Medicaid School-Based Services (MSBS) Random Moment Time Study (RMTS). To participate in the Time Study, you will need to respond to an online survey. Your participation is required and should take no longer than a few minutes to complete.

In order to complete the Random Moment Time Study, you will need to go to [www.fairbanksllc.com](http://www.fairbanksllc.com) and select CLIENT LOGIN. You will then need to log in with the information below and answer a few short questions to report the activity you were performing at your sampled moment of 02:50 PM on 08/08/2023.

Username: vvacant22635


Password: pan39ace

If you do not have access to a computer, you can complete the survey by calling Fairbanks directly at (877) 340-1453. Please call or email Fairbanks at [info@fairbanksllc.com](mailto:info@fairbanksllc.com) with any questions.



## RMTS Sampled Participants – RMTS Training Screen

The training and instructions page is provided for sampled participants to understand the appropriate completion of the RMTS. Fairbanks Central Coders are used to apply Medicaid activity codes, and therefore participant training is focused on the accurate completion of the RMTS process.

 FAIRBANKS<sub>CENTRAL</sub>

Welcome, Gary Luna ([Logout](#))

---

## Medicaid School-Based Claiming

### RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study (RMTS) on behalf of your district. You are required to complete the following Time Study screen, which is a short survey requesting responses for your sampled date and time: (a) were you working at the time of your moment, (b) who was with you, (c) why were you performing this activity, (d) what were you doing, and (e) confirm if this activity was performed in accordance with a student's care plan. The specific information that you provide is used to determine what you were doing at your selected moment and will be reviewed by Fairbanks personnel. As a result, it is important that you complete the Time Study accurately.

The following provides training and guidance on the accurate completion of the Time Study:

1. Please keep in mind that you are responding for one precise minute in time. Document what you were doing at the sampled date and time.
2. Responses will be requested via a combination of free-form text boxes and dropdown menus. If you do not see an applicable response option in the dropdown menu, select "Not Applicable (N/A)".
3. Your activity description should be approximately two to four sentences and include a detailed response of what you were doing. Please keep in mind the person coding your moment has no idea of your job description, the tasks you perform, or why you perform them. It is up to you to provide the information needed for those independent coders to accurately code your response.
4. If you use acronyms in the description of your activity, please provide a definition of the acronym.
5. If you were with a student, do not provide student-specific names; instead your response can state that you were working with a student or group of students.

#### Your Profile

**Name:** Gary Luna  
**Email:** [gary\\_luna@wvhs.org](mailto:gary_luna@wvhs.org)  
**District:** West Las Vegas Schools  
**MAC Category:** Licensed Master's Level  
Independent Social Worker (LISW)

#### Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (877) 340-1433.

**RMTS Training Screen Continued**

6. If you were performing a direct service or an activity in preparation or conclusion of the direct service (such as paperwork and travel) at the time of your moment, ensure the appropriate documentation is retained on behalf of the district to support the activity in the event of an audit.
7. If you were not working, please indicate if it was paid or unpaid time-off.
8. If you work for multiple districts, please note the following: If you were working at the district listed on your time study, please document what you were doing at the time. Otherwise, please respond indicating you were not working and it is unpaid time off.
9. If you were participating in training, please indicate the topic of the training.
10. Some responses do not provide enough description for coding purposes. Examples of unacceptable responses:
  - "I was doing my job."
  - "I was completing my job responsibilities."
  - "I was completing this time study form."
11. If insufficient information is provided, you will receive a follow-up email or phone call requesting more information.

Please click on the button below to indicate that you have read the above training/instructions and to continue to the RMTS survey.

[Continue to Random Moment Time Study](#)


## RMTS Sampled Participant – RMTS Survey Screen

The RMTS screen includes five questions necessary for the sampled participant to complete:

1. Were you working at the time of your moment?
2. Who was with you?
3. What were you doing?
4. Why were you performing this activity?
5. Please confirm if this activity was performed in accordance with one of the following:

The system provides a pulldown menu for the first and last questions. The other questions require a written response from the sampled participant to provide sufficient detail for coding purposes.


