

**Kansas Medicaid Compliance Plan
for
School Based Services
North Central Kansas Special Education
Cooperative Interlocal #636**

Adopted July 20, 2020

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Forward

This Kansas Medicaid Compliance Plan for School Based Services outlines and contains specific information regarding the North Central Kansas Special Education Cooperative Interlocal #636 (NCKSEC) policies and procedures. It also serves as NCKSEC Compliance Plan to assist in maintaining the highest levels of compliance while maximizing Medicaid reimbursements.

The information contained herein is based on the Kansas Medical Assistance Program Local Education Agency Manual and Bulletins.

If you have any questions pertaining to this Medicaid Compliance Plan, please contact:

Deb Reha, Director

Corrine Matteson, Medicaid Clerk

Both may be contacted at 785-543-2149

To assist a student or family to apply for Medicaid, please contact the Kansas Department of Health & Environment for application requests:
(800) 792-4884

Or refer to the website: www.kdheks.gov/hcf/health_reform/default.htm

Kansas Local Education Agency Provider Manual

The Medicaid Provider Manual is the State-governing document from which all LEA school based services are developed and regulated by:

<https://www.kmap-state-ks.us/>

Currently these materials are only accessible utilizing Internet Explorer in Compatibility Mode.

1. Select – “Provider Manuals”
2. Select – “Local Education Agency”
3. Select – “Current Version”

For documentation compliance also refer to the General Benefits Manual for documentation policy information.

The electronic LEA Manual contains billing instructions and information, benefits and limitations, and the procedure codes LEAs are allowed to bill.

Updates to the LEA Manual can occur quarterly to incorporate any policy changes noted in Bulletins since the last LEA Manual update.

Recent bulletins will be displayed immediately after logging in to the KMAP Provider site. They may be searched for under the Publications tab by number, title, or search term.

Medicaid Overview for Local Education Agency

Medicaid is an “entitlement program” created by the federal government, but administered by the state, to provide payment for medical services for low-income citizens. Medicaid eligibility in Kansas is based on uniform statewide criteria.

The Social Security Act, as amended in 1988 by the Medicare Catastrophic Coverage Act, specifically provides for medical assistance (Medicaid) to cover “related services” which are specified in Federal Medicaid statute as medically necessary and “included in the child’s IEP established pursuant to Part B of the IDEA. Medicaid-Local Education Agency services allows reimbursement for services administered to students with special needs under the Individuals with Disabilities Education Act (IDEA). Coverage applies to individuals aged birth to 21 years who are receiving medically necessary health related services through the Individualized Education Program (IEP) or through the Individual Family Service Plan (IFSP).

Coverage is based on medically necessary, Medicaid covered services already being provided in the school setting, and when these services are provided to Medicaid eligible beneficiaries the services may be billed to Medicaid. This ensures federal participation in the funding of these Medicaid covered services.

Medicaid reimburses LEAs for medically necessary services for the child to receive a free and appropriate public education, as documented on the child’s IEP. Payment is made to LEAs approved by the Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) for services provided, through Kansas Medical Assistance Program (KMAP).

In Kansas, there are four funding streams through the Medicaid Program.

1. **Fee for Service:** billing is the foundation and the focus of this Compliance Plan.
2. **School District Administrative Claiming, (SDAC):** is the reimbursement for Medicaid outreach and administrative activities provided for children and families.
3. **Cost Reconciliation:** is the year-end balance between what was paid in Fee for Service and what was reported as the cost of providing the services, through SDAC and Cost Reconciliation.
4. **Medicaid Replacement:** this is NOT Medicaid reimbursement, but data from the Fee for Service program used to generate the amounts reimbursed to each district.

Medicaid Eligibility

Students must be Medicaid eligible on the date the service is provided to be able to claim reimbursement for the service. Medicaid eligibility for school-based services is Title XIX only. Students who are Title XXI and receive services are not eligible for the LEA to receive reimbursement.

Medicaid eligibility is verified through the Medicaid Clerk checking the secure KMAP eligibility website, using name and date of birth, SSN, or previously obtained Beneficiary ID.

The student may or may not be Medicaid active for the date of service. It is best practice for therapists to log on all students.

