



Indiana School Medicaid: Leveraging Resources to Avoid Pitfalls

August 29, 2023

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Introductions

Presenters



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**Executive Director,
Earlywood Educational Services
CASE Policy and Legislative**



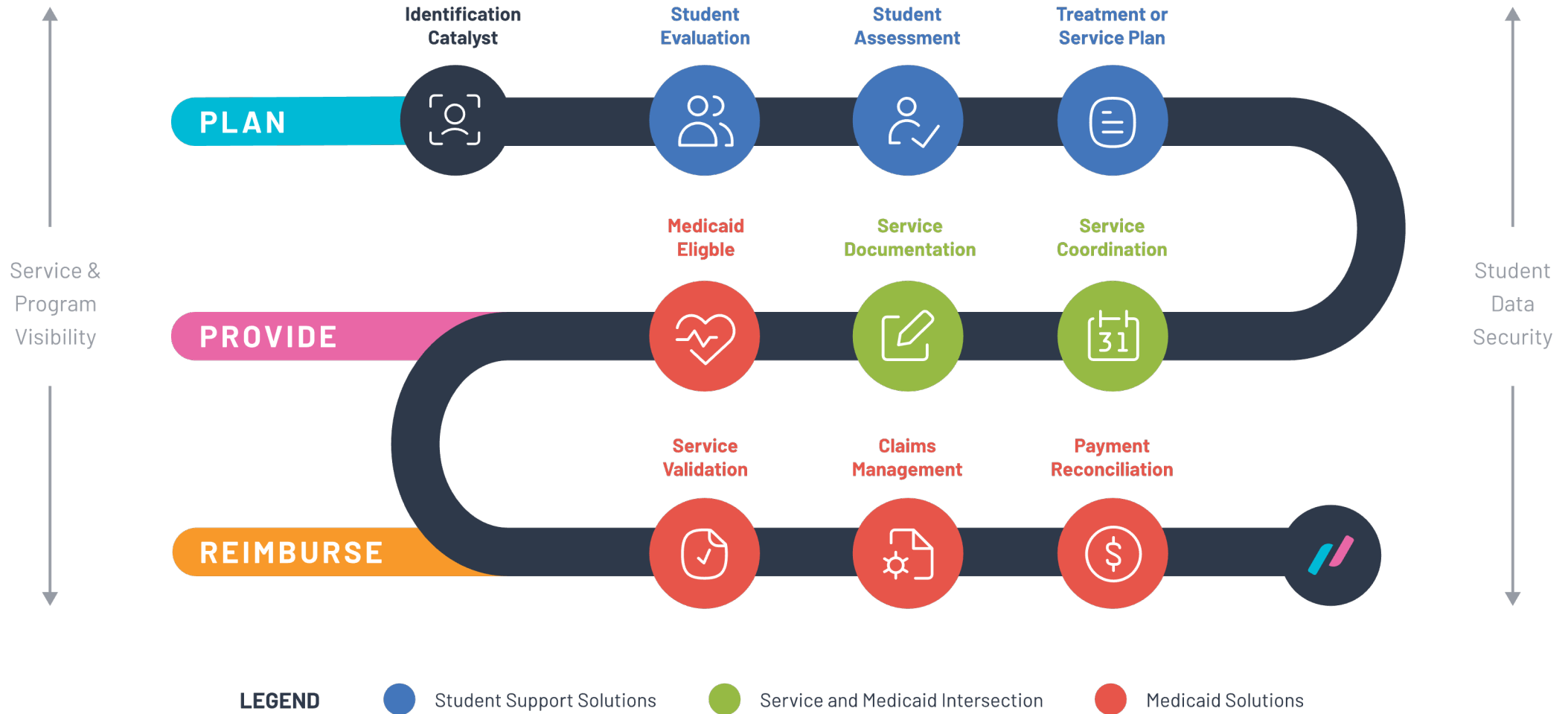
Tim Convey

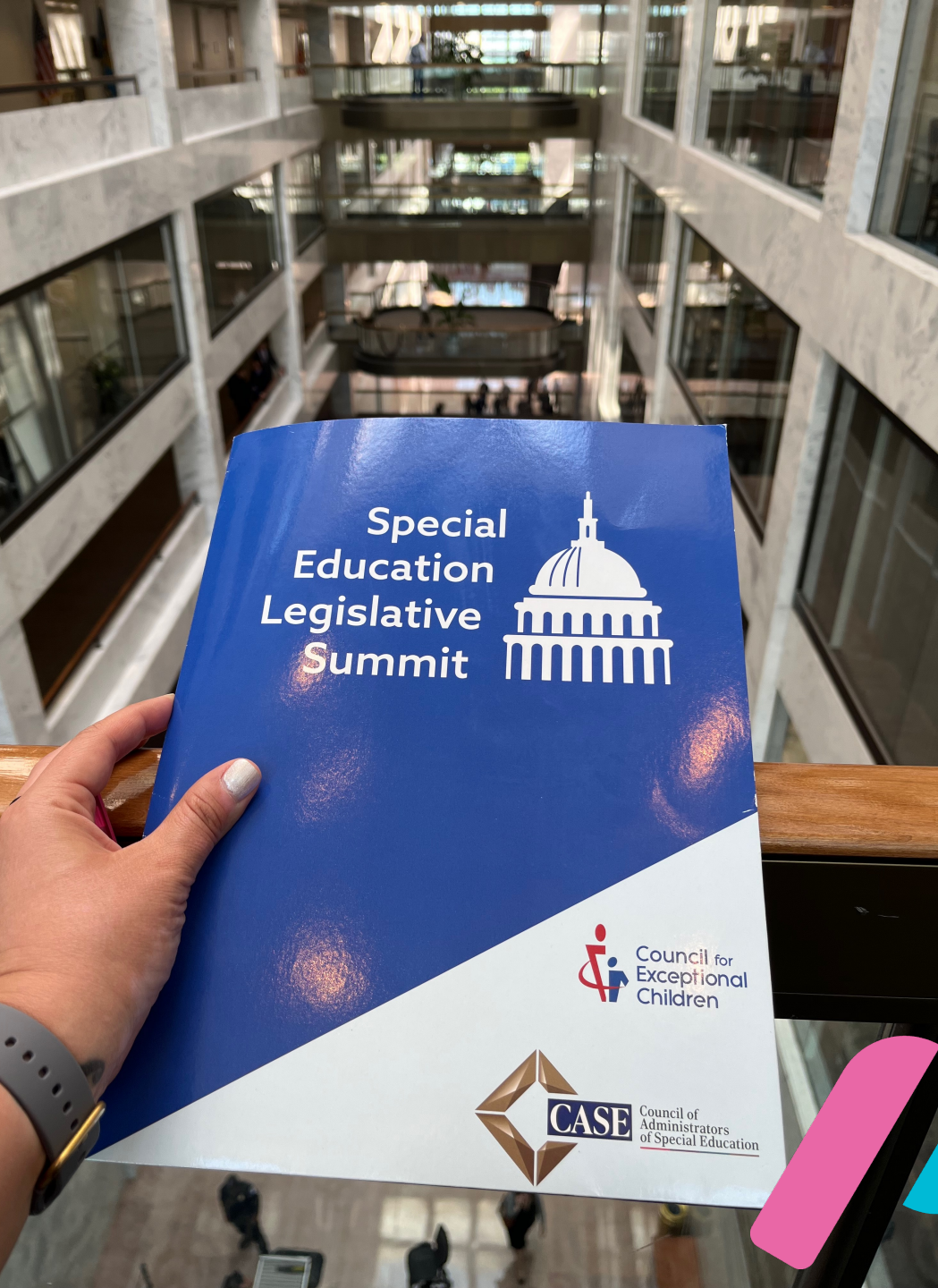
**VP, K-12 Medicaid
Relay**



The News, The Basics, The Benefits

Think of your entire workflow (not just billing!)





'23/24 Updates – High Level Takeaways From SELS

- 98% of School Districts report special education shortages.
- 42 states report a shortage of early intervention providers, including special educators and specialized instructional personnel.
- One in six children have a mental health condition, but only half receive any mental health services.
- From 2019 to 2020, children with behavior or conduct problems increased by 21%



'23/24 Updates - Federal

- PHE Ending and Medicaid Re-enrollment.
- Federal funding in all aspects of education will be limited through this school year and the next school year!

Medicaid funding more important than ever for school districts.

'23/24 Updates – Indiana

Coops Changing

IEP Changes

Access to funding



Know Your Resources

CASE
Council of Administrators of
Special Education



NAME
National Alliance of Medicaid
in Education



Internal Staff
Make friends at your districts.



Medicaid Toolkit
Indiana State Resource



District Leaders
Reach out for support.



The Good News– CMS Guidance



Emphasis on Removing Administrative Burden

- Clarity on how payments can be made to school-based entities
- Strategies to simplify billing for LEAs
- Best practices and examples of approved methods agencies and LEAs have used to pay for Medicaid-Covered Services
- Example types of providers
- Explains previously unaddressed policies and practices that State may employ when first implementing
- Ensures accurate claiming and fiscal integrity

A few notes...

