

MEDICAID SCHOOL-BASED SERVICES "MAXCAPTURE 101"

FOCUSED, PASSIONATE, DRIVEN FOR YOUR SUCCESS

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MEET OUR SWREC MEDICAID TEAM!



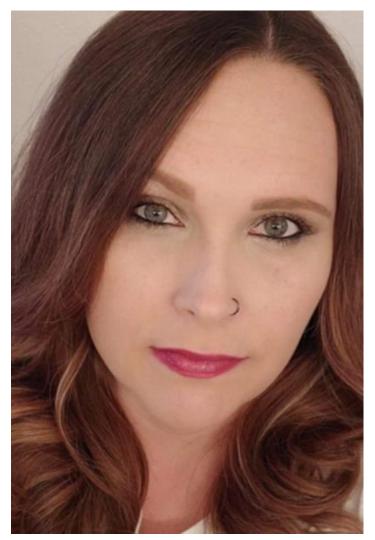
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Southwest REC exists to partner with school districts in southwest New Mexico to provide educational and support services for teachers and administrators who directly affect the educational opportunities of their students.

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 <u>current</u> 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	
	Parent	In Person		
	Regular Education Teacher	In Person	4/13/2023	
R	Facilitator	Video Conference	4/13/2023	
	Speech-Language Pathologist	In Person		
Q. S.	TOSA	In Person	4/13/2023	
	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

&

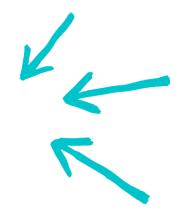
Provider roles are included

Special Education IEP Student: Sample ID#:

Agenda: EDT/Initial Date: 02/25/19

	20000-200	SCHEDULE OF	SERVICES		
Note: Therapy may be	provided in	a group, consult or individu	ally		
Activities with student	ts without di	sabilities:	0.054		
Recess	☐ Music	☐ Library	☐ Asse	mblies [Other Electives
☐ Lunch/Breakfast	☐ Art	□ PE	□ Voca	tional	
		GENERAL EDUCAT	ION SETTINGS		
Service	Provider/T	itle of Provider	Hours/Week	Projected Start Date	Projected End Date
÷					
		Total Maria Affaal			
Commontes Clieb base	to optoctou	Total Hours/Week	C		
Comments: Click here	ro eurei rex	SPECIAL EDUCATI	ON SP		
90 1020	Constant Dates And	SPECIAL EDUCATI	NEW 201 AV	Projected Start	Projecteo d
Service	Provider/1	itle of Provider	Hours/Week	Date	Date
DD preschool	Sped Staff		5	4-16-19	4-16-19
Articulation Therapy	SLP		.5	4-16-19	4-16-19
0			31 0.		
· · · · · · · · · · · · · · · · · · ·	8	Total Hours/Week	c 5.5		80
Comments: Click or ta	p here to en	ter text.	- 28	3	
		LEVEL OF S			
		Total Number of hour	THE RESERVE OF THE PROPERTY OF		0.00/1
	Total nur	mber of hours in a typical so	hool week, (exclu		
				Services Level	(%):
☐ 10% or less of school	ol day (level)	1-min)	11-49% of the sc	hool day (Level 2 –	mod)
☐ 50-74% of the day of	or more (Leve	el 3 − ext)	75% & Up to a fu	ill day or 3Y/4Y (Lev	rel 4 – max)
	100.001/0000-2017/60	EDUCATIONAL	SETTINGS	A DESCRIPTION OF THE PROPERTY	10 00
		Total number of	of hours per week	in segregated locat	ion:
			Total number of I	nours in a typical we	eek:
			Educati	onal Settings Level	(%):
SETTING - Choose the	appropriate	setting code for the correc	t Grade-level ran	ge from the drop-d	own lists below:
		Grades K-12: Cho	oose an item.		
3 \	yrs or PreK	Attends a Sped program	in a separate Si	oed classroom - S	C
Other: Choose an iter Other category not o		ve:			

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





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 300.164(d)(2)(iv) & (v). Questions/Comments: contact School and Family Support Bureau, Medicaid in the Schools Program: 505.827.1804.

Child's Name (Last, Firs	t, Middle):		
Date of Birth:			
Child's <u>Mariing</u> A ddress	:		
City:			
Parent/Guardian(s) Nam	e(s):		
Phone Number - Home:			
Cell:		Other:	
Parental one-time conse			
have been fully informed obilled for these services. Medicaid number, IEP ser service to be given to the payment.	In order to bill Medi vices provided to n	caid, I consent for my ch ny child, dates covered a	ild's name, date of birth, nd the code for the type of
understand that:			
 my consen 	The state of the s	ay be revoked at any fin	-

- 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:
Drimany Care Drovider/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 on (date): 4/13/23	e age of majority beginning at age 14
MEDICAID CONSENT FORM	
I, , the parent/guardian of child, have been fully informed of all services agree to have Medicaid billed for such services. The District is required to obtain Parent accessing the parent/child's public benefits through Medicaid for the first time, and voluntary and may be revoked at any time. If consent is revoked, it is not retroactive. I under to Medicaid benefits, my child's school is not relieved of its responsibility to ensure that all reno cost to me. My signature below grants this consent.	Guardian Consent prior to annually thereafter. Consent if refuse to allow access
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 AN

(i) 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 Non	-IEP plan □:	No p	lan 🗖
Moment Type: 4B ☐or 4C ☐	Provider Name:	RMTS Moment:				Direct Service Date:			
	PARAMETER		Yes	No	N/A		Comi	ments	
4B only	IEP services only - Original/copy of the full Indiauthorizing related services (must include all service duration and scope of services are specified). The service date. IEP amendments require the original IEP.	ces authorized in the IEP, frequency, EP must be active during the direct							
4B only	 IEP services only - Copy of evaluation perform present level of performance, whichever is relevant or lack of and identify medical necessity to continuous acceptable for IEP services); Re-evaluations require uploaded. The evaluation/re-evaluation (3 year explicative during IEP dates) must be active during the 	nt. Re-evaluation must show progress e service (Educational goals are not re the original evaluation to also be viration) or present level of performance							
4B only	3. IEP services only - Primary care provider (PCI OR documentation of a good faith effort (GFE). The must cover the direct service date. (PCP signature IEP service is added/increased service time, and we are the direct service.)	P) notification form with PCP signature PCP notification or Good Faith Effort must be obtained annually, or when an				If N/A selected: 4C moment	Non-Medicaid	Does not bill	Native American Exemption
4C only	4. Non-IEP services only - Original/copy of plan of date of the direct service, including a 504 plan, Beh Behavioral Intervention Plan (BIP), etc. For 'otherwi- crisis intervention services, no plan of care is requ For non-IEP nursing services only - Current co- copy of medication prescription(s), if applicable.	navioral Health Care Plan (BHCP), ise medically necessary' services and irred.							
4B and 4C - Nursing Only	Nursing Services only - if a delegated nursing documentation, furnished by the supervising Regis occurred before the delegated nursing service wa 6. Student's attendance record OR list of dates of a service was a service	tered Nurse (RN). The training date s provided. absences to verify that students for							
4B and 4C	whom services were billed were present on the data partial absences on the direct service date, include schedule) to specify the time of absence.	_							
4B and 4C	 Provider's licensure documentation including Boat Department (PED) license (if applicable). The licens service. 								
4B and 4C - if applicable	8. If the provider requires supervision, the supervisionse. The licenses are active on the date of the								
	 Billable Time only - Service documentation to student's information (name, date of birth, Medicaid of service with start time, description of service pr procedure code used to bill the service, and if appl 	I number), date, time and duration or unit ovided including treatment code and							
4B and 4C - Billable Time only	credentials for providers requiring supervision (e.g. 10. Non-BillableTime only - Non-billed service no	., ASL, SLP-CF, PTA, COTA, or LMSW).							
4B and 4C - Non-Billable time only	documentation, time stamped service logs, etc.; if t documentation of nursing service, health logs, hea	he service is for <u>nursing:</u> ring and vision logs.							
	11. Supporting Documentation if it applies - P support for the RMTS moment and/or direct service Provider's proof of travel times (e.g., mileage logs, time); If an <u>evaluation</u> occurred: Include the evaluation communications or other documentanted communications.	e; If the provider was <u>traveling</u> : travel logs, calendar showing travel ition report(s); <u>Other</u> : Applicable email							
4B and 4C - if applicable	and/or direct service.								Revised 07/202

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

Company Name Address City, State, Zip Cod Phone Number Email or Website	е	NVOI	CE				
		Invoice No. 1234 - Dat	te:24/12/20				
BILL TO	5	SHIP TO					
Company Name Address City, State, Zip Cod	4	Company Name Address City, State, Zip Code					
QTY	DESCRIPTION	UNIT PRICE	TOTAL				
-							
Thank	111	SUB TOTAL					
Ihanl	Mou	TAX					



WEEKLY TIMESH

Employee Name

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

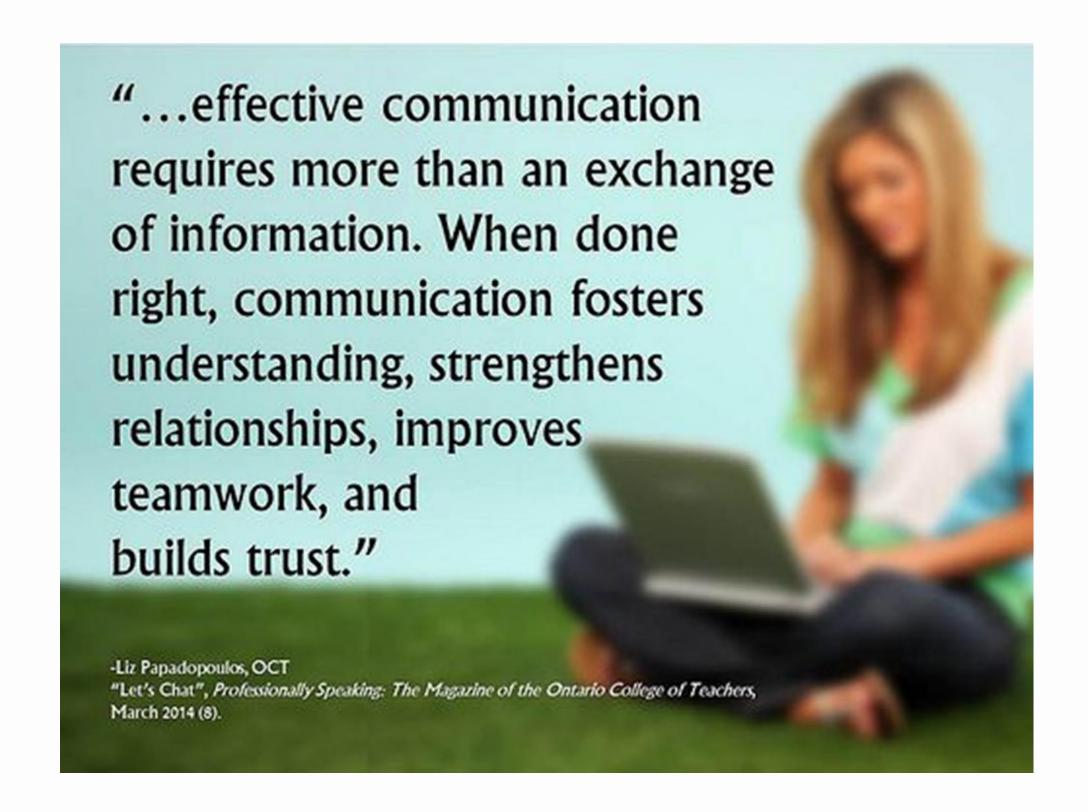
Names, Phone Numbers & Emails

School Administrator

Business Manager/Finance Contact

Special Education Director

STARS Coordinator

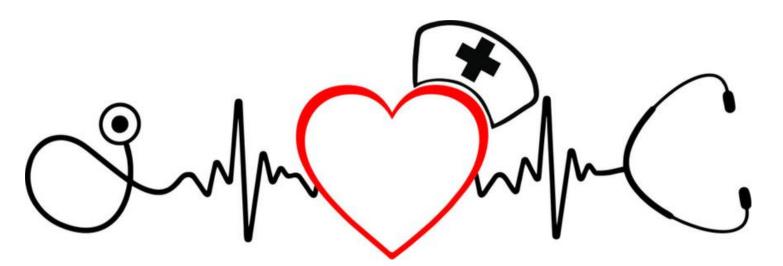


Please carefully read and respond, in a timely manner, to emails, phone calls, etc. from SWREC Medicaid Team

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.

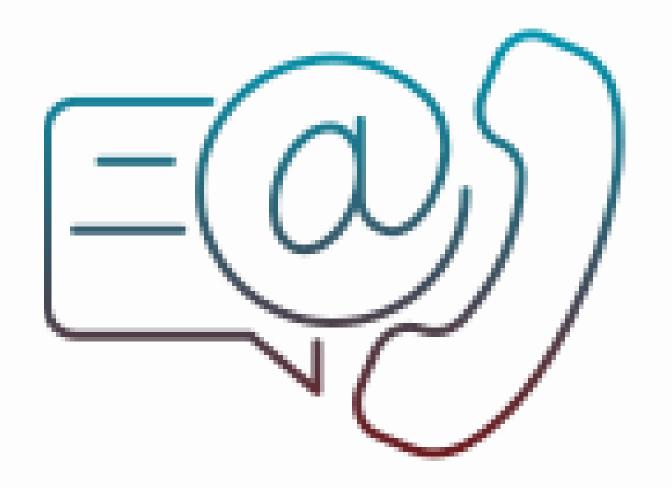
Documentation must include the following:

- 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

<u>Documentation should support the medical necessity of the service in accordance to policy.</u>

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





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