To check eligibility status on a student the following information is needed:

1. Beneficiary ID (aka Medicaid Number)

or

1. Beneficiary (student) First Name and Last Name
 - a. Spelling and combination may be different in the KMAP system.
2. Date of Birth

or

1. Social Security Number

The following terms indicate a student may be Medicaid eligible. Healthwave 19, Healthwave 21, United Healthcare, Amerigroup Kansas, Sunflower State Health Plan. If a parent says the student is covered by one of these agencies, the KMAP database will need to be checked to verify the eligibility status of the student.

Business Rules For Kansas Medicaid/LEAs

Kansas Medicaid has “Business Rules” which govern how agencies access funds.

Local Education Agency Process

<i>Services Listed on IEP</i>	The Special Education staff lists Special Education services on students IEP as Special Education Laws allow, following agency policies and procedures.
<i>Parental Notification and Consent</i>	- The IEP team for the student will obtain parent/legal educational decision maker consent, to allow/disallow for the sharing of information and reimbursement to occur for services the student receives as outlined in the IEP. - New consent will need to be obtained if services are modified based on the KSDE 25% change rule. - The IEP team for the student will provide parent/guardian the Annual Notification for Accessing Public Benefits or Insurance at minimum annually thereafter. - Providing annual notification may be addressed through a variety of means; as part of the enrollment process for every student, mailing of notification to all parents of students, etc.
<i>Physician Rx for Therapies</i>	The Medicaid Clerk will obtain Rx for therapies to be billed, (PT, OT, SLP, other therapies), after receiving the parent/guardian consent.
<i>Certification/Licensure</i>	- NCKSEC will maintain a record of Therapists current certifications and licenses. - Human Resources will monitor and provide notification to the Medicaid Clerk to cease billing on any providers whose certification/license has expired. - Billing will cease for any provider who is not current with their certification or license.
<i>Student Identification</i>	- The Medicaid Clerk reviews student information needed for Medicaid verification through the IEP (WebKIDSS) system, based on information received from providers and the IEP/MIS Clerk. - The verification of Medicaid eligibility is through the secure Medicaid website and is completed at least monthly, prior to submitting any claim information to KMAP.
<i>Staff Identification</i>	Information regarding providers, newly hired providers, etc. is initially provided to the Medicaid Clerk during the School Year startup window (July-September). Updates to staffing, assignments, and other personnel changes are provided in an ongoing manner throughout the school year.

<i>Medicaid Provider Maintenance</i>	• When changes are made regarding Agency information (address, contacts, etcl) the Kansas Medical Assistance Program, Electronic Data Interchange, National Provider Identifier, and WebKIDSS databases may require updates. • The LEA is responsible for maintaining current records at all State and National agencies.
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Medicaid Billing Steps and Procedures

The following are components of the Medicaid billing process

<i>Student Demographics</i>	• Student demographics information is entered into WebKIDSS which is used in part to submit claim information to KMAP. All programs are confidential and protected.
<i>Staff Demographics</i>	• The agency Medicaid clerk will maintain a provider database that tracks provider district and school assignments.
<i>Passwords</i>	• All WebKIDSS passwords must be changed at least every 120 days and cannot be a reuse of the past 3 passwords. • All passwords that are no longer needed should be disabled immediately.
<i>Caseload Management for Providers</i>	• Provider caseload assignments are determined by their district and school assignments. When services are modified, students transfer in or out, the Related Service Provider or School Psychologist should notify the Medicaid Clerk of the changes.
<i>Service Choices for Service Providers</i>	• Procedure Codes are allowed based one of two factors. For service line providers, the Service Code indicated on the Anticipated Services Chart will be used to determine allowable codes based on current KDHE/CMS policies. • For School Psychologists (evaluation purposes only), the procedure codes allowed are set by indicating the assigned codes within the group setup.