- Up to states to adopt and implement
- Parental Consent and Department of Education



The Rate of Change is Increasing

- Adjust and Adapt
- Create a community of districts
- Partners needs to understand your local community and fed updates.





How to Avoid Common School-Based Medicaid Pitfalls

Common Pitfalls

- 1. Data Entry between systems is Manual (including Medicaid Eligibility)**
2. Providers aren't logging accurately (or at all!)
3. No Visibility into the Health of your Program

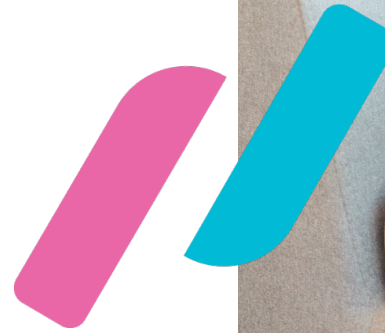


The Goal



How to get started?

- Be clear and deliberate about your how your current data is flowing and how it impacts Medicaid at the district
- Build a case for other stakeholders and your IT team on the why behind each data element
- Come prepared with pre-work complete and use the tools below to get started



Medicaid Data Assessment



Data Element

Name & Student ID
Special Services Plan
(IEP, 504)
Prescribed IEP
Minutes
Parental Consent
Goals & Objectives
Prescriptions
Provider, Service
Type, and Log Details
Medicaid Eligibility



Purpose

What is the purpose of each individual data set?
How does this piece of data enable your Medicaid Program?
Is this data element required to log a service?
Is this data element required to build a claim?
Is the data element required if there were to ever be an audit?



Current State

How are we getting this data now?
How long does it take to get this data?
What are the chances of inaccuracy in the data?



Data Storage

Where is the main source of the most updated data? ("Source of Truth")
Where else is this data stored?

Types of Data To Track (Varies by State and System Ecosystem)

Data Element	Purpose	Required to Log a Service	Required for Claim	Required for Audit	Source of Truth	Other Places the Data is stored	Are systems currently communicating?	Enable Faster Logging	Enable Better Reporting	How Long Does the Process Currently Take?
Name & Student ID	Need to match student with Provider	Yes	Yes	Yes	SIS	IEP or IFSP database	Yes (Only SIS)	Yes	Yes	
Specials Services Plan (IEP, 504)	A Service Plan prescribes the service	Yes	No	Yes	IEP/IFSP	Plan of Care	No	No	No	
Prescribed IEP Minutes										
Parental Consent										
Goals Objectives										
Progress Monitoring										
Prescription										
Provider, Service Type, and Log Details										
Medicaid Eligibility										
Medicaid/State ID										
Attendance Data										



Case Study: It's worth it!



- Head Nurse
- 4 hours per student, per month on several hundred students (Medicaid Eligible? Plan? Looking up attendance)
- Also in charge of accountability!

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Know Your Medicaid Billing Toolkit

10. Special Education-Related Services, not all of which are covered by Medicaid, are defined by Indiana's *Rules for Special Education*, Title 511, Article 7 (511 IAC 7-43-1) and include but are not limited to:
- a. Audiological services.
 - b. Counseling services.
 - c. Early identification and assessment of disabilities in children.
 - d. Interpreting services.
 - e. Medical services for the purpose of diagnosis and evaluation.
 - f. Occupational therapy.
 - g. Orientation and mobility services.
 - h. Parent counseling and training.
 - i. Physical therapy.
 - j. Psychological services.
 - k. Recreation, including therapeutic recreation.
 - l. Rehabilitation counseling.
 - m. School health services.
 - n. School nurse services.
 - o. School social work services.
 - p. Transportation.
 - q. Other supportive services.

Not all "related services" are covered by Medicaid. This Billing Tool Kit refers to IEP-required related services that are medical in nature and covered by Medicaid.



Top Reasons Providers Struggle with Logging

1. Student data accuracy (lag of information between SIS, IEP, and Medicaid, requiring double entry)
2. Tools available to document services are limited, rigid and cumbersome to use.
- 3. Service Providers are overwhelmed and value delivering service to students over paperwork.**
4. Not always a clear understanding of what is required, including expectations of log protocol.
5. Lack of support or training from your Medicaid vendor who understands the K-12 space.
6. Comfortability with Paper documenting but then not transferring to the electronic system
7. No ability for the system to take on nursing services logged in a nursing specific software.
8. Lack of accountability by district staff due to limited visibility of logging behavior.