## RMTS – Were You Working?



**FAIRBANKS** LLC

Welcome, Richard Stauffacher ([Logout](#))

### Medicaid School-Based Claiming

#### Time Study - Random Moment Sampling

 **YOUR TIME STUDY IS NOT COMPLETE.**

 Random Moment Time: 03/17/2023, 12:13 PM Mountain Time

Were you working at the time of your moment?

Yes, I was working  
Yes, I was working at a different district  
No, moment is during paid time off  
No, moment is during unpaid time off  
No, moment is during paid lunch (salaried positions)  
No, moment is during unpaid lunch (contract/hourly positions)

#### Your Profile

Name: Richard Stauffacher  
Email:  
Richard.Stauffacher@alamogordoschools.org  
District: Alamogordo Public Schools  
MAC Category: Psychologist, Ph.D., Psy.D., or Ed.D., Ed.S.


#### Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (877) 340-1453.

[Fairbanks LLC](#)

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## TS Sample Screen


 FAIRBANKS<sup>UNIVERSITY</sup>


Welcome, George Ballantine ([Logout](#))

---

## Medicaid School-Based Claiming

### Time Study - Random Moment Sampling

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 07/05/2022, 10:46 AM Mountain Time

Were you working at the time of your moment?

Yes, I was working

1. Who was with you?

A Student

**2. What were you doing?**

Please provide a 2-4 sentence description of your sampled moment; do not include acronyms, student specific names, or job descriptions.

Working with a student on Speech Therapy

**3. Why were you performing this activity?**

To provide a Direct Service for the students IEP

**4. Please confirm if this activity was performed in accordance with one of the following:**

The student's Individualized Education Plan (IEP)

I confirm that my response above is an accurate representation and description of my activity/activities during the Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to complete this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received training regarding my participation and the accurate completion of this RMTS form.

**Certify & Submit**

## RMTS Complete Screen

Upon completion of the RMTS, a confirmation page appears. The participant can print out a copy for their records, or select the “Confirmation Receipt” to receive a validation of their entered response.


**FAIRBANKS**<sup>LLC</sup>

Welcome, George Ballantine ([Logout](#))

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# Medicaid School-Based Claiming

## Time Study - Random Moment Sampling

 CONGRATULATIONS GEORGE BALLANTINE, YOU HAVE COMPLETED THE TIME STUDY!

 Random Moment Time: 07/05/2022, 10:46 AM Mountain Time

Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

Print

[Confirmation Receipt](#)

### Your Profile

**Name:** George Ballantine  
**Email:** [george\\_ballantine@wlvs.org](mailto:george_ballantine@wlvs.org)  
**District:** West Las Vegas Schools  
**MAC Category:** Speech-Language Pathologist

### Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (877) 340-1453.

For questions, please contact Fairbanks LLC Client Information Center: (877) 340-1453 or [info@fairbanksllc.com](mailto:info@fairbanksllc.com)

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## RMTS Confirmation Receipt


FB FAIRBANKS UNIVERSITY


Welcome, George Ballantine ([Logout](#))

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### Medicaid School-Based Claiming

#### Time Study - Random Moment Sampling

 GEORGE BALLANTINE, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY YOU AT 07/06/2022, 12:58 PM MOUNTAIN TIME.

 Random Moment Time: 07/05/2022, 10:46 AM Mountain Time

Here are your answers:

**Who was with you?**  
A Student.

**What were you doing?**  
Working with a student on Speech therapy.

**Why were you performing this activity?**  
To provide a Direct Service, for the student's IEP

**In accordance with which plan was this activity performed?**  
The student's Individualized Education Plan (IEP)

Print

|   |  |                   |     |    |     |   |  |  |
|---|--|-------------------|-----|----|-----|---|--|--|
|   | LEA/REC/SFEA:  | Name of preparer: |     |    |     | Plan of Care: IEP <input type="checkbox"/> Non-IEP plan <input type="checkbox"/> : No plan <input type="checkbox"/>   |  |  |
| Moment Type: 4B <input type="checkbox"/> or 4C <input type="checkbox"/> | Provider Name:   | RMTS Moment:      |     |    |     | Direct Service Date:  |  |  |
|   | PARAMETER  |                   | Yes | No | N/A | Comments  |  |  |
| 4B only   | 1. <b>IEP services only</b> - Original/copy of the full Individualized Education Program (IEP) authorizing related services (must include all services authorized in the IEP, frequency, duration and scope of services are specified). The IEP must be active during the direct service date. IEP amendments require the original IEP to also be uploaded.  |                   |     |    |     |   |  |  |
| 4B only   | 2. <b>IEP services only</b> - Copy of evaluation performed by a direct service provider <u>OR</u> IEP present level of performance, whichever is relevant. Re-evaluation must show progress or lack of and identify medical necessity to continue service (Educational goals are not acceptable for IEP services); Re-evaluations require the original evaluation to also be uploaded. The evaluation/re-evaluation (3 year expiration) or present level of performance (active during IEP dates) must be active during the direct service date. |                   |     |    |     |   |  |  |
| 4B only   | 3. <b>IEP services only</b> - Primary care provider (PCP) notification form with PCP signature <u>OR</u> documentation of a good faith effort (GFE). The PCP notification or Good Faith Effort must cover the direct service date. (PCP signature must be obtained annually, or when an IEP service is added/increased service time, and within 180 days of IEP completion).   |                   |     |    |     | If N/A selected: 4C moment <input type="checkbox"/> Non-Medicaid <input type="checkbox"/> Does not bill <input type="checkbox"/> Native American Exemption <input type="checkbox"/> |  |  |
| 4C only   | 4. <b>Non-IEP services only</b> - Original/copy of plan of care which must be active during the date of the direct service, including a 504 plan, Behavioral Health Care Plan (BHCP), Behavioral Intervention Plan (BIP), etc. For 'otherwise medically necessary' services and crisis intervention services, no plan of care is required.<br><b>For non-IEP nursing services only</b> - Current copy of Individual Health Plan (IHP) and copy of medication prescription(s), if applicable.   |                   |     |    |     |   |  |  |
| 4B and 4C - Nursing Only  | 5. <b>Nursing Services only</b> - if a delegated nursing service is provided, the signed training documentation, furnished by the supervising Registered Nurse (RN). The training date occurred before the delegated nursing service was provided.   |                   |     |    |     |   |  |  |
| 4B and 4C   | 6. Student's attendance record <u>OR</u> list of dates of absences to verify that students for whom services were billed were present on the date of service. Includes a legend. For partial absences on the direct service date, include documentation (such as a bell schedule) to specify the time of absence.  |                   |     |    |     |   |  |  |
| 4B and 4C   | 7. Provider's licensure documentation including Board license and Public Education Department (PED) license (if applicable). The licenses are active on the date of the direct service.  |                   |     |    |     |   |  |  |
| 4B and 4C - if applicable   | 8. If the provider requires supervision, the supervising provider's Board license and PED license. The licenses are active on the date of the direct service.  |                   |     |    |     |   |  |  |
| 4B and 4C - Billable Time only  | 9. <b>Billable Time only</b> - Service documentation to include: Name of the LEA/REC/SFEA, student's information (name, date of birth, Medicaid number), date, time and duration or unit of service with start time, description of service provided including treatment code and procedure code used to bill the service, and if applicable, supervisor's signature and credentials for providers requiring supervision (e.g., ASL, SLP-CF, PTA, COTA, or LMSW).  |                   |     |    |     |   |  |  |
| 4B and 4C - Non-Billable time only                                      | 10. <b>Non-BillableTime only</b> - Non-billed service note, supporting entry of service documentation, time stamped service logs, etc.; if the service is for <u>nursing</u> : documentation of nursing service, health logs, hearing and vision logs.   |                   |     |    |     |   |  |  |
| 4B and 4C - if applicable   | 11. <b>Supporting Documentation if it applies</b> - Provider schedule/calendar that provides support for the RMTS moment and/or direct service; If the provider was <u>traveling</u> : Provider's proof of travel times (e.g., mileage logs, travel logs, calendar showing travel time); If an <u>evaluation</u> occurred: Include the evaluation report(s); <u>Other</u> : Applicable email communications or other documentanted communication to support the RMTS moment and/or direct service.   |                   |     |    |     |   |  |  |
|   |  |                   |     |    |     | Revised 07/2023   |  |  |

