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Date: 5/10/00

To:

Name: Andy Rotherham
 Organization: Asst to President
 Fax: 456-5581

From:

Name: Jeff Simering

Comments:

About time for ~~the~~
 follow-up meeting
 on Medicaid AS
 promised on MR. 21
 2

Pages: 2 (including this one)

Council of the Great City Schools

1301 Pennsylvania Avenue, N.W. ♦ Suite 702 ♦ Washington, D.C. ♦ 20004

May 10, 2000

Mr. Chris Jennings
Assistant to the President
White House
1600 Pennsylvania Ave
Washington D.C.

Dear Mr. Jennings:

During the March 21 meeting that you chaired with the undersigned education groups and the Departments of Health and Human Services, and Education, there was consensus to hold further discussions on the draft Guide and school-based Medicaid services once the public comments were reviewed. Now that a month has transpired since the close of the comment period on the draft Guide, our organizations request a follow-up meeting with you and the appropriate Department officials to begin the substantive discussions on these issues.

American Association of School Administrators
Council of Chief State School Officers
Council of the Great City Schools
National Association of School Psychologists
National Education Association
National School Boards Association



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0023

ANGUS S. KING, JR.
GOVERNOR

J. DUKE ALBANESE
COMMISSIONER

April 6, 2000

Andy Rotherham
Special Assistant to the President
White House Domestic Policy Council
224 Old Executive Office Building
Washington, DC 20502

Dear Mr. Rotherham:

Thank you for your interest in our efforts in Maine to initiate, expand and improve programs and services for children and their families. We are extremely proud of a number of Governor King's Cabinet initiatives on behalf of children in Maine. One effort we particularly want to bring to your attention at this time is our success with increasing access to health care for children through the collaboration between the Maine Department of Education and the Maine Department of Human Services. Examples of the results of our initiatives are documented with Maine having the lowest infant mortality rate and the highest childhood disease immunization rate in the nation. We have also been most successful in our efforts to coordinate federal programs such as the Individuals with Disabilities Act and Medicaid.

We are well aware of the current Congressional review of the use of Medicaid reimbursements for programs and services provided by school administrative units. Personnel in the Bureau of Medical Services, Department of Human Services, and in Special Services, Department of Education, have participated in recent Government Accounting Office studies. Given the interest you have expressed, we are sending you the results of a recently conducted survey of schools in Maine which document the very successful implementation of the School-based Rehabilitative Services program. This survey documents not only the increase in financial resources to assist schools with coordinated school health programs and services as a result of Maine's Medicaid assistance programs, but also that schools are using the additional resources in manners consistent with federal intent and the guidance provided from the Maine Departments of Human Services and Education. We are proud of the fact that the Maine departments do not retain any of the reimbursement funds at the state level, but pass all of them through to the local school administrative unit. When Maine citizens talk to us about their growing concern with the cost of special education services, we point to this program as a major step in the right direction.

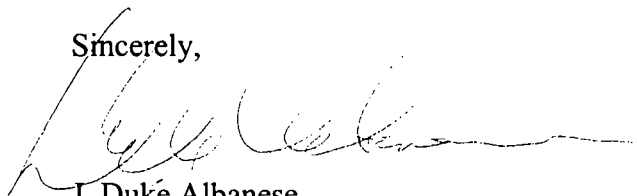


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The enclosed document, "Utilization of Medicaid Reimbursements by Maine School Administrative Units March, 2000", reports that 97% of school administrative units responding indicate that they billed Medicaid during FY '99. 91% indicate they had billed for school-based rehabilitative services and 31% had billed for day treatment services, as schools can enroll in both programs. More than \$30 million has been reimbursed and, more importantly, over 80% of those reimbursements have been reinvested in some type of health related program or services.

We would encourage you to contact us. We would be happy to identify representatives from our two departments who will be available to provide you with any additional information you may need on implementation of this very exciting program in Maine.

Sincerely,



J. Duke Albanese
Commissioner
Department of Education

Sincerely,



Kevin W. Concannon
Commissioner
Department of Human Services

Cc: Senator Olympia J. Snowe
Senator Susan Collins
Representative Tom Allen
Representative John E. Baldacci

DRAFT

**Utilization of
Medicaid
Reimbursements
by Maine School
Administrative
Units
March, 2000**

Compiled by
Deborah Parker Wolfenden, M.Ed., CCC-SLP
Funding and Policy Consultant
Maine Department of Education
Division of Special Services

For the last 25 years, one of education's challenges has been providing adequate funding support for the array of special services delivered in our local schools and communities. Here in Maine, we have been developing a "seamless" system of service delivery for our children birth to twenty one. Our reputation for our Child Development Services (CDS) is a model often "envied" among our national colleagues. CDS, which serves the birth to 5 population has been working with our Medicaid office for nearly two decades.

Since implementing the Medicaid service, School Based Rehabilitation Services (SBRS) in May 1998, Maine School Administrative Units have been reimbursed more than \$30 million. Prior to implementing SBRS, the primary source of Medicaid reimbursements for schools was for Day Treatment Services which became effective in January 1996.

Once schools became providers of Medicaid services, both personnel from the Division of Special Services and the Bureau of Medical Services expressed interest in determining how Medicaid reimbursements were being utilized by Maine schools. In the fall of 1999, an interdepartmental committee representing the Bureau of Medical Services and the Division of Special Services finalized a survey which was distributed to all two hundred and eighty school administrative units (SAU) in Maine. One hundred twenty-six individual SAU's responded. The responses were tallied and used to produce this report, ***Utilization of Medicaid Reimbursements by Maine School Administrative Units.***

It is the intent of the interdepartmental committee to use the information collected by this survey primarily for three purposes. These include: 1.) identifying issues relative to the continuing implementation efforts of School Based Rehabilitation Services, Day Treatment Services and other Medicaid program offered in Maine's SAUs; 2.) providing technical assistance to School Administrative Units (SAU's) in their efforts to maximize Medicaid funds, and 3.) educating Maine lawmakers and our Congressional delegation regarding our efforts in this area. Enclosed are the highlights of the survey results.

We hope that you will find this document informative and helpful.

Members of the Special Education/Medicaid Workgroup

Members of the Special Education/Medicaid Workgroup

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Division of Special Services

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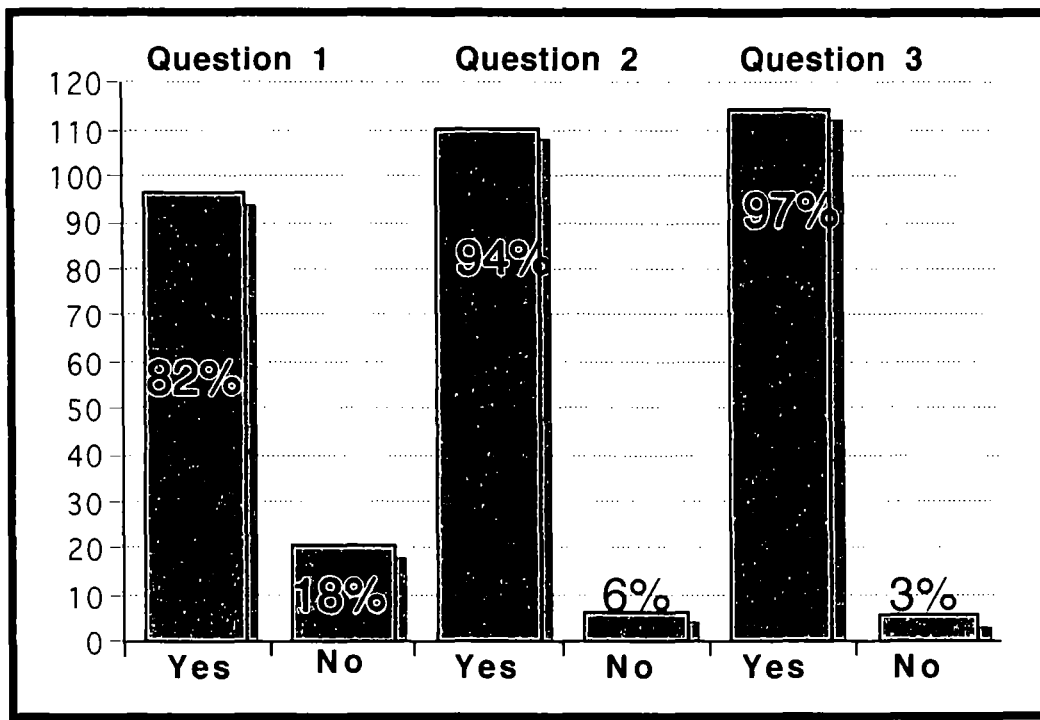
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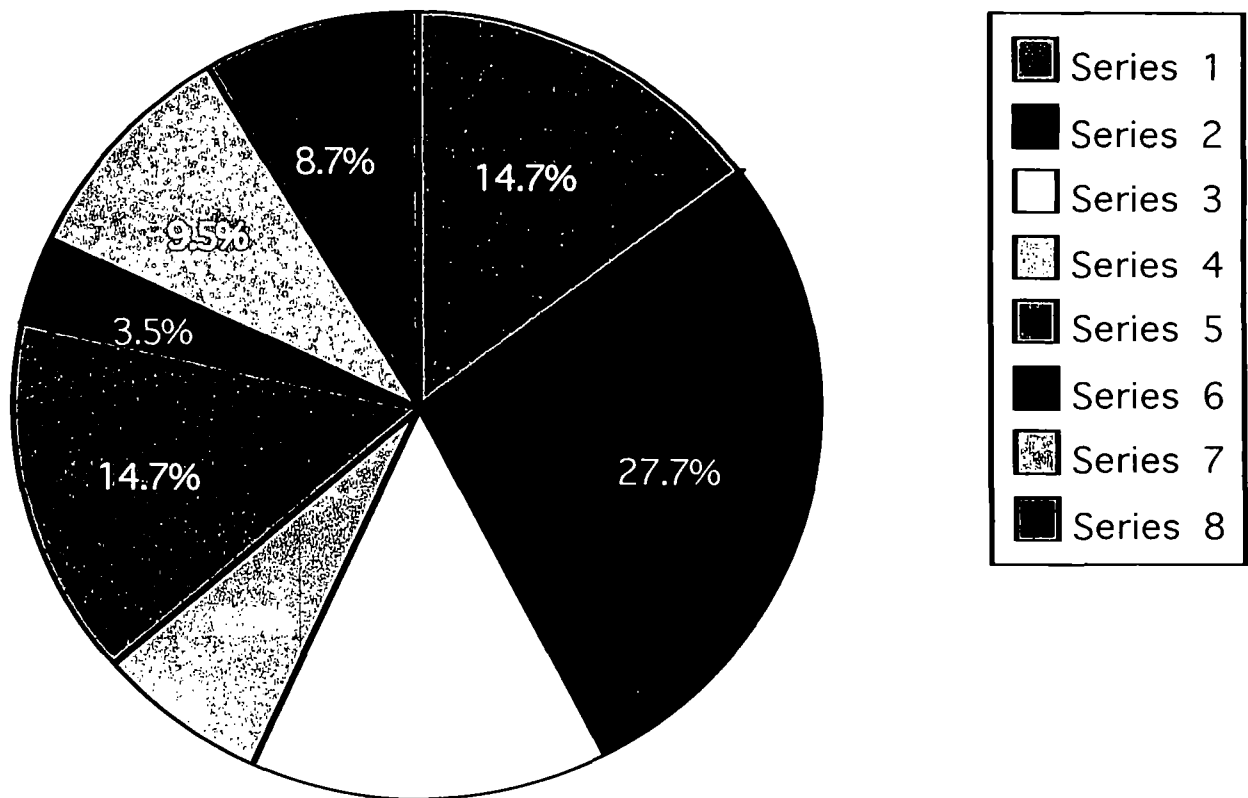
Superintendents, business managers and Directors of Special Education in all two hundred eighty five school administrative units (SAU) received surveys. One hundred twenty six surveys representing individual SAUs were tallied and entered into the data base. The following information reflects initial efforts to collect collaborative data between our state Medicaid office and Division of Special Services. 97% of the school administrative units (SAU) that responded, reported billing Medicaid during FY 98-99. The majority (91%) indicated that they had billed for School Based Rehabilitation Services and 31% had billed for Day Treatment Services. (SAUs can enroll in both programs, as long as they don't bill both programs for the same child on the same date of service.)