<i>Required Documentation Fields</i>	• Student name, provider name, date of service, start/end time of service, procedure code, student progress, comments, intervention (goal worked on), student response to intervention, place of service.
<i>Non Billable Records</i>	• Providers have the option to document non-billable services. This can be to record student absent or unavailable, provider absent or unavailable, or time spent for an indirect service for a student, (conversation with parent, teacher, writing reports, IEP time, etc.).
<i>Editing or Deleting Student Service Log</i>	• A documentation record may be changed, corrected, deleted at any time prior to the record being submitted to KMAP. After submission, the service log is locked from any further editing other than administratively marking the record as rejected. • If a therapist notices a correction to be made after the claim has been submitted to KMAP, they are to notify the Medicaid Clerk as soon as possible. • At that point a claim correction will be made in the KMAP system this may cause a recoupment or interruption in payment to the agency. The provider may be required to re-enter the log based on the reason for modification.
<i>COTA/PTA Supervision</i>	• Physical Therapists and Occupational Therapists who have Certified PT Assistants and Certified OT Assistants working under their Plan of Care, must supervise the Assistants work. • This supervision must be documented. Each service log entered by the assistant must be reviewed and initialed by the licensed provider within 5 calendar days of the assistant entering the service log.
<i>Administration Reports</i>	• Report data is available in WebKIDSS based on desired information. • Custom reports are available to be generated based on service log data and student demographic information.
<i>Parental Consent Documentation</i>	• When parent consent is received by the Medicaid clerk it is recorded within the WebKIDSS program. • No service will be billed prior to receiving the parent consent or prior to parent signature date. The WebKIDSS program does not allow services prior to the Parent Consent Start date to be included in billing submission files.
<i>Physician Rx for Therapies</i>	• When the Parent Consent is received by the Medicaid Billing clerk, the Physician Rx is created and sent (along with any requested documents) to the appropriate physician for review and authorization.

	• The Rx is good for one year from the Rx signature date, not to go over a 12-month period. • This agency uses a contracted physician to review all IEPs where authorization is needed.
<i>Services Documented</i>	• Services are logged into the Medicaid section of WebKIDSS the day of service. • Any services not logged on the day of occurrence must be supported by paper documentation (therapy notes, delivery calendars, etc.) kept by the provider. This paper documentation will be provided to the Central Office on weekly basis. • Evaluations of any type should not be logged until the evaluation is completed and student is scheduled to receive direct therapy services.
<i>Student Eligibility Confirmed</i>	• Parent consent is received then Student Eligibility is verified through the secure KMAP system.
<i>Services Billed</i>	• Documented services are exported from WebKIDSS to KMAP and submitted for reimbursement, monthly.
<i>Student Age Limitation</i>	• Services are billed for students from their 3rd birthday to their 21st birthday. Students who are younger or older do not comply with the Medicaid limitation of age requirement for LEA providers.
<i>Data Storage</i>	• Data is stored at the Special Education Office for a minimum of five years from the claim paid date or date of service if claim not paid per KMAP regulations.

Once claims are submitted to KMAP and are "Paid", funds are sent from KMAP to the LEA.

Financial Transactions

<i>Remittance Advice</i>	• The Remittance Advice (RA) is received in the mail and reviewed for accuracy by the Medicaid Clerk. It is filed and kept for 5 years past the paid date.
<i>Payments</i>	• Payments from KDHE/KMAP are received by NCKSEC through direct deposit.

Provider Eligibility

Providers must be licensed and able to practice their respective disciplines in the State of Kansas.

Covered Services

Services allowable for reimbursement are defined in the LEA Manual. Currently the following procedure codes are allowed:

		AUDIOLOGY		
92551	92552	92553	92555	92556
92557	92567	99241	99429	Q3014
		KBH-EPSDT CODES		
99173	99202	99203	99204	99205
99213	99214	99215	92551	99383
99384	99385	99393	99394	99395
		NURSING		
S9123	S9124	T1001	T1002	T1003
	OCCUPATIONAL/PHYSICAL/SPEECH THERAPY			
*These codes require a physician's order. The ordering, referring, attending, prescribing, or sponsoring provider's NPI must be present on the claim form when billing these services for payment.				
92507	92508	92521	92552	92523
92524	97110*	97112*	97113*	97116*
97150*	97161	97162	97163	97164
97165	97166	97167	97168	97530*
97533*	97535*	97537*	97129	97130
97003	97004	97532*	99429	G0515*
Q3014				
		PSYCHOLOGY THERAPY		
96110	96127	96130	96131	99402
99411	99241	99429		
		SOCIAL WORK THERAPY		
96110	96127	99402	99411	99241
99429				

Services Provided Under the Direction/Supervision of Another Clinician

Physical Therapy Assistants and Occupational Therapy Assistants are allowed to provide direct services in the LEA setting working under the direct supervision of a Kansas Licensed Therapist.

Supervision must be clearly documented. This may include, but is not limited to, the registered occupational or physical therapist initializing each treatment note written by the certified occupational or physical therapy assistant, or the registered occupational or physical therapist writing "Treatment was supervised" followