



MEDICAID SCHOOL-BASED SERVICES

“MAXCAPTURE 101”

FOCUSED, PASSIONATE, DRIVEN FOR YOUR SUCCESS

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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.*



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

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:				

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



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: _____

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)

RANDOM MOMENT TIME STUDY REQUIREMENTS & PARTICIPANT LISTS

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 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 with any questions.

	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. IEP services only - 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. IEP services only - 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. IEP services only - 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. Non-IEP services only - 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. For non-IEP nursing services only - Current copy of Individual Health Plan (IHP) and copy of medication prescription(s), if applicable.							
4B and 4C - Nursing Only	5. Nursing Services only - 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. Billable Time only - 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. Non-BillableTime only - 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. Supporting Documentation if it applies - 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



CONTRACTED EMPLOYEE INVOICE & TIMESHEETS

[illegible]

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.*



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 #14-006 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.**



MAXCAPTURE

What is MaxCapture?

The Sivic Solutions Group (SSG) Service Capture system, know as MAXCAPTURE, is an application designed to assist service providers with the documentation of services.

Documentation must include the following:

- Recipient's name, DOB, & Medicaid number
- Date & location of the service
- Description of the service provided - this is to include the diagnosis code & level of service
- Signatures & credentials of the rendering provider(s): *under the supervision of another provider, the supervisory staff can approve service notes*

Documentation should support the medical necessity of the service in accordance to policy.

<https://nmsbb.ssghosting.com/MaxCapture/Login.aspx>





CONTACT US

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We
thank
you!