- ✓ 82% stated that they were aware of the Medicaid expansion and Cub Care Program (Maine's CHIP Initiative).
- ✓ More than \$30 million has been reimbursed to SAUs in Maine through the Medicaid/Department of Education collaborative. Medicaid reimbursements have been utilized by the SAUs in a variety of ways. Almost half (43%) stated that they used the revenue freed up by these reimbursements to maintain or expand special education and/or health related programs; more than a quarter of the respondents (28%) used the revenues to purchase equipment or materials related to special education and/or health related programming; and, approximately 11% of the SAUs allocated these revenues to pay for licensure, other professional fees and/or continuing professional education. Overall, more than 80% of these revenues have been reinvested by SAUs in some type of health-related programs.
- ✓ 64% of the reporting SAUs indicated that the record keeping responsibilities required by SBRS were at least "what was expected" or "easier than expected".
- ✓ The need for on-going training was also identified. 58% were interested in further training pertaining to Medicaid and its programs. 81% of those school units requesting further training identified Medicaid Reimbursable Services and information on how to bill Medicaid independently (60%) as training topics of interest.
- ✓ Eleven SAUs have not made a determination regarding allocation of Medicaid resources at the time of the survey.
- ✓ Of the 126 SAUs responding, 48 had some unanswered questions regarding the Medicaid Program. In general their questions can be grouped into three areas: audit process and requirements, State Ward/ State Agency Client issues and billing procedures.
- ✓ Suggestions for improving the Medicaid initiative, include a need for consistent, ongoing communication between DOE and the SAUs, more trainings, and a smoother audit process for both the Division of Special Education and Bureau of Medical Services.



1. Are you aware of the low cost, no cost health and dental insurance coverage for children and teens available through the Maine Department of Human Services' Medicaid and Cubcare ?
2. Are you aware of the services which are reimbursable by Medicaid for Medicaid eligible students?
3. Did you bill Medicaid during FY 98-99?
 - 1 Administration not interested
 - 1 Did not know how
 - 4 Other - felt program would be short lived (2)
 - Unaware (1)
 - Enrolled but not billing (1)

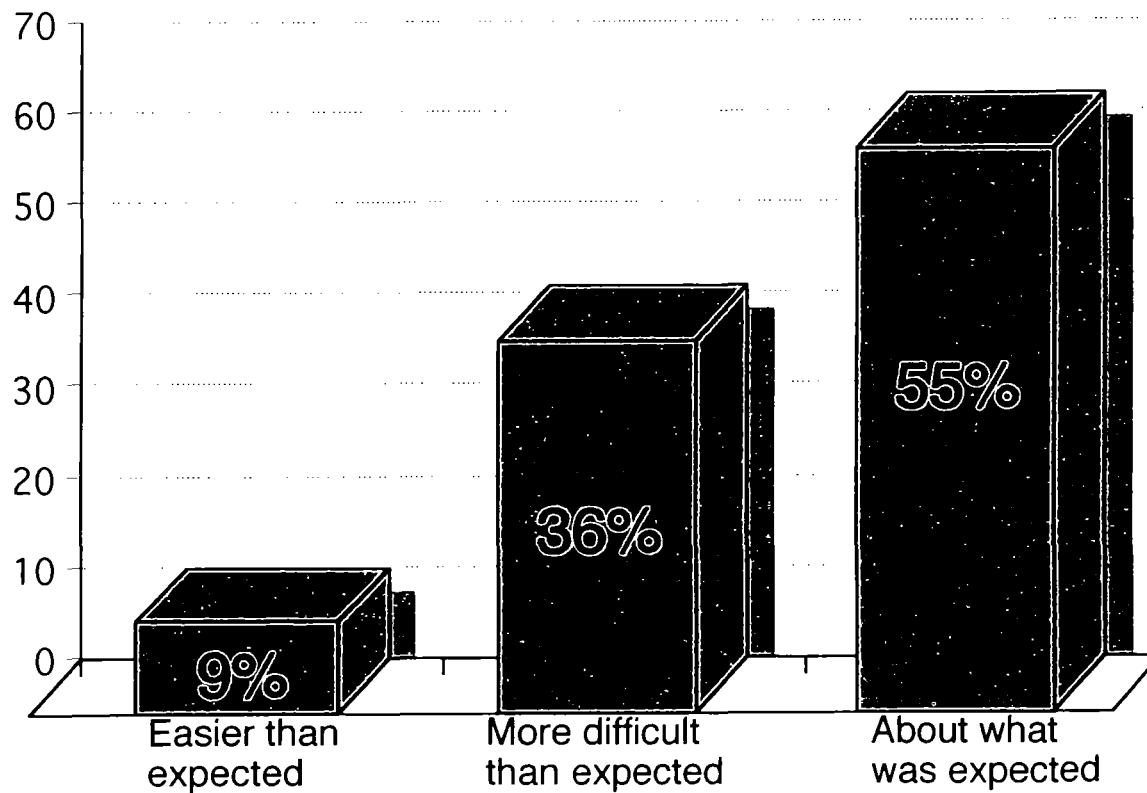
Reimbursement Utilization



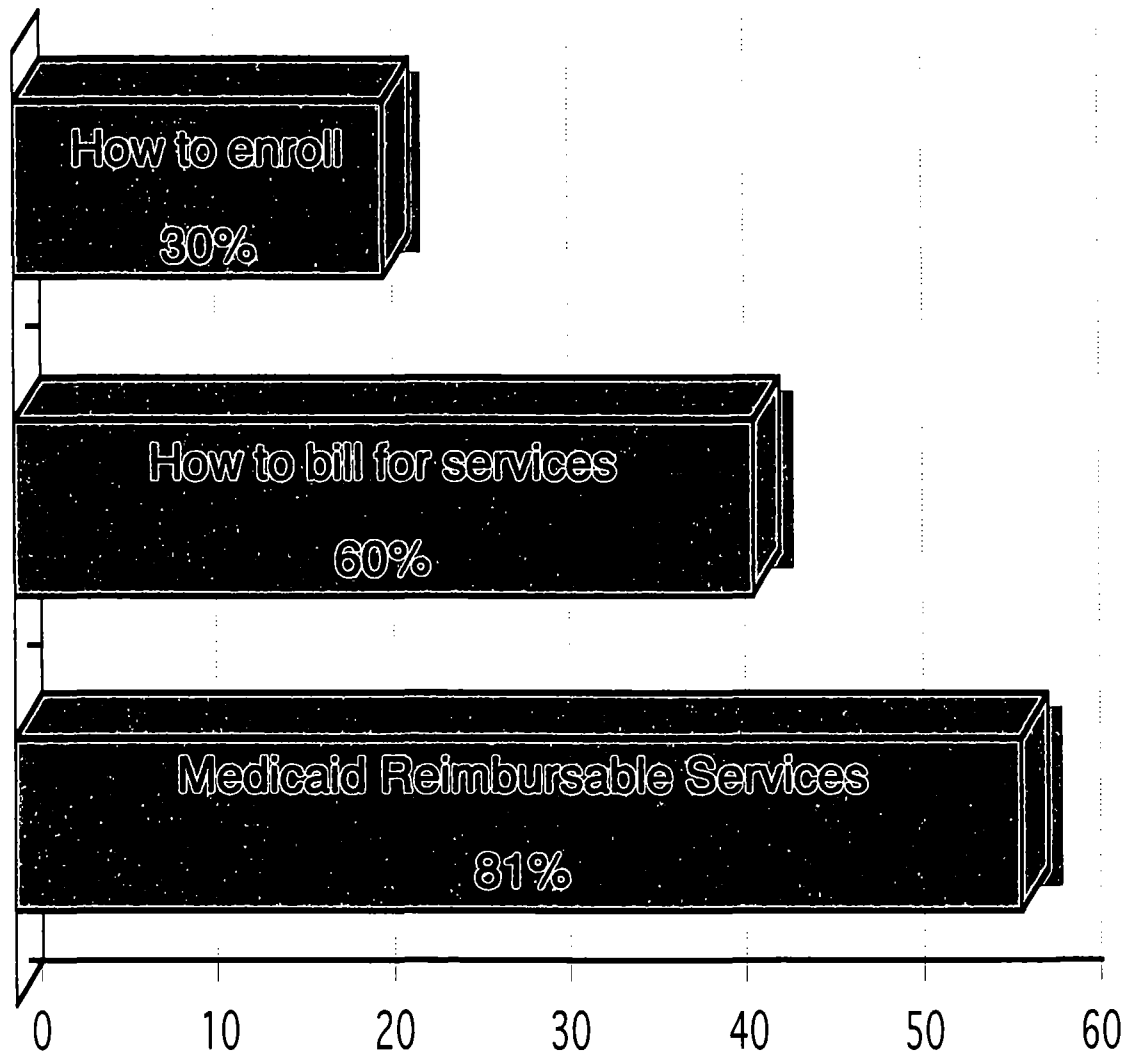
1. Expand special education and/or health related programs (14.8%)
2. Maintain special education and/or health related programs (27.8%)
3. Purchase materials related to special education and/or health related programming (13.9%)
4. Pay for continuing professional education (7.2%)
5. Purchase equipment related to special education and/or health related programming (14.3%)
6. Reimbursement of licensure fees or other professional fees (3.6%)
7. Not applicable, no determination regarding reimbursement allocation has been made (9.4%)
8. Other (9%)*

*When tallying responses of this category, it was noted that the majority of items recorded as "other" reflect examples of expansion and/or maintenance of special education and/or health related programs.

Record Keeping Requirements



Interest in Training



Yes **70 districts** **58%**

No **51 districts** **42%**

Medicaid Survey for SAU's

Section One: Awareness

1. Are you aware of the low cost, no cost health and dental insurance coverage for children and teens available through the Maine Department of Human Services' Medicaid and Cubcare programs? Yes 97 No 21
2. Are you aware of the services which are reimbursable by Medicaid for Medicaid eligible students? Yes 111 No 7

Section Two: Revenue

3. Did you bill Medicaid during FY 98-99? Yes 115 No 6 (If not, why?)
 - 1 Administration not interested
 - 1 Do not know how
 - 0 Do not believe in the initiative
 - 0 Too much paperwork
 - 4 Other (please specify)
4. Which of the following medically necessary services have you billed or plan to bill to the Medicaid program? (check all that apply.)
 - 107 School Based Rehabilitation Services
 - 37 Day Treatment
 - 20 School Based Health Services
 - 8 Targeted Case Management
 - 4 Early Intervention Services
 - 42 Fee for Service programs (i.e. occupational therapy, physical therapy, speech/language pathology, psychological services, etc.)
 - 2 Other (please specify)
5. What have Medicaid reimbursements allowed your School Administrative Unit (SAU) to do? (check all that apply.)
 - 33 Expand special education and/or health related programs
 - 62 Maintain special education and/or health related programs
 - 31 Purchase materials related to special education and/or health related programming
 - 16 Pay for continuing professional education
 - 32 Purchase equipment related to special education and/or health related programming
 - 8 Reimbursement of licensure fees or other professional fees
 - 21 Not applicable, no determination regarding allocation of Medicaid reimbursements have been made.
 - 20 Other (please be specific)

Section Three: Documentation

6. How would you rate the record keeping requirements for Medicaid reimbursable services?

- 9 Easier than expected
- 41 More difficult than expected
- 62 About what was expected

7. How do you identify Medicaid eligible recipients/families?

- 39 Blanket mailing
- 26 Targeted mailing
- 70 Outside Billing Agency

8. How often do you get release of information forms signed?

- 29 Annually
- 55 At initiation of services
- 35 As deemed necessary (please explain)

9. Who do you use as referral sources for Medicaid reimbursable services?

- 3 Physician
- 52 Other practitioners of the healing arts (i.e. occupational therapist, physical therapist, speech/language pathologist, psychological service providers, etc.)
- 57 Both physicians and other practitioners of the healing arts

Section Four: Staff Development

10. Have you/your staff received education related to Medicaid reimbursement?

a) You: Yes 112 No 9

b) Staff: Yes 95 No 25

11. How much staff development have you received related to Medicaid reimbursement?

a) You: 1-3 hrs. 51 More than 3 hrs. 60 Not applicable 20

b) Staff: 1-3 hrs. 72 More than 3 hrs. 19 Not applicable 26

12. How much training do you feel is necessary?

1-3 hrs. 71 3-6 hrs. 43

13. Who provided the staff development to:

a) You:

14 Department of Human Services, Medicaid personnel
18 Department of Education personnel
33 Professional Association
92 Outside Billing Agency

b) Staff:

2 Department of Human Services, Medicaid personnel
4 Department of Education personnel
18 Professional Association
80 Outside Billing Agency

14. Would you be interested in receiving education on: a) Medicaid reimbursable services, b) how to bill for them, and/or c) how to enroll in the Medicaid Program?