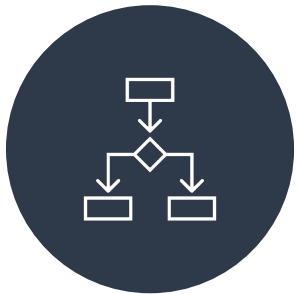
Set Logging Expectations



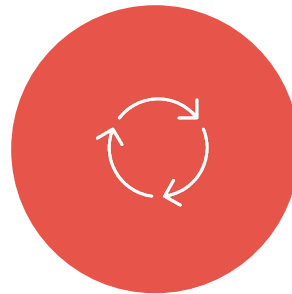
1. When do you want logging to be done?



3. Have an outreach plan in place.



2. Who are you logging for ? All students? Or only Medicaid Eligible?



4. Check in on logging regularly and identify rockstars and those that need more support.





Set Up Your Team for Success

- Make sure you are offering provider-specific training and outreach.
- Make sure your system is set up with state and district regulations in mind.
- Know the most common reasons claims are held up in your state.
- Make sure you are holding your team accountable and have the tools at the district level to identify lack of logging efforts early



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The Power of Reporting and Analytics

- Instills Accountability
- Track Provider Progress
- Monitor Caseloads
- Uncover Medicaid Reimbursements
- Justify more staff!



The Power of Data

Have providers even logged into your system?

User Name	Login count	User Service Description
Totals	25	
Convey, Tim	18	Administrator
Orwiler, Fred	4	Licensed Speech Language Pathologist
Ragan, John	2	Administrator
Vent, Dominic	1	Certified Occupational Therapy Assistant
Admin, Sandy	0	Certified Occupational Therapy Assistant
Administrator, TASB	0	Administrator
Assistant, Physical Therapy	0	Physical Therapy Assistant
Berg, Jeff	0	Administrator
Bethe, James	0	Administrator
Biller, Paper Log	0	Paper Log - THCA
Black, Leigh Ann	0	Physical Therapy

The Power of Data

Directors need to know what Service Types are behind or which are on track.

The screenshot shows the RELAY ServicePortal interface. The top navigation bar includes Home, Reports, Student Search, Help, Administration, and Flex Analytics. The main content area is divided into two sections:

By School, Highest Prescribed / Lowest Delivered

IEP Month SY22	IEP Service Description (Delivered)	School Name	Total Prescribed Minutes	Total Delivered Minutes	Dollar Forecast	Total Pres... Sessi...	Deliv... Counts
Totals			2,470,834	1,072,920	\$2,024,946.00	57,650	33,308
October	Speech & Language w/ CCC		8,718	6,990	\$8,806.00	238	174
October	Speech & Language w/ CCC		10,614	6,890	\$9,916.00	268	231
September	Speech & Language w/ CCC		8,970	6,750	\$8,806.00	238	158

By Student, Highest Prescribed / Lowest Delivered

IEP Month SY22	Student Name (Last, First)	IEP Service Description (Delivered)	School Name	Total Prescribed Minutes	Total Delivered Minutes	Dollar Forecast	Total Pres... Sessi...	Deliv... Counts	Aver... IEP Unit
Totals				2,470,834	1,072,920	\$2,024,946.00	57,650	19,840	
March		Speech & Language w/ CCC		736	750	\$222.00	6	13	\$37.00
May		Speech & Language w/ CCC		672	720	\$222.00	6	12	\$37.00
March		Speech & Language w/ CCC		552	660	\$148.00	4	7	\$37.00

On the right side of the dashboard, there is a filter for 'Student Medicaid Eligible' with a dropdown menu showing 'Yes' (selected) and 'No'. Below this is a 'Month Name' input field.

Prescribed Vs Delivered Dashboard

- By Service Type
- By Provider
- By Student



Training & Celebrating Success

Before Training

Let the team know when they will be trained and how they will experience the training.

Types of Training:

- In-Person V. Virtual
- Administrative V. Provider
- Whole Group V. Related Service Specific
- Train the Trainer



Role-Based Training

Administrator Training is VERY different from Service Provider Training.

Administrator Training: Entire oversight of program from how your providers are logging to compliance and revenue management.

Service Provider Training: How to log services and manage caseloads.



Train for all Learning Types

Differentiate Instruction:

- Visual
- Auditory
- Developmental (step-by-step)

Andragogy is the science and practice of adult learning.

- Self-directed and experience based
- Increased readiness and motivation to learn
- Immediate application and problem-solving



Celebrate Success





Questions