## ADDITIONAL SERVICE PROVIDERS THAT CAN BILL:

Speech Therapy

Clinical Fellows & Apprentices

Occupational Therapy

Certified Occupational Therapy Assistant

Physical Therapy

Physical Therapy Assistant

Social Work

LBSWs, LMSWs, LCSWs

Licensed Professional Clinical Counselor  
(LPCC)

Psychologist & Psychiatrist

Nursing

Delegated Health/Nursing Provider

Audiology





# FINANCIAL DOCUMENTATION



- Employee Payroll Reports
- Vendor Invoice Reports
- Contracted Employee Invoices
- Contracted Employee Timesheets
- Allocated Costs Report

# EMPLOYEE PAYROLL REPORTS

Please submit in Excel format, if possible.

Below are types of reports you can submit that contain all the information for the date range for listed employees .

- APTA Users: Employee Payroll Expenditure Summary for Fiscal Year
- Infinite Visions: Payroll Journal Report
- SchoolAbility: Employee Cost Distribution by Account



PARTICIPANT LISTS & DATE RANGES MATTER!



# VENDOR INVOICE REPORTS

Please submit in Excel format, if possible.

Below are types of reports you can submit that contain all the information for the date range for listed contracted staff.

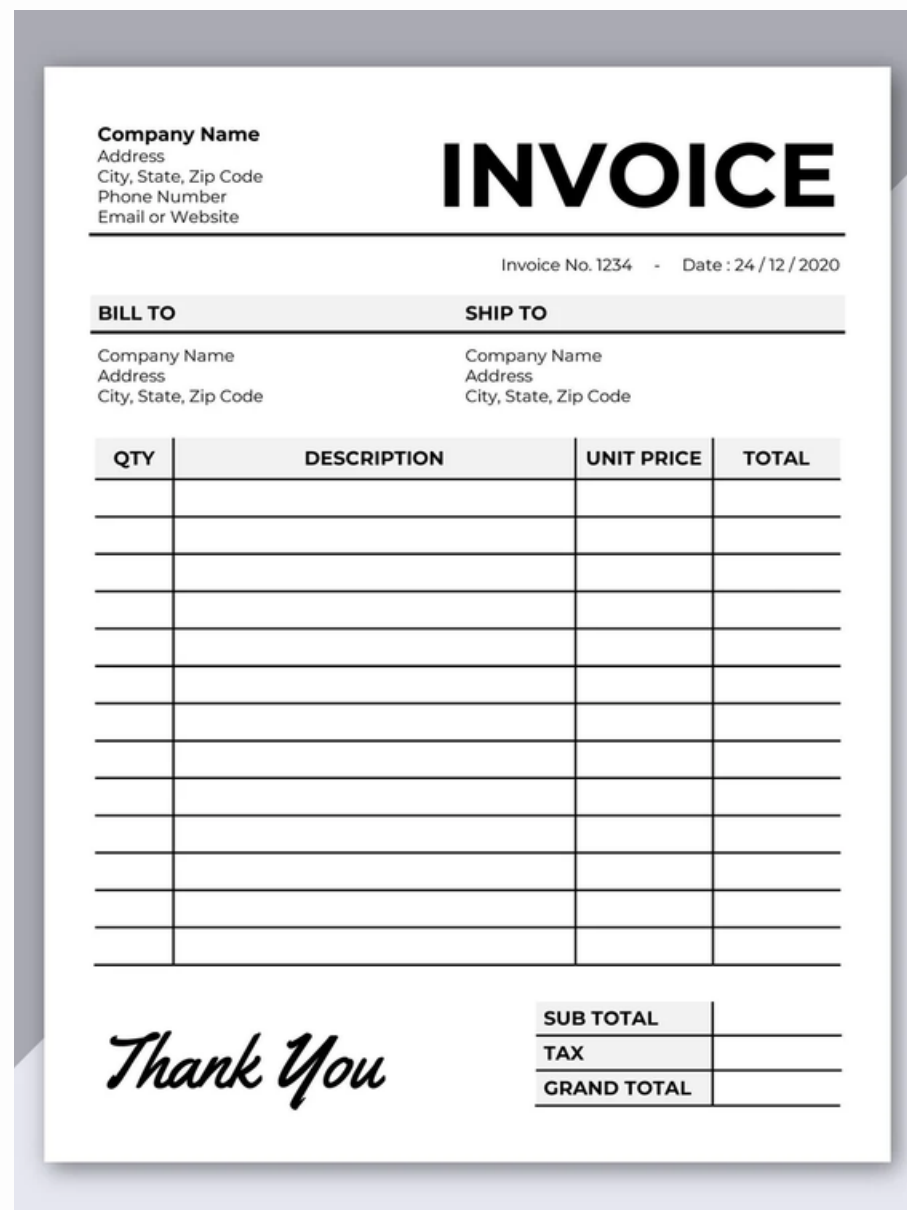
- APTA Users: Vendor Invoice Report
- Infinite Visions: Purchasing & Payables > Control Panel > Actions > PO Pay History
- SchoolAbility: Vendor History by Vendor #
- Copies of invoices PAID during the specified date range.



PARTICIPANT LISTS & DATE RANGES MATTER!



# CONTRACTED EMPLOYEE INVOICE & TIMESHEETS



**Company Name**  
Address  
City, State, Zip Code  
Phone Number  
Email or Website

## INVOICE

Invoice No. 1234 - Date : 24 / 12 / 2020

| BILL TO               |                       | SHIP TO               |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Company Name          | Company Name          | Company Name          | Company Name          |
| Address               | Address               | Address               | Address               |
| City, State, Zip Code | City, State, Zip Code | City, State, Zip Code | City, State, Zip Code |

| QTY | DESCRIPTION | UNIT PRICE | TOTAL |
|-----|-------------|------------|-------|
|     |             |            |       |
|     |             |            |       |
|     |             |            |       |
|     |             |            |       |
|     |             |            |       |
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|     |             |            |       |

*Thank You*

|             |  |
|-------------|--|
| SUB TOTAL   |  |
| TAX         |  |
| GRAND TOTAL |  |

Please submit in PDF format, if possible.

Name of contracted employee MUST be noted on the invoices & timesheets submitted.

- Ensure that documentation is legible.
- Ensure that documentation is intact.
- Ensure that documentation has an invoice date.

PLEASE ALSO SEND PAYROLL/INVOICES FOR  
ANCILLARY STAFF ONLY THAT IS ON LIST, EVEN IF  
THEY ARE PAID WITH FEDERAL FUNDS.



# ALLOCATED COSTS

Please submit in **Excel** format, if possible.

Total District-wide expenditures for specified date range:

Include applicable data from the Operational fund (11000) & MSBS Funds (25153 & 28144) to report the costs listed.

- 11000 & 25153 Expenditure Reports

|  | Salaries   | 51xxx  |
|--|------------|--------|
|  | Benefits   | 52xxx  |
|  | Contracted | 53xxx  |
| Expenditure Type   |            | Amount |
| <b>Audit Cost A-133</b><br>Include Function: 3100<br>Include Object: 53411   |            |        |
| <b>Bonding Costs</b><br>Include Function: 2300<br>Include Object: 53412  |            |        |
| <b>Communication Costs</b><br>Include Function: 2600, 2700, 3100<br>Include Object: 54416  |            |        |
| <b>Legal Costs</b><br>Include Function: 3100<br>Include Object: 53413  |            |        |
| <b>Maintenance, Operations, and Repair Costs</b><br>Include Function: 1000, 2600, 2700, 3100<br>Include Object: 54311, 54312, 54411, 54412, 54413, 54414, 54415, 55200                       |            |        |
| <b>Materials and Supplies Costs</b><br>Include Function: 1000-3000 (excluding 2500)<br>Include Object: 56113*, 56114, 56115, 56116, 56117, 56118*<br>*(exclude function 2300)                |            |        |
| <b>Membership, Subscriptions and Professional Activity Costs</b><br>Include Function: 1000-3000 (excluding 2300, 2500)<br>Include Object: 53711, 53330                                       |            |        |
| <b>Professional Service Costs</b><br>Include Function: 2100, 2200, 2400, 3100, 4000<br>Include Object: 53414   |            |        |
| <b>Rental Costs (Building and Equipment)</b><br>Include Function: 1000-4000 (excluding 2300, 2500)<br>Include Object: 54610, 54620, 54630, 54640   |            |        |
| <b>Taxes</b><br>Include Function: 2900<br>Include Object: 58211  |            |        |
| <b>Travel Costs/Training Costs</b><br>Include Function: 1000-3000 (excluding 2500)<br>Include Object: 55811, 55812, 55813*, 55815*, 55816*, 55817, 55818*, 55819<br>*(exclude function 2300) |            |        |

# Medicaid Administrative Claim

V S .

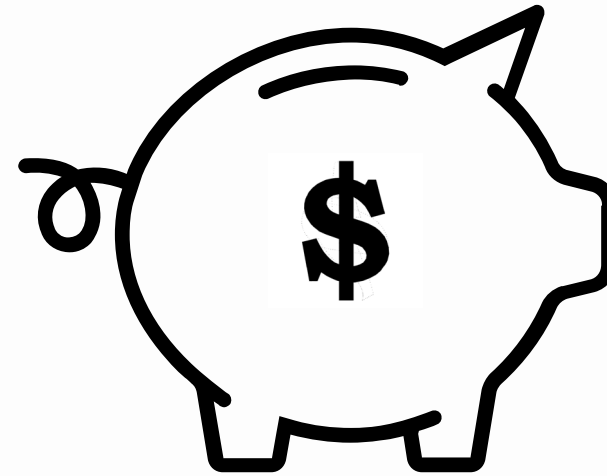
## Direct Service Billing

### Medicaid Administrative Claim (MAC)

Reimbursements dependent on:

- Completed Random Moment Time Studies
- &
- Salaries & expenditures paid out of Operational (11000) or Medicaid Funds (25153 )

Federal funds are excluded



### Direct Service Billing (FFS or DSC)

Reimbursements dependent on:

- Data entry in **MaxCapture**
- Remittance Advice (RA) Reports
  - *Denied claims*
  - *Missing information/notes*
  - *Supervisor approvals*

Services must be on the student's plan  
(IEP, health plan, etc.)

(Payouts are sent as soon as funds are disbursed from the State Health Office.)



# COMMUNICATION, COMMUNICATION, COMMUNICATION

## Student Information/Updates

- New IEPs

- Amended IEPs

- Exit IEPs

- Student Withdrawals

- Primary Care Provider Changes

## Provider (Ancillary) Information/Updates

- New Provider

- Leaving Provider

- Licensure changes

## School Contact Information


- Names, Phone Numbers & Emails

- School Administrator

- Business Manager/Finance Contact

- Special Education Director

- STARS Coordinator



“...effective communication requires more than an exchange of information. When done right, communication fosters understanding, strengthens relationships, improves teamwork, and builds trust.”

-Liz Papadopoulos, OCT

“Let’s Chat”, *Professionally Speaking: The Magazine of the Ontario College of Teachers*, March 2014 (8).

Please carefully read and respond, in a timely manner, to emails, phone calls, etc. from SWREC Medicaid Team

# FREE CARE

In December 2014, CMS issued State Medicaid Director Letter #14006 which stated that states were now allowed to seek reimbursement for services that had previously been ineligible for billing under what was known as the “Free Care Rule”.

- This rule previously stated that if a service was provided free-of-charge to Medicaid beneficiaries and others, then Medicaid reimbursement could not be sought.
- Goal was to facilitate and improve access to quality healthcare services and improve the health of communities.
- Services provided by schools outside of an IEP/IFSP may be billable to the Medicaid program; a particular focus is on Nursing and Behavioral Health services.









## CONTACT US

|         |  |
|---------|--|
| E-mail  | <a href="mailto:medicaid@swrecnm.org">medicaid@swrecnm.org</a> |
| Website | <a href="http://www.swrecnm.org">www.swrecnm.org</a>           |
| Phone   | (575) 546-5951   |
| Address | 1321 E. Poplar St., Deming, NM 88030                           |

We  
thank  
you!