Yes 70 No 51

57 Medicaid reimbursable services
42 How to bill for Medicaid services
21 How to enroll in the Medicaid Program

15. What format would be most useful?

61 face to face training
13 distance learning
11 train the trainer
6 other (please specify)

Section Five: Miscellaneous

16. Do you have any unanswered questions relative to the Medicaid program?

Yes 48 No 72

If yes, what are they?

17. Do you have any suggestions for improving the Medicaid initiative in Maine SAU's?

Yes 47 No 73

If yes, what are they?

18. Please feel free to supply us with any additional information which you feel is relevant to the continuing implementation and refinement of the Medicaid initiative for Maine's SAU's.

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Children through age 20 who meet specific eligibility requirements may receive covered Day Treatment Services.

As of January 4, 1996 only those day treatment providers, who have a completed Rider A to their Provider Agreement certifying the State share of Medicaid funding, will be able to bill Medicaid for reimbursable services. All day treatment programs, operating under the auspices of a school district, must be approved in writing by the school's special education director and the district superintendent as to the program's compliance with Medicaid policy (Section 41).

41.01 DEFINITIONS

- 41.01-1 Day Treatment Services shall mean the structured developmental or rehabilitative programs designed to improve a child's, aged 20 or less, functioning in daily living and community living. Day treatment services must be provided as part of an integrated educational program. Day Treatment Services may be provided in conjunction with a residential treatment program, other mental health program, or a single or multidistrict school program provided through the school administrative unit.
- 41.01-2 Provider Agreement encompasses the Medicaid Management Information System (MMIS) Provider/Supplier Agreement on file with the Bureau of Medical Services.
- 41.01-3 Provider Contract is an agreement between the Department of Human Services and the Day Treatment Services Provider which includes the daily rate established by the Department.
- 41.01-4 Per Diem Rate is the fee the Department pays to a provider for each eligible recipient enrolled in the Day Treatment Services program under this Section. The recipient must be present and receive covered services in order for the provider to be reimbursed a per diem rate.
- 41.01-5 Pupil Evaluation Team (PET) shall include one or more of the following qualified professionals as indicated in section 41.07-2, acting within the scope of their licensure in determining medical necessity as related to Day Treatment Services: physician, psychologist, social worker as defined in subsection 41.07-2(D).
- 41.01-6 Individual Education Plan is a plan developed by a Pupil Evaluation Team (PET) that must contain, at a minimum, a description of the following: a section identifying the client's exceptionality and a description of the present level of and constraints on the client's performance: necessary special education and supportive services

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41.01 DEFINITIONS (cont.)

(and amount and staff responsible for provision of such services); dates of initiation and duration of special education and supportive services; annual educational goals and short term instructional objectives; a summary of any necessary special education transportation and the means and schedule to measure progress toward a client's goals.

41.01-7 Individual Service Plan means the plan of service based on an individual assessment of a client's need for treatment or rehabilitation services made in accordance with these rules. This plan shall specify the service components to be provided, the frequency and duration of each service component and the expected short and long range treatment and/or rehabilitative goals or outcome of services.

41.01-8 Day Treatment Service Providers include mental health programs that are licensed on or prior to 10/15/93 at the Comprehensive Service Level or as a Mental Health Agency after 10/15/93 by the Department of Mental Health and Mental Retardation, or single or multidistrict school programs provided through the school administrative unit which provide covered services described in Section 41.04 of this Manual.

41.02 ELIGIBILITY FOR SERVICES

The following recipients are eligible for medically necessary covered Day Treatment Services as set forth in this Section:

A. General Eligibility

1. Categorically Needy Medicaid recipients whose eligibility is shown on the Medical Eligibility card as MM, and
2. Medically Needy Medicaid recipients, whose eligibility is shown on the Medical Eligibility card as MI.

B. Specific Eligibility

1. The recipient must be aged twenty (20) or less, and
2. The recipient must be referred by a Pupil Evaluation Team (PET) based on the development of an Individual Education Plan (IEP).

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41.03 DURATION OF SERVICE

Each Title XIX recipient is eligible for covered services which are medically necessary. The Department reserves the right to request additional information to evaluate medical necessity.

41.04 COVERED SERVICES

A covered service is a specific service determined to be medically necessary by the Pupil Evaluation Team (PET) and subsequently specified in the Individual Education Plan (IEP) and for which payment to a provider is permitted under the rules of this Section. The following services are covered when: (1) provided in an appropriate setting as specified in the Individual Service Plan (ISP) and (2) provided by appropriate professional and other qualified staff (41.07-2) as specified in the IEP and ISP and (3) billed by that provider. Day Treatment Services must be delivered in conjunction with an educational program. Educational components not covered under Section 41 are delineated in subsection 41.06 of this policy.

1. Day Treatment Services are designed to improve a child's functioning in daily living and community living. Programs commonly include a mixture of individual, group, and activities therapy, and may also include therapeutic treatment oriented toward developing a child's emotional and physical capability in areas of daily living, community integration and interpersonal functioning. Services will be provided as prescribed in the ISP.

Day Treatment Services shall be based on cohesive developmental therapy that addresses the special needs of the child through structured day programming as described in the IEP and ISP.

Involvement of the child's family will be encouraged in treatment planning and provision. Day Treatment Services may be provided in conjunction with a residential treatment program, other mental health program, or a single or multidistrict school program. Services are provided based on time designated in the IEP and ISP but may not exceed 8 hours per day, up to five days per week.

2. Interpreter Services shall be reimbursed to appropriate Medicaid providers when these services are necessary to communicate effectively with a Medicaid recipient regarding day treatment services.

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41.05 LIMITATIONS

All staff shall provide only those services as allowed by their respective professional licenses.

41.06 NON-COVERED SERVICES41.06-1 Academic Services

Any programs, services or components of service provided to clients which are academic in nature are not reimbursable by Medicaid. Academic services are those traditional subjects such as science, history, literature, foreign languages and mathematics.

41.06-2 Vocational Services

Any programs, services, or components of service provided to clients of which the basic nature is to provide a vocational program are not reimbursable by Medicaid. Vocational services relate to organized programs directly related to the preparation of individuals for paid or unpaid employment, such as vocational skills training or sheltered employment.

41.06-3 Socialization or Recreational Services

Any programs, services or components of services of which the basic nature is to provide opportunities for socialization or recreation are not reimbursable under the Medicaid Program unless such services are provided as part of the individual's need for motivational, diversionary or behavior management activities for which the specific goals and objectives must be specifically identified in the recipient's individual service plan. These non-covered services include, but are not limited to picnics, dances, ball games, parties, field trips and social clubs.

41.06-4 Custodial Services

Any programs, services, or components of services. of which the basic nature is to provide custodial care are not reimbursable under the Medicaid program.

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41.07 POLICIES AND PROCEDURES**41.07-1 Setting**

Services shall be delivered in settings appropriate to the individual's program needs in accordance with an Individual Service Plan.

41.07-2 Professional and Other Qualified Staff

A Day Treatment Services Provider may be reimbursed for services provided by the following staff:

A. Psychiatrist

A psychiatrist must be (1) board-certified by the American Board of Psychiatry and Neurology, or be eligible for examination by the American Board of Psychiatry and Neurology, as documented by written evidence from such Board, or have completed three years of post graduate training in psychiatry approved by the Educational Council of the American Medical Association and have written evidence of such training; and (2) be currently and validly licensed as a physician by the Maine Board of Registration of Medicine.

B. Psychologist

A psychologist must be licensed as a psychologist by the Maine Board of Examiners of Psychologists, as documented by written evidence from such Board.

C. Psychological Examiner

A psychological examiner must be licensed as a psychological examiner by the Maine Board of Examiners of Psychologists, as documented by written evidence from such Board.

D. Social Worker

A social worker must hold a master's degree from a school of social work accredited by the Council on Social Work Education, and must be licensed in accordance with Title 32, Chapter 83 of

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41.07-2 Professional and Other Qualified Staff (cont.)

the Maine Revised Statutes, by the Maine Board of Social Worker Licensure, as a licensed clinical social worker, licensed master social worker condition II, licensed master social worker or certified social worker - independent practice and documented by written evidence from such Board.

E. Licensed Clinical Professional Counselor

A licensed clinical professional counselor must be licensed by the Maine State Board of Counseling Professional Licensure in accordance with 32 MRSA, Chapter 119 of the Maine Revised Statutes as documented by written evidence from such Board.

F. Registered Nurse

A registered nurse must be currently and validly licensed as a registered professional nurse by the Maine State Board of Nursing and documented by written evidence from such Board.

G. Practical Nurse

A practical nurse must be currently and validly licensed as a practical nurse by the Maine State Board of Nursing and documented by written evidence from such Board.

H. Psychiatric Nurse

A psychiatric nurse must be licensed as a registered nurse by the Maine State Board of Nursing, and must hold a master's degree in psychiatric or mental health nursing, awarded from an accredited college or university or be certified by the American Nurses Association as a psychiatric and mental health nurse specialist, a clinical specialist in adult or child and adolescent psychiatric and mental health nursing.

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41.07-2 Professional and Other Qualified Staff (cont.)I. Speech Pathologist

A speech pathologist must be currently and validly licensed as a speech pathologist by the State Board of Examiners on Speech Pathology and Audiology and documented by written evidence from such Board.

J. Licensed Substance Abuse Counselor

A substance abuse counselor must be licensed by the State Board of Substance Abuse Counselors in accordance with Title 32, Chapter 81 of the Maine Revised Statutes and documented by written evidence from such Board.

K. Occupational Therapist

An occupational therapist must be currently and validly licensed as an occupational therapist by the Maine Board of Examiners of Occupational Therapists and documented by written evidence by such Board.

L. Other Qualified Day Treatment Services Staff

1. They have relevant education, training or experience which qualifies them to perform certain specified mental health functions for day treatment services;
2. They perform such functions under the supervision of a licensed, certified or registered health professional;
3. For other qualified staff providing the mental health component of the program, the following applies: Staff must receive certification from the Department of Mental Health and Mental Retardation that they are qualified to perform such functions and such verification is recorded in writing and kept in the files of the Department of Mental Health and Mental Retardation.

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41.07-3 Assessment and Individual Service Plan

Reimbursable services must be provided by professional and other qualified staff implementing a written individual service plan. The service plan must be based on an individualized educational and psycho-social assessment of the recipient including strengths and needs. The service plan must be developed, approved and signed in accordance with Licensing Standards of the Department of Mental Health and Mental Retardation or Department of Education regulations, as appropriate. The plan shall be reviewed at three month intervals by clinical staff responsible for the implementation of the Individual Service Plan.

41.07-4 Records

There shall be a specific record for each recipient which shall include but not be limited to:

- A. The recipient's name, Medicaid ID #, address and birthdate;
- B. The recipient's medical and social history, as appropriate;
- C. The recipient's diagnosis and the name of the attending physician, psychiatrist or psychologist, if applicable;
- D. The recipient's Individual Service Plan;
- E. The recipient's Individual Education Plan;
- F. A description of any tests ordered and performed and their results;
- G. A description of treatment, counseling, or follow-up care;
- H. Notation of any medications and/or supplies dispensed or prescribed;
- I. Plans for coordinating the services with other agencies, if applicable;
- J. The discharge plan for the recipient;

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41.07-4 Records (cont.)

- K. Written progress notes as appropriate for each type of facility or program, the minimum for each being a monthly note, which shall identify the services provided and progress toward achievement of service plan goals.

41.07-5 Surveillance and Utilization Review

- A. The Division of Surveillance and Utilization Review monitors the medical services provided and determines the appropriateness and necessity of the services.
- B. The Department and its professional advisors regard the maintenance of adequate clinical records as essential for the delivery of quality care. In addition, providers shall be aware that clinical records are key documents for post-payment audits. In the absence of proper and complete clinical records, no payment will be made and payments previously made may be recovered in accordance with Chapter I of this Manual.
- C. Upon request, the provider must furnish to the Department, without additional charge, the clinical records, or copies thereof, corresponding to and substantiating services billed by that provider.
- D. The Department requires the clinical records and other pertinent information shall be transferred upon request and with the client's signed release of information, to other clinicians involved in the client's case.

41.07-6 Discharge Summary

A discharge summary shall summarize the entire case in relationship to the plan of care.

41.08 REIMBURSEMENT

For each Medicaid recipient enrolled in a Day Treatment Services Program, the Department will make a per diem rate payment in accordance with this Section and as specified in the Provider Contract. The recipient must be present and receive covered services in order for the provider to be reimbursed a per diem rate.

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41.08 REIMBURSEMENT (cont.)

The amount of payment for services rendered shall be the lowest of the following:

- A. The per diem rate payment described in this Section and as specified in the Provider Contract;
- B. The lowest amount allowed by the Medicare Part B carrier;
- C. The provider's usual and customary charge.

In accordance with Chapter I of the Maine Medical Assistance Manual, it is the responsibility of the provider to seek payment from all other sources that are available for payment of a rendered service prior to billing the Maine Medical Assistance Program.

41.08-1 Negotiated Rate

Rate determination:

- 1. The Department determines the allowable /reimbursable costs that are recognized in the rules promulgated by the Department.
- 2. The Department computes the allowable per diem cost for each provider.

A. Provider Requirements

Providers of services are required to file the following documents or such other information as requested by the Department:

- 1. Financial statements; and
- 2. Auditor worksheets and/or reports related to the financial status of the health care provider; and
- 3. Complete cost reports (cost report format to be provided by the Department or approved by the Department); and
- 4. Descriptions of allocation methodologies (if applicable) to the level that satisfies the Department; and

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41.08-1 Negotiated Rate (cont.)

5. Data related to numbers and types of clients served in such format as stipulated by the Department; and
6. Rider A agreements or such other agreements required by the Department; and
7. Descriptions of funding sources used for seeding purposes (if applicable).

B. Provider Contract

For each Medicaid recipient enrolled in a Day Treatment Services Program, the Department will make a per diem rate payment as specified in the Provider Contract. The recipient must be present and receive covered services in order for the provider to be reimbursed the per diem rate.

The cost report should show the total direct cost for qualified staff providing services, plus fringe benefits consistent with provider policies, administrative costs and indirect costs. The per diem rate payment will be considered payment in full for all covered services for that day.

Day Treatment Services Providers are required to ensure that matching State funds are available for the services they provide as described in the Provider Contract between the provider and the Department. Providers do so by requesting the public entity to "certify" the amount of public funds that are available in the program for use as matching funds for federal Medicaid funds, as described in the Provider Agreement. The provider must complete a Rider A stating the amounts "certified" or State matchable funds. This Rider A is supplied to the provider by the Department. Providers must cease to bill the Department once certified funds have been expended.

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41.08-1 Negotiated Rate (cont.)

In accordance with Chapter I, it is the responsibility of the provider to make a reasonable attempt to ascertain from each recipient whether there are any other resources (private or group insurance benefits, Worker's Compensation, etc.) that are available for payment of the rendered service, and to seek payment from such resources prior to billing the Medical Assistance Program.

C. Record Keeping Requirements

Providers must maintain accurate and auditable financial and statistical records which are in sufficient detail to substantiate their cost reports for a period of not less than five years. Such records shall include time study data or specific time records for direct care service staff and indirect administrative staff for which the program is claiming cost as reimbursable by Medicaid. Exception to the required time study information is made for licensed clinical staff providing services which are considered covered by Medicaid.

Records of the provider shall include, but not be limited to, documentation of the provider's ownership, organization, operation, fiscal and other record-keeping systems; federal and state income tax information; asset acquisition, lease or sale information; franchise or management arrangement; patient service charge schedule, cost of operation, amounts of income received by service and purpose, and flow of funds and working capital.

D. Department Responsibilities:

The Department will use the data extracted from the reports specified in Section 41.08-1 (A). for the most recent year for which the Department has complete information from all providers of the service for which the rate is being established. Rates will be determined as follows:

1. The Department determines the allowable/reimbursable costs.

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41.08-1 Negotiated Rate (cont.)

2. The Department determines what unit of service (hourly, daily, weekly, monthly, etc.) is used as the basis for reimbursement, if the unit is not already specified in this rule.
3. The Department computes the allowable cost per unit for each provider.
4. Allowable costs as approved by the Department for the service being provided will be standardized to a common period of time. This is done to reconcile different fiscal year reports by various providers.
5. Allowable costs per unit of service from: a) providers holding mental health licenses; b) school district providers; for which the rate is being established will be arrayed by provider; and
6. The standard deviation for the array of costs described in the preceding paragraph will be computed. In the instance where the allowable unit cost per service is greater than two standard deviations from the mean for a specific provider, those providers' costs will be eliminated from the determination of the statewide average allowable cost per unit; and
7. Allowable costs per unit of service from the computation above for providers of the service for which the rate is being established will be arrayed by provider to derive the statewide average allowable cost for this service; or
8. The Department may choose to determine the state wide average allowable cost per unit by dividing the total units for all providers by total allowable costs to determine the statewide average allowable cost per unit.
9. In the third and succeeding years of the rate calculation, the Department will use the lower of the actual statewide average or the previous year's statewide average inflated by the DRI McGraw-Hill Health Care Costs: National Forecast Tables - Prof.

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41.08-1 Negotiated Rate (cont.)

Medical Services percent change from a quarter in one year to the same quarter in the following year for the statewide average calculation in Sections 11 (a-d) below.

10. Determinations of disallowances to allowable costs are computed.

11. Rate Computations:

- a. In the first year, the per diem rate will be based on Sections 41.08-1 A, B, C, and D (1-4).

A provider specific reimbursement rate will be computed based on allowable costs incurred by the agency in the performance of approved services (Chapter II, Section 41) during their most recently completed fiscal year.

- b. In the second year the rate is computed as follows:

Eighty percent (80%) of the specific providers' allowable cost per unit of service adjusted for disallowances and twenty percent (20%) of the statewide average adjusted for disallowances.

- c. In the third year the reimbursable rate will be computed as follows:

Seventy percent (70%) of the specific providers' allowable cost per unit of service adjusted for disallowances and thirty percent (30%) of the statewide average adjusted for disallowances.

- d. In the fourth year the reimbursable rate will be computed as follows:

Sixty percent (60%) of the specific providers' allowable cost per unit of service adjusted for disallowances and forty percent (40%) of the statewide average adjusted for disallowances.

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41.08-1 Negotiated Rate (cont.)

- e. In the fifth and subsequent years the reimbursable rate will be computed as follows:

Fifty percent (50%) of the specific providers' allowable cost per unit of service adjusted for disallowances and fifty percent (50%) of the statewide average adjusted for disallowances.

- f. If agreed upon by a majority of the providers providing the specific service, the second year computation may be 41.08-1 D 11 b, c, or d. Under those circumstances, second and subsequent years will follow in the same sequence (e.g., if the ratio is determined to be 70%/30% in the first year, then the second year would be 60%/40%, and the third and subsequent years will be 50%/50%).

41.08-2 Interpreter Services Rates. Day Treatment providers, when providing services, as described in Section 41.04, shall be reimbursed for interpreter services provided to Medicaid recipients when these services are necessary to communicate effectively with recipient regarding covered day treatment needs.

Providers of interpreter services must be certified by the Registry of Interpreters for the Deaf, Inc., or working under the supervision of an interpreter who is certified by the Registry of Interpreters for the Deaf, Inc.

Reimbursement will be available for an interpreter's hourly minimum charge (billed in quarter hour units). Beyond this first hour, reimbursement is based on the quarter hour including associated travel to and from the location where the services are performed.

Additional reimbursement for deaf Medicaid recipients who have non-standard signing is available consisting of a relay interpreting team including a deaf interpreter, for whom signing is his/her native language, working with a hearing interpreter. In such cases, reimbursement for two interpreters will be made.

Reimbursement will be at the Interpreter's usual and customary charge not to exceed the amount listed in Chapter III of this Section.

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41.08-1 Negotiated Rate (cont.)

When requesting reimbursement for Interpreter Services, a statement of verification regarding the interpreter's certification and cost of performing the services shall be documented in the recipient's record.

41.09 CONFIDENTIALITY

The disclosure of information regarding individuals participating in the Medicaid program is strictly limited to purposes directly connected with the administration of the Medicaid program. Providers shall maintain the confidentiality of information regarding these individuals in accordance with 42 CFR 431 et seq. and other applicable sections of state and federal law and regulations.

41.10 BILLING

Billing must be accomplished in accordance with the Department's "Billing Instructions for the HCFA 1500 Claim Form" and using the procedure codes in Chapter III, Section 41.

sect41.doc



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

June 28, 1998

TO: Interested Parties
FROM: Francis T. Finnegan Jr., Director, Bureau of Medical Services
SUBJECT: Final Rules: Chapters II and III, Section 104, School Based Rehabilitative Services, Maine Medical Assistance Manual.

Attached, please find a copy of the final rules: Chapters II and III, Section 104, School Based Rehabilitative Services. The following changes are adopted:

1. Section 104.04-C. The wording "or a person holding a valid or current credential as a speech-language or hearing clinician issued by the Department of Education" has been removed.
2. Section 104.07-2. Certified speech clinician has been removed from the professional and other qualified staff section of the policy.
3. Additional billing codes have been added to allow for reimbursement for school based rehabilitative services excluding the speech component.
4. Reimbursement rates have been increased to reflect cost increases associated with covered services for payments made on or after October 1, 1998.

A summary of the final rule changes is provided in the Notice of Agency Rule Making attached to this memo. If you have any questions regarding these rule changes please contact your Provider Relations Specialist at 287-3094 or 1-800-321-5557 option 1 or TTY 287-1828 or 1-800-423-4331 (deaf/hard of hearing).

FTF/gmn
Attachments



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The purpose of this rule is to provide a mechanism for reimbursement to school administrative units for those medically necessary services that are currently being provided as part of an Individualized Education Program according to Maine Department of Education, Special Education Regulations, Chapter 101.

104.01 DEFINITIONS

- 104.01-1 Collateral Contact means a face-to-face contact on behalf of the recipient by qualified staff with a parent(s)/guardian(s), caregiver(s), or other professional(s) to: seek information, discuss the results of an evaluation, recommend therapies/treatments for home, school or community implementation.

- 104.01-2 Department of Education means the State of Maine Department of Education.

- 104.01-3 Individualized Education Program is a program developed by a Pupil Evaluation Team consistent with Maine Special Education Regulations, Chapter 101, Section 9.3.

- 104.01-4 Multidisciplinary Evaluation means evaluations of a student conducted as a result of a referral by the Pupil Evaluation Team which may include, but is not restricted to, developmental, psychological, speech/language, occupational therapy and physical therapy assessments. The results of the Multidisciplinary Evaluation are employed in developing the Individualized Education Program.

- 104.01-5 Professional and Other Qualified Staff shall be employed by or under contract to a single or multi-district school administrative unit, which provides Special Education Programs, and shall be a member of one of the classes defined in Section 104.07-2.

- 104.01-6 Provider Agreement means an agreement between the Department of Human Services and a Maine School Administrative Unit which includes the services to be provided and other Federally mandated assurances.

- 104.01-7 Pupil Evaluation Team shall include one or more of the qualified professionals as indicated in Section 104.07-2, acting within the scope of their licensure in determining the need for and requesting a Multidisciplinary Evaluation and determining the necessity of special education and School Based Rehabilitative Services.

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104.01 DEFINITIONS (cont.)

- 104.01-8 School Administrative Unit means a State approved unit of school administration, composed of one or more municipalities which must provide public education to all public school students in the unit. For the purposes of this policy, the Unorganized Territory Schools shall be included within this definition.
- 104.01-9 School Based Rehabilitative Services shall mean structured developmental or rehabilitative services oriented to minimize the effect of a child's disabling condition and to enhance or restore a child's physical or mental ability. School Based Rehabilitative Services shall be limited to services provided by, or under contract to, a school administrative unit and authorized in an appropriately developed Individualized Education Program. School Based Rehabilitative Services shall include only those services included in Section 104.04, Covered Services, and shall, for the purposes of this Section, be reimbursed as described in Section 104.08.
- 104.01-10 School Based Rehabilitative Services Providers include single or multi-district school administrative units providing special education programming and the covered services described in this Section.
- 104.01-11 Special Education Program means one or more instructional, therapeutic or rehabilitative interventions authorized in an Individualized Education Program and designed to insure that all children with handicapping conditions may benefit from a free and appropriate public education.

104.02 ELIGIBILITY FOR SERVICES

The following recipients are eligible for medically necessary covered School Based Rehabilitative Services as set forth in this Section if he or she meets both of the following General and Specific Requirements:

- A. General Eligibility A person meets general Medicaid eligibility requirements if he or she is:
1. Categorically Needy Medicaid recipients whose eligibility is shown on the Medical Eligibility card as MM, or
 2. Medically Needy Medicaid recipients, whose eligibility is shown on the Medical Eligibility card as MI.
- B. Specific Eligibility A person meets specific Medicaid eligibility requirement if he or she has:

104.02 **ELIGIBILITY FOR SERVICES** (cont.)

1. The recipient must have reached the age of five (5) years on or before October 15, and has neither graduated from a secondary school program nor reached twenty (20) years prior to July 1, and
2. The recipient must have a completed Individualized Education Program which has been developed by and includes the recommendations of the Pupil Evaluation Team.

104.03 **DURATION OF SERVICE**

Each Title XIX recipient is eligible for covered services which are medically necessary and authorized pursuant to, or an integral part of a program authorized in, an Individualized Education Program as long as the recipient meets the eligibility for services requirements set forth under Section 104.02. All School Based Rehabilitative Services must be pursuant to, or an integral part of a program authorized in, an individualized education program developed in compliance with the Department of Education Regulations, Chapter 101, Special Education Regulations. The Department of Human Services reserves the right to request additional information to determine medical necessity.

104.04 **COVERED SERVICES**

As of January 1, 1998, the services listed in this section will be eligible for Medicaid reimbursement.

Only those school administrative unit providers of School Based Rehabilitative Services, who have completed a Rider A to their Provider Agreement certifying the State share of Medicaid funding will be able to bill for Medicaid school based rehabilitative services.

A covered service is a specific service determined to be developmentally necessary by the Pupil Evaluation Team (PET) and subsequently specified in the Individualized Education Program (IEP) and for which payment to a provider is permitted under the rules of this Section. Covered services shall also include a Multidisciplinary Evaluation necessary to develop or modify an IEP and services, although not individually specified in an IEP, which are an integral part of the services program specified in an IEP. The following services are covered when: (1) provided in an appropriate setting as specified in an IEP and (2) provided by appropriate professional and other qualified staff listed in Section 104.07-2 and (3) billed by the providing School Administrative Unit. Educational services not covered under this Section are delineated in subsection 104.06 of this policy.

- A. Multidisciplinary Evaluation shall be an evaluation of a child authorized by the school administrative unit after referral by a Pupil Evaluation Team which may

104.04 COVERED SERVICES (cont.)

include, but is not restricted to, developmental, psychological, speech/language, occupational therapy and physical therapy assessments. The multidisciplinary evaluations shall ensure that the student is assessed in all areas relating to suspected disability including, when appropriate health, vision, hearing, social and emotional status, general intelligence, communicative status and motor abilities. The results of the multidisciplinary evaluation are employed in developing or modifying an Individualized Education Program.

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- B. Behavioral Rehabilitation Services shall include assessment, diagnostic and treatment services necessary to reduce behavioral dysfunctions including, but not limited to, administering and interpreting of psychological and educational tests; preparing a developmental or social history of a child; obtaining, integrating, and interpreting information about child behavior; planning and managing a program of rehabilitative services; providing individual, group, or family counseling for children, illness, symptoms and behavior management; providing emergency intervention services; working with those problems in a child's living situation that affect the child's psychosocial development; and consultation services to assist other service providers or family members in understanding how they may interact with a child in a therapeutically beneficial manner.

Effective
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- C. Speech-Language Pathology Services are those services requiring the application of theories, principles and procedures related to the development and disorders of speech, language and communication for purposes of assessment and treatment. These services must be provided by an individual licensed by the State as a speech-language pathologist or by a qualified speech-language pathologist assistant under the supervision of a licensed speech-language pathologist and ordered or requested in writing by a physician or other licensed practitioner of the healing arts.

Effective
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- D. Audiology shall include identification of children with hearing loss, determination of the range, nature and degree of hearing loss, referral for medical or other professional attention for the rehabilitation of hearing loss, and determination of a child's need for group and individual amplification, and evaluating the effectiveness of amplification.
- E. Transportation shall include providing transportation to and from and between schools, or other educational settings, when the transportation is necessary to allow a child to receive School Based Rehabilitative Services or other Title XIX services. Transportation shall be reimbursable only when transportation is specified in an Individualized Education Program or is an integral component of a service specified in an IEP.

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104.04 **COVERED SERVICES** (cont.)

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- F. School Health shall include health services specified in an IEP or as an integral component of a service specified in an IEP and provided to a student with a disability by a nurse or other licensed/certified practitioners operating within the scope of their practice as specified in State laws and regulations. This service does not include the services provided by school based health clinics.
- G. Occupational Therapy Services are prescribed by a physician or other licensed practitioner of the healing arts and provided by or under the supervision of a licensed occupational therapist registered for the purpose of evaluating a recipient's condition and planning and implementing a program of purposeful activities to develop or maintain adaptive skills necessary to maximize the physical and mental functioning of the recipient in his/her daily pursuits.
- H. Physical Therapy services means services prescribed by a physician or other licensed practitioner of the healing arts and provided to a recipient by or under the supervision of a licensed physical therapist for the purpose of evaluation, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction and pain from injury, disease and any other bodily function.
- I. Rehabilitative Assistance shall be a covered service when specified in an Individualized Education Program or as an integral part of a service or program authorized in an IEP and provided by a rehabilitation assistant. Rehabilitative assistance shall include assistance with mobility, communication, behavior management, nutrition, medications, bladder and bowel care and/or hygiene, and any other remedial services, excluding classroom instruction and academic tutoring, as such services are necessary for the reduction of a child's physical or mental disability. There shall be documentation of a recommendation from a Pupil Evaluation Team or a service program in which rehabilitative assistance is an integral part.

104.05 **LIMITATIONS**

Only those staff identified in Section 104.07-2 shall be reimbursable as School Based Rehabilitative Services.

104.06 **NON-COVERED SERVICES**

104.06-1 Academic Services

Any programs, services, or components of services provided to clients which are academic in nature are not reimbursable by Medicaid. Academic services include but are not limited to subjects such as science, history, literature, and mathematics.

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104.06 NON-COVERED SERVICES (cont.)

104.06-2 Vocational Services

Any programs, services, or components of service provided to clients of which the basic nature is to provide a vocational program are not reimbursable by Medicaid. Vocational services relate to organized programs directly related to the preparation of individuals for paid or unpaid employment.

104.06-3 Socialization or Recreational Services

Any programs, services or components of services of which the basic nature is to provide opportunities for socialization or recreation are not reimbursable under the Medicaid Program. These non-covered services include, but are not limited to picnics, dances, field trips and social clubs.

104.06-4 Custodial Services

Any programs, services, or components of services, of which the basic nature is custodial care and does not assist the child in benefiting from an appropriate education are not reimbursable under the Medicaid Program.

104.07 POLICIES AND PROCEDURES

104.07-1 Setting

Services shall be delivered in settings appropriate to the individual's program needs in accordance with an Individualized Education Program.

104.07-2 Professional and Other Qualified Staff

A School Based Rehabilitative Services provider may be reimbursed for a covered service if that service is provided by the following staff:

A. Psychiatrist

A psychiatrist must be (1) board-certified by the American Board of Psychiatry and Neurology, or be eligible for examination by the American Board of Psychiatry and Neurology, as documented by written evidence from such Board, or have completed three years of post graduate training in psychiatry approved by the Educational Council of the American Medical Association and have written evidence of such training; and (2) be currently and validly licensed as a physician by the Maine State Board of Licensure in Medicine.

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104.07-2 Professional and Other Qualified Staff (cont.)

B. Psychologist

A psychologist must be licensed as a psychologist by the Maine Board of Examiners of Psychologists as documented by written evidence from such Board or certified by the Maine Board of Education pursuant to Title 20-A, Chapter 502, Section 13022, Maine Revised Statutes.

C. Psychological Service Provider

A psychological service provider must be licensed as a psychological service provider by the Maine Board of Examiners of Psychologists and be certified by the Maine Board of Education pursuant to Title 20-A, Chapter 502, Section 13022, Maine Revised Statutes.

D. Social Worker

A social worker must, at a minimum, hold a master's degree from a school of social work accredited by the Council on Social Work Education, and must be licensed in accordance with Title 32, Chapter 83 of the Maine Revised Statutes, by the Maine Board of Social Worker Licensure, as a licensed clinical social worker, licensed master social worker, or a licensed master social worker conditional II, as documented by written evidence from such Board, or be licensed as a certified social worker - independent practice in accordance with Title 32, Chapter 83 of the Maine Revised Statutes, by the Maine Board of Social Worker Licensure as documented by written evidence from such Board.

E. Registered Nurse

A registered nurse must be currently and validly licensed as a registered professional nurse by the Maine State Board of Nursing.

F. Practical Nurse

A practical nurse must be currently and validly licensed as a practical nurse by the Maine State Board of Nursing.

G. Speech-Language Pathologist

A speech-language pathologist must hold a valid license for the State in which the services are provided in order to receive reimbursement.

104.07-2 Professional and Other Qualified Staff (cont.)

H. Speech-Language Pathology Assistant

A speech-language pathology assistant means an individual who meets minimum qualifications that the board may establish for speech-language pathology assistants, which are less than those qualifications established for licensure as a speech language pathologist, but which must include an associate's degree or its equivalent as determined by the board in the field of communication disorders. A speech-language pathologist assistant must be supervised by a licensed speech-pathologist as set forth by the board by rule.

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I. Occupational Therapist Registered (OTR)

A qualified occupational therapist registered must be licensed as an occupational therapist by the Maine Board of Occupational Therapy Practice, as documented by written evidence from such Board or is licensed in accordance with the licensure of the State or Province in which services are provided.

J. Certified Occupational Therapy Assistant (COTA)

A certified occupational therapy assistant must be licensed as a certified occupational therapy assistant by the Maine Board of Occupational Therapy Practice, as documented by written evidence from such Board or is licensed in accordance with the licensure of the State or Province in which services are provided. A certified occupational therapy assistant must work under the direct supervision of a certified occupational therapist.

K. Physical Therapist

A physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent; and licensed by the State of Maine or the State or Province in which the services are provided.

L. Physical Therapist Assistant

A physical therapist assistant is an individual who assists in the practice of physical therapy and is licensed by the Maine Board of Examiners in Physical Therapy as documented by written evidence from such board. A licensed physical therapist assistant must work under the direct supervision of a licensed physical therapist.

104.07-2 Professional and Other Qualified Staff (cont.)

M. Interpreter

Providers of interpreter services must be certified by the Registry of Interpreters for the Deaf, Inc., or working under the supervision of an interpreter who is certified by the Registry of Interpreters for the Deaf, Inc.

N. Rehabilitative Assistant

A rehabilitative assistance provider must be employed by a public school administrative unit and must be issued a letter of authorization as an Education Technician I, II or III by the Maine Department of Education.

104.07-3 Individualized Education Program

Reimbursable services must be provided by professional or other qualified staff implementing an Individualized Education Program (IEP). The IEP must be based on a multidisciplinary evaluation and must be developed in accordance with the Maine Special Education Regulations, Chapter 101, Section 9.

104.07-4 Records

There shall be a specific record for each recipient which shall include but not be limited to:

- A. The recipient's name, address, birth date, Medicaid identification number, parent or guardian, name, address and telephone number;
- B. The Individualized Education Plan pursuant to Maine Department of Education Special Education Regulations, Chapter 101, Section 9;
- C. Documentation of physician or other practitioner of the healing arts authorization and /or involvement when required;
- D. Progress notes on at least a quarterly basis. Progress notes should specify progress toward stated objectives in the IEP or necessary modifications to the objectives in the absence of progress;
- E. A section describing the criteria, evaluation procedures and schedule for determining whether the IEP objectives are being achieved; and

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104.07-4 Records (cont.)

- F. A section containing any modifications to the multidisciplinary assessment or the IEP.

104.07-5 Surveillance and Utilization Review

- A. Surveillance and Utilization Review monitors the medical services provided and determines the appropriateness and necessity of the services.
- B. The Department and its professional advisors regard the maintenance of adequate records as essential for the delivery of quality care. In addition, providers shall be aware that records are key documents for post-payment audits. In the absence of proper and complete records, as described in Section 104.07-4, no payment will be made and payments previously made may be recovered in accordance with Chapter I of this Manual.
- C. Upon request, the provider must furnish to the Department, without additional charge, the records, or copies thereof, corresponding to and substantiating services billed by that provider.
- D. The Department requires the records and other pertinent information shall be transferred upon request and with the client's signed release of information, to other clinicians involved in the client's case.

104.07-6 Right of Appeal

Providers may request a hearing when aggrieved by a decision of the Department as set forth in Chapter I of this Manual. The procedure for administrative hearings is more specifically set forth in Chapter I of this Manual.

104.08 **REIMBURSEMENT**

For each Medicaid recipient receiving School Based Rehabilitation Services, the Department will make a monthly payment in accordance with this Section. The recipient must be present and receive covered services within the month in order for the provider to be reimbursed a monthly rate. The Department will establish monthly billing rates to reimburse schools for the full range of covered services under this Section. The established rate includes all covered services listed in this Section and provided as part of the IEP when services are provided by professional and other qualified staff listed in Section 104.07-2. A separate rate has been calculated to allow for reimbursement excluding speech-language pathology services when those services are provided by an individual not listed in 104.07-2. The rate has been

Effective
6/30/99

10-144 Chapter 101
MAINE MEDICAL ASSISTANCE MANUAL
CHAPTER II

Section 104	SCHOOL BASED REHABILITATIVE SERVICES	5/18/98
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104.08 **REIMBURSEMENT** (cont.)

Effective
6/30/99

calculated to best reflect those medically necessary services that are currently being provided by a school administrative unit, and it may be necessary to recalculate the rate to reflect changes in service delivery or other factors that might impact the payment structure. The services listed in the IEP, covered under this section, cannot be billed separately by any provider if reimbursement for a recipient has been made under Chapter III, Section 104, during the same month.

The billing provider will be responsible for identifying children in managed care and using the appropriate billing code in order to be reimbursed.

Effective
6/30/99

Anticipated Third Party Liability reimbursement has been taken into account and has been reflected in the rate of reimbursement. This places the provider directly responsible for collection of any additional reimbursement from third parties.

Effective
6/30/99

Medicaid reimbursement will be made for covered services under this policy that were delivered on or after January 1, 1998. All codes excluding speech and language services are effective for services provided on or after July 1, 1998.

104.09 **CONFIDENTIALITY**

The disclosure of information regarding individuals participating in the Medicaid program is strictly limited to purposes directly connected with the administration of the Medicaid program. Providers shall maintain the confidentiality of information regarding these individuals in accordance with 42 CFR 431 et seq. and other applicable sections of state and federal law and regulations.

104.10 **BILLING**

Billing must be accomplished with the Department's "Billing Instructions for the HCFA 1500 Claim Form" and using the procedure codes in Chapter III, Section 104.

MAINE MEDICAL ASSISTANCE MANUAL

CHAPTER III

SECTION 104

ALLOWANCES FOR SCHOOL BASED REHABILITATIVE SERVICES

EFFECTIVE DATE: 5/18/98

10-144 Chapter 101
MAINE MEDICAL ASSISTANCE MANUAL

Section 104		ALLOWANCES FOR SCHOOL BASED REHABILITATIVE SERVICES			5/18/98	
ALLOWED AGE	PROC CODE	DESCRIPTION	#MAXIMUM ALLOWANCE	PRIOR AUTH.	BASIC VALUE	
5 - 20 years*	SBR01	Mental Retardation (Blended Rate)	\$357.65	N/A	N/A	
5 - 20 years*	SBR02	Mental Retardation (Managed Care)	\$175.01	N/A	N/A	
5 - 20 years*	SBR03	Mental Retardation (TPL)	\$175.01	N/A	N/A	
5 - 20 years*	SBR04	Hearing Impaired (Blended Rate)	\$258.36	N/A	N/A	
5 - 20 years*	SBR05	Hearing Impaired (Managed Care)	\$74.52	N/A	N/A	
5 - 20 years*	SBR06	Hearing Impaired (TPL)	\$74.52	N/A	N/A	
5 - 20 years*	SBR07	Deaf (Blended Rate)	\$190.16	N/A	N/A	
5 - 20 years*	SBR08	Deaf (Managed Care)	\$78.80	N/A	N/A	
5 - 20 years*	SBR09	Deaf (TPL)	\$78.80	N/A	N/A	
5 - 20 years*	SBR10	Speech and Language (Blended Rate)	\$263.31	N/A	N/A	
5 - 20 years*	SBR11	Speech and Language (Managed Care)	\$97.47	N/A	N/A	
5 - 20 years*	SBR12	Speech and Language (TPL)	\$97.47	N/A	N/A	
5 - 20 years*	SBR13	Visual Impairment (Blended Rate)	\$199.21	N/A	N/A	
5 - 20 years*	SBR14	Visual Impairment (Managed Care)	\$154.74	N/A	N/A	
5 - 20 years*	SBR15	Visual Impairment (TPL)	\$154.74	N/A	N/A	
5 - 20 years*	SBR16	Behavioral Impairment (Blended Rate)	\$246.43	N/A	N/A	
5 - 20 years*	SBR17	Behavioral Impairment (Managed Care)	\$189.96	N/A	N/A	
5 - 20 years*	SBR18	Behavioral Impairment (TPL)	\$189.96	N/A	N/A	

Effective
6/30/99

* Recipient must have reached age of 5 years on or before October 15 and has neither graduated from a secondary school program nor reached age 20 prior to July 1.

10-144 Chapter 101
MAINE MEDICAL ASSISTANCE MANUAL

Section 104		ALLOWANCES FOR SCHOOL BASED REHABILITATIVE SERVICES			5/18/98
ALLOWED AGE	PROC CODE	DESCRIPTION	#MAXIMUM ALLOWANCE	PRIOR AUTH.	BASIC VALUE
5 - 20 years*	SBR19	Orthopedic Impairment (Blended Rate)	\$295.22	N/A	N/A
5 - 20 years*	SBR20	Orthopedic Impairment (Managed Care)	\$121.03	N/A	N/A
5 - 20 years*	SBR21	Orthopedic Impairment (TPL)	\$121.03	N/A	N/A
5 - 20 years*	SBR22	Other Health Impairment (Blended Rate)	\$270.09	N/A	N/A
5 - 20 years*	SBR23	Other Health Impairment (Managed Care)	\$155.50	N/A	N/A
5 - 20 years*	SBR24	Other Health Impairment (TPL)	\$155.50	N/A	N/A
5 - 20 years*	SBR25	Learning Disability (Blended Rate)	\$140.60	N/A	N/A
5 - 20 years*	SBR26	Learning Disability (Managed Care)	\$100.97	N/A	N/A
5 - 20 years*	SBR27	Learning Disability (TPL)	\$100.97	N/A	N/A
5 - 20 years*	SBR28	Deaf/Blind (Blended Rate)	\$218.08	N/A	N/A
5 - 20 years*	SBR29	Deaf/Blind (Managed Care)	\$98.19	N/A	N/A
5 - 20 years*	SBR30	Deaf/Blind (TPL)	\$98.19	N/A	N/A
5 - 20 years*	SBR31	Multi-Handicapped (Blended Rate)	\$441.77	N/A	N/A
5 - 20 years*	SBR32	Multi-Handicapped (Managed Care)	\$205.31	N/A	N/A
5 - 20 years*	SBR33	Multi-Handicapped (TPL)	\$205.31	N/A	N/A
5 - 20 years*	SBR34	Autism (Blended Rate)	\$339.81	N/A	N/A
5 - 20 years*	SBR35	Autism (Managed Care)	\$147.11	N/A	N/A
5 - 20 years*	SBR36	Autism (TPL)	\$147.11	N/A	N/A

Effective
6/30/99

* Recipient must have reached age of 5 years on or before October 15 and has neither graduated from a secondary school program nor reached age 20 prior to July 1.



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0023

ANGUS S. KING, JR.
GOVERNOR

J. DUKE ALBANESE
COMMISSIONER

April 5, 2000

TO: Dana, Domestic Policy Council
The White House
FROM: Christine B. Bartlett *CB*
Special Services Unit
RE: Attached Document

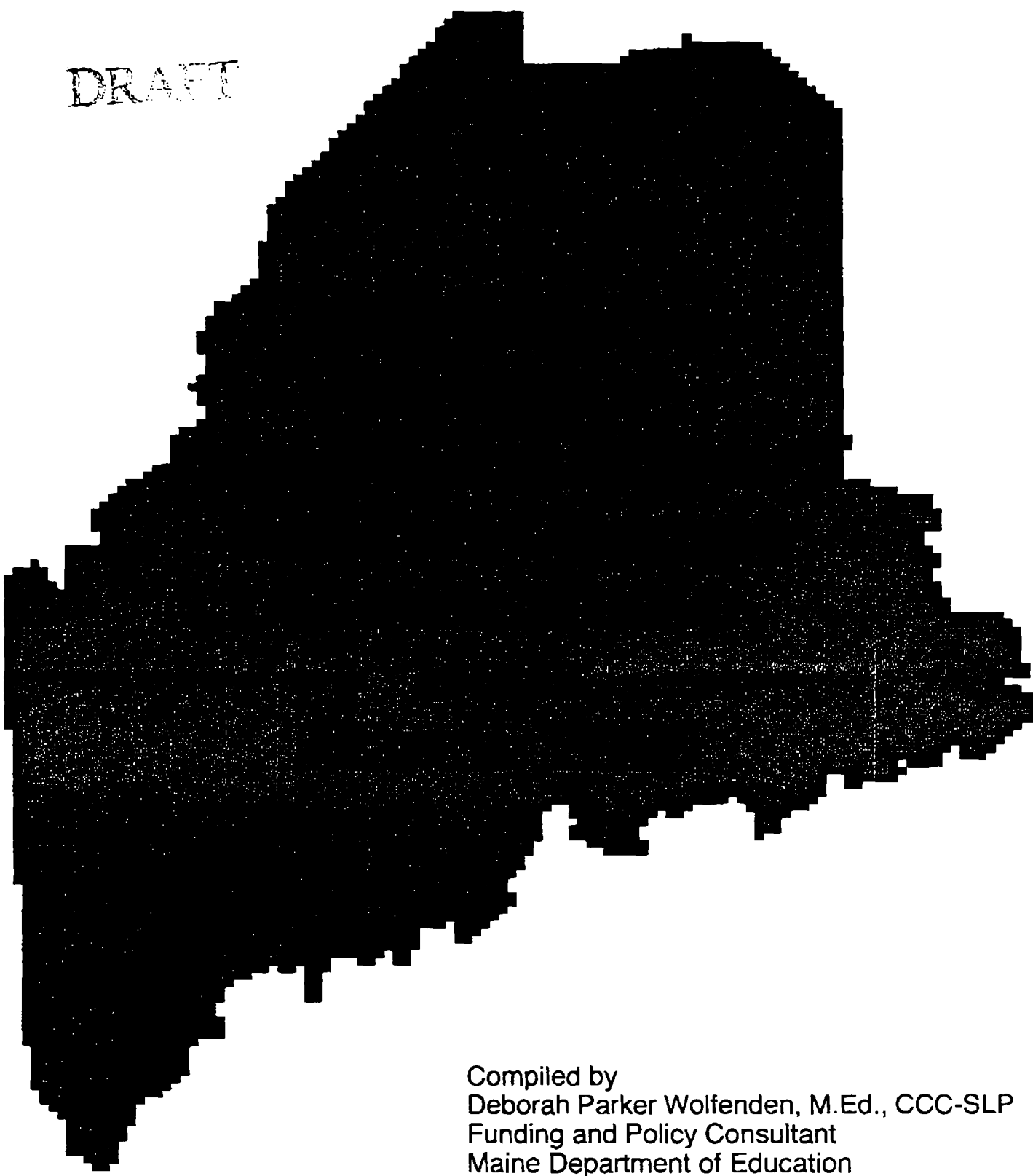
Attached with this memo/FAX is the document, "Utilization of Medicaid Reimbursements by Maine School Administrative Units – March, 2000". I apologize for the delays in sending it to you. As you can see, it is still stamped "Draft". We will be doing one final read through and adding necessary language re: non-discrimination, etc., before printing and distributing in-state. Hard copies of this, transmittal letters from the commissioners of Maine's Departments of Human Services and Education, and copies of the relevant Medicaid policy manuals will be sent either this afternoon or tomorrow. If you need anything further, please don't hesitate to call (207/287-5950).

Att.



PRINTED ON RECYCLED PAPER

DRAFT



Compiled by
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For the last 25 years, one of education's challenges has been providing adequate funding support for the array of special services delivered in our local schools and communities. Here in Maine, we have been developing a "seamless" system of service delivery for our children birth to twenty one. Our reputation for our Child Development Services (CDS) is a model often "envied" among our national colleagues. CDS, which serves the birth to 5 population has been working with our Medicaid office for nearly two decades.

Since implementing the Medicaid service, School Based Rehabilitation Services (SBRS) in May 1998, Maine School Administrative Units have been reimbursed more than \$30 million. Prior to implementing SBRS, the primary source of Medicaid reimbursements for schools was for Day Treatment Services which became effective in January 1996.

Once schools became providers of Medicaid services, both personnel from the Division of Special Services and the Bureau of Medical Services expressed interest in determining how Medicaid reimbursements were being utilized by Maine schools. In the fall of 1999, an interdepartmental committee representing the Bureau of Medical Services and the Division of Special Services finalized a survey which was distributed to all two hundred and eighty school administrative units (SAU) in Maine. One hundred twenty-six individual SAU's responded. The responses were tallied and used to produce this report, ***Utilization of Medicaid Reimbursements by Maine School Administrative Units***.

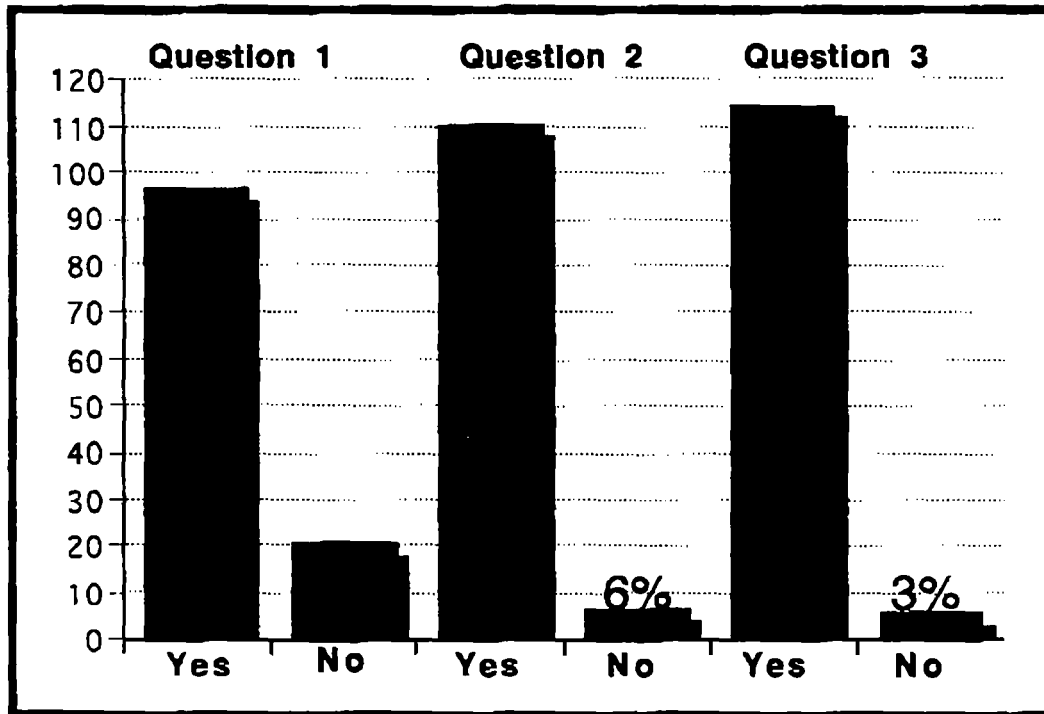
It is the intent of the interdepartmental committee to use the information collected by this survey primarily for three purposes. These include: 1.) identifying issues relative to the continuing implementation efforts of School Based Rehabilitation Services, Day Treatment Services and other Medicaid program offered in Maine's SAUs; 2.) providing technical assistance to School Administrative Units (SAU's) in their efforts to maximize Medicaid funds, and 3.) educating Maine lawmakers and our Congressional delegation regarding our efforts in this area. Enclosed are the highlights of the survey results.

We hope that you will find this document informative and helpful.

Members of the Special Education/Medicaid Workgroup

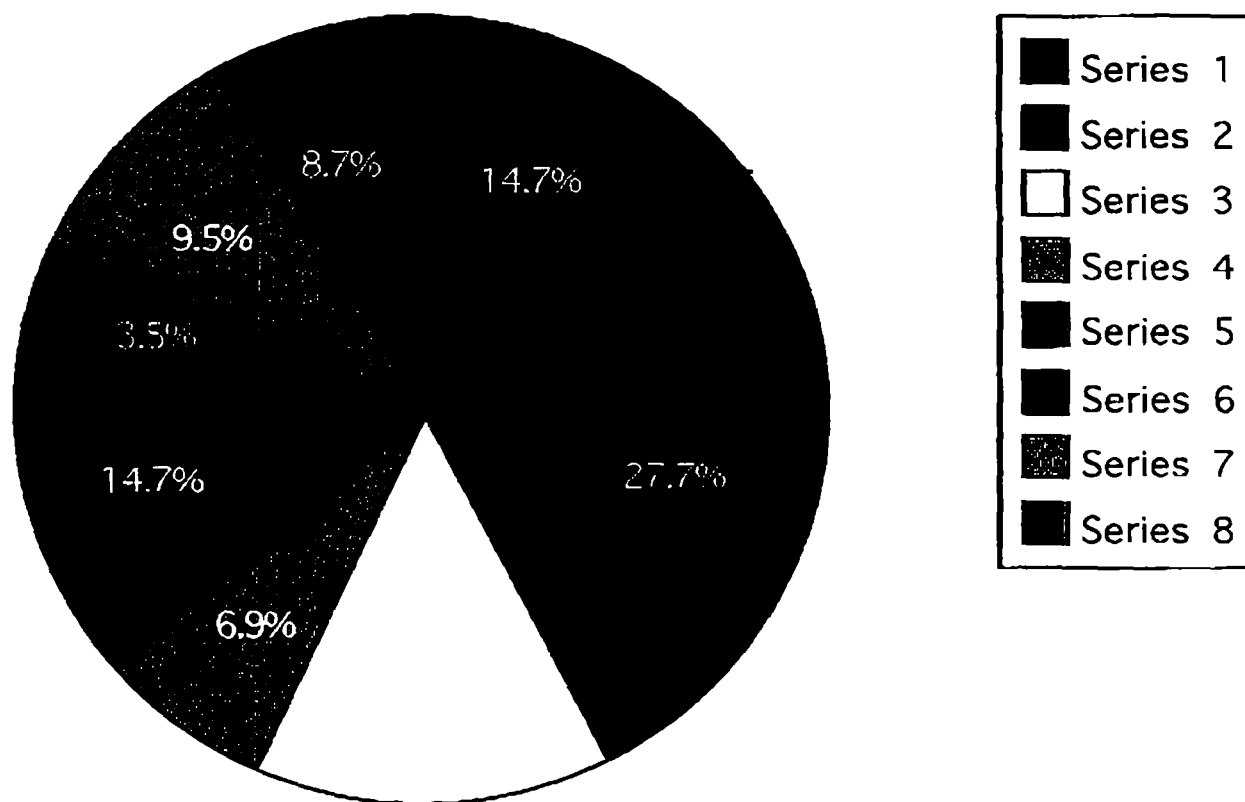
Superintendents, business managers and Directors of Special Education in all two hundred eighty five school administrative units (SAU) received surveys. One hundred twenty six surveys representing individual SAUs were tallied and entered into the data base. The following information reflects initial efforts to collect collaborative data between our state Medicaid office and Division of Special Services. 97% of the school administrative units (SAU) that responded, reported billing Medicaid during FY 98-99. The majority (91%) indicated that they had billed for School Based Rehabilitation Services and 31% had billed for Day Treatment Services. (SAUs can enroll in both programs, as long as they don't bill both programs for the same child on the same date of service.)

- ✓ 82% stated that they were aware of the Medicaid expansion and Cub Care Program (Maine's CHIP Initiative).
- ✓ More than \$30 million has been reimbursed to SAUs in Maine through the Medicaid/Department of Education collaborative. Medicaid reimbursements have been utilized by the SAUs in a variety of ways. Almost half (43%) stated that they used the revenue freed up by these reimbursements to maintain or expand special education and/or health related programs; more than a quarter of the respondents (28%) used the revenues to purchase equipment or materials related to special education and/or health related programming; and, approximately 11% of the SAUs allocated these revenues to pay for licensure, other professional fees and/or continuing professional education. Overall, more than 80% of these revenues have been reinvested by SAUs in some type of health-related programs.
- ✓ 64% of the reporting SAUs indicated that the record keeping responsibilities required by SBRS were at least "what was expected" or "easier than expected".
- ✓ The need for on-going training was also identified. 58% were interested in further training pertaining to Medicaid and its programs. 81% of those school units requesting further training identified Medicaid Reimbursable Services and information on how to bill Medicaid independently (60%) as training topics of interest.
- ✓ Eleven SAUs have not made a determination regarding allocation of Medicaid resources at the time of the survey.
- ✓ Of the 126 SAUs responding, 48 had some unanswered questions regarding the Medicaid Program. In general their questions can be grouped into three areas: audit process and requirements, State Ward/ State Agency Client issues and billing procedures.
- ✓ Suggestions for improving the Medicaid initiative, include a need for consistent, ongoing communication between DOE and the SAUs, more trainings, and a smoother audit process for both the Division of Special Education and Bureau of Medical Services.



1. Are you aware of the low cost, no cost health and dental insurance coverage for children and teens available through the Maine Department of Human Services' Medicaid and Cubcare ?
2. Are you aware of the services which are reimbursable by Medicaid for Medicaid eligible students?
3. Did you bill Medicaid during FY 98-99?
 - 1 Administration not interested
 - 1 Did not know how
 - 4 Other - felt program would be short lived (2)
 - Unaware (1)
 - Enrolled but not billing (1)

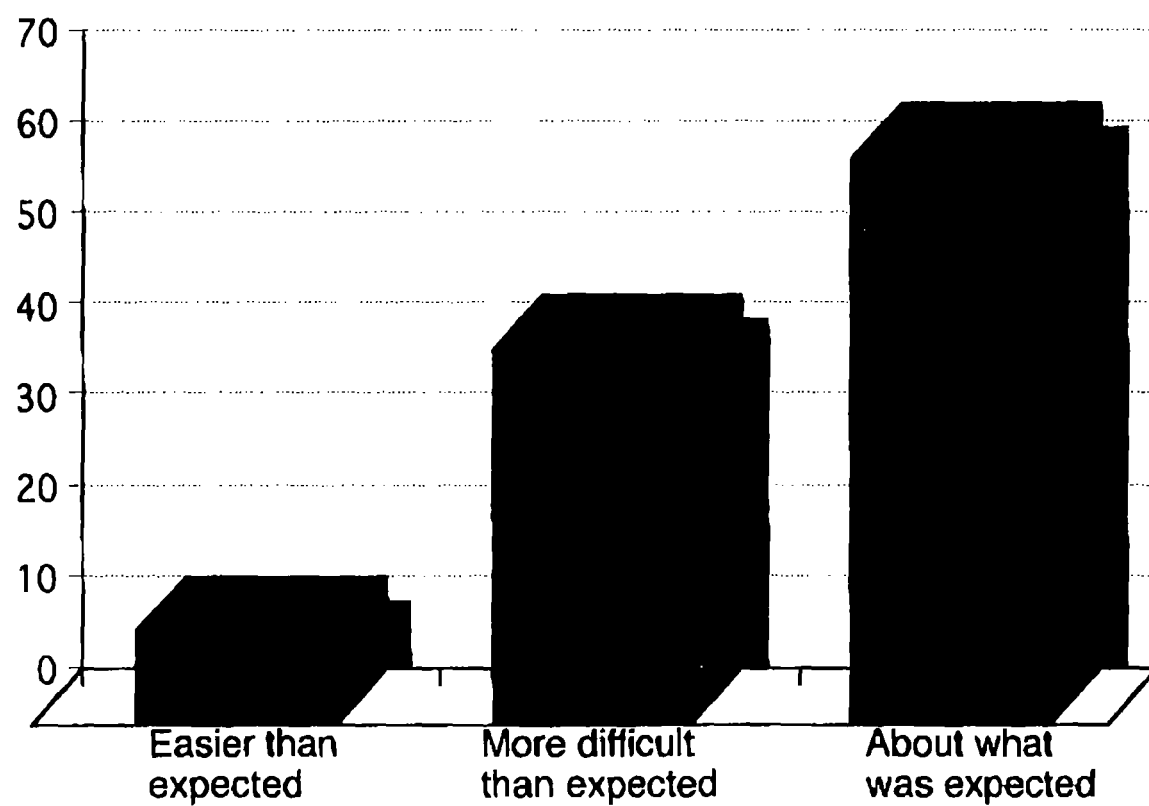
Reimbursement Utilization



1. Expand special education and/or health related programs (14.8%)
2. Maintain special education and/or health related programs (27.8%)
3. Purchase materials related to special education and/or health related programming (13.9%)
4. Pay for continuing professional education (7.2%)
5. Purchase equipment related to special education and/or health related programming (14.3%)
6. Reimbursement of licensure fees or other professional fees (3.6%)
7. Not applicable, no determination regarding reimbursement allocation has been made (9.4%)
8. Other (9%)*

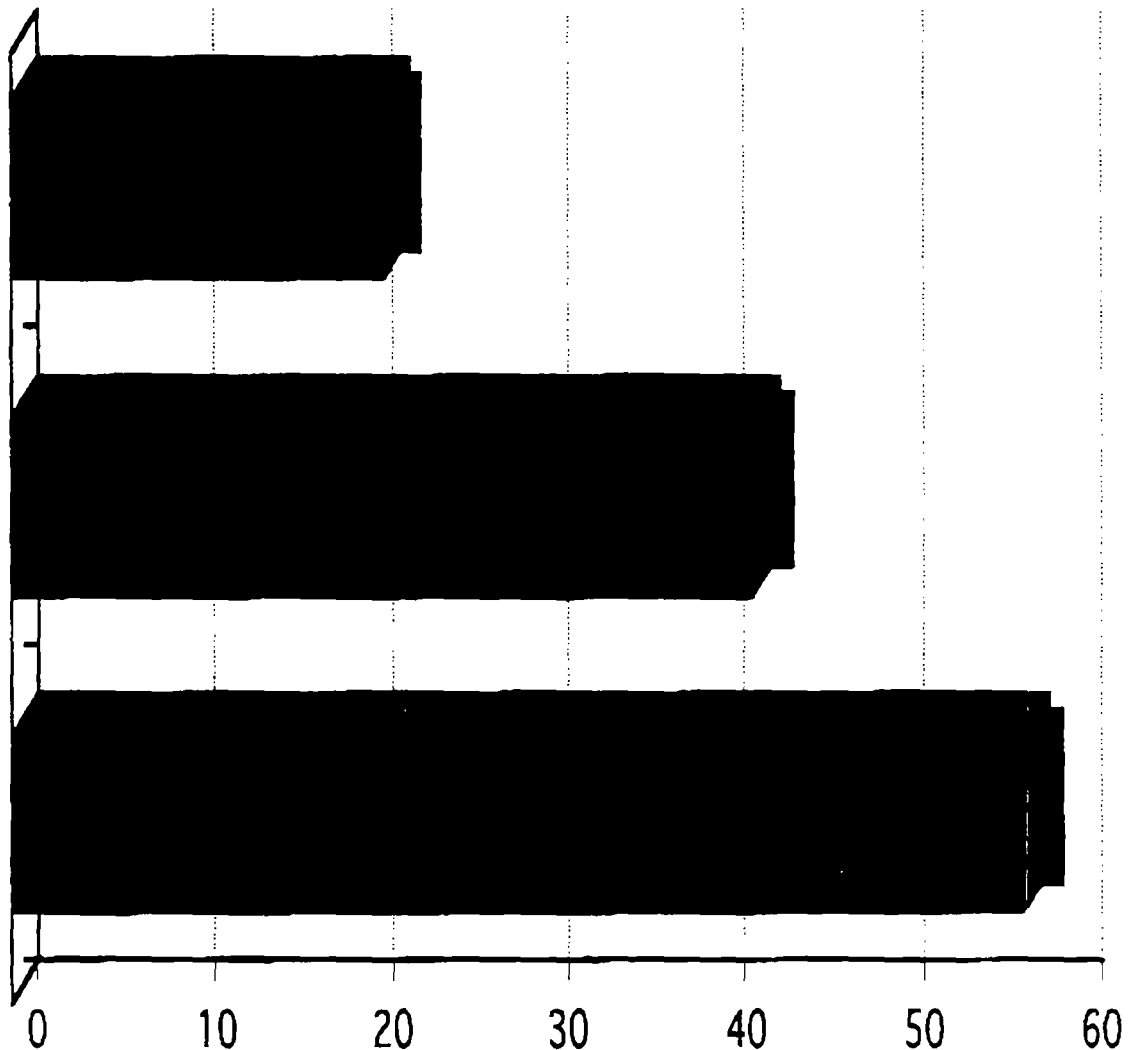
*When tallying responses of this category, it was noted that the majority of items recorded as "other" reflect examples of expansion and/or maintenance of special education and/or health related programs.

Record Keeping Requirements



4.

Interest in Training



Yes

70 districts

58%

No

51 districts

42%

Medicaid Survey for SAU's

Section One: Awareness

1. Are you aware of the low cost, no cost health and dental insurance coverage for children and teens available through the Maine Department of Human Services' Medicaid and Cubcare programs? Yes 97 No 21
2. Are you aware of the services which are reimbursable by Medicaid for Medicaid eligible students? Yes 111 No 7

Section Two: Revenue

3. Did you bill Medicaid during FY 98-99? Yes 115 No 6 (If not, why?)
 - 1 Administration not interested
 - 1 Do not know how
 - 0 Do not believe in the initiative
 - 0 Too much paperwork
 - 4 Other (please specify)
4. Which of the following medically necessary services have you billed or plan to bill to the Medicaid program? (check all that apply.)
 - 107 School Based Rehabilitation Services
 - 37 Day Treatment
 - 20 School Based Health Services
 - 8 Targeted Case Management
 - 4 Early Intervention Services
 - 42 Fee for Service programs (i.e. occupational therapy, physical therapy, speech/language pathology, psychological services, etc.)
 - 2 Other (please specify)
5. What have Medicaid reimbursements allowed your School Administrative Unit (SAU) to do? (check all that apply.)
 - 33 Expand special education and/or health related programs
 - 62 Maintain special education and/or health related programs
 - 31 Purchase materials related to special education and/or health related programming
 - 16 Pay for continuing professional education
 - 32 Purchase equipment related to special education and/or health related programming
 - 8 Reimbursement of licensure fees or other professional fees
 - 21 Not applicable, no determination regarding allocation of Medicaid reimbursements have been made.
 - 20 Other (please be specific)

Section Three: Documentation

6. How would you rate the record keeping requirements for Medicaid reimbursable services?

- 9 Easier than expected
41 More difficult than expected
62 About what was expected

7. How do you identify Medicaid eligible recipients/families?

- 39 Blanket mailing
26 Targeted mailing
70 Outside Billing Agency

8. How often do you get release of information forms signed?

- 29 Annually
55 At initiation of services
35 As deemed necessary (please explain)

9. Who do you use as referral sources for Medicaid reimbursable services?

- 3 Physician
52 Other practitioners of the healing arts (i.e. occupational therapist, physical therapist, speech/language pathologist, psychological service providers, etc.)
57 Both physicians and other practitioners of the healing arts

Section Four: Staff Development

10. Have you/your staff received education related to Medicaid reimbursement?

a) You: Yes 112 No 9

b) Staff: Yes 95 No 25

11. How much staff development have you received related to Medicaid reimbursement?

a) You: 1-3 hrs. 51 More than 3 hrs. 60 Not applicable 20

b) Staff: 1-3 hrs. 72 More than 3 hrs. 19 Not applicable 26

12. How much training do you feel is necessary?

1-3 hrs. 71 3-6 hrs. 43

13. Who provided the staff development to:

a) You:

14 Department of Human Services, Medicaid personnel
18 Department of Education personnel
33 Professional Association
92 Outside Billing Agency

b) Staff:

2 Department of Human Services, Medicaid personnel
4 Department of Education personnel
18 Professional Association
80 Outside Billing Agency

14. Would you be interested in receiving education on: a) Medicaid reimbursable services, b) how to bill for them, and/or c) how to enroll in the Medicaid Program?

Yes 70 No 51

57 Medicaid reimbursable services
42 How to bill for Medicaid services
21 How to enroll in the Medicaid Program

15. What format would be most useful?

61 face to face training
13 distance learning
11 train the trainer
6 other (please specify)

Section Five: Miscellaneous

16. Do you have any unanswered questions relative to the Medicaid program?

Yes 48 No 72

If yes, what are they?

17. Do you have any suggestions for improving the Medicaid initiative in Maine SAU's?

Yes 47 No 73

If yes, what are they?

18. Please feel free to supply us with any additional information which you feel is relevant to the continuing implementation and refinement of the Medicaid initiative for Maine's SAU's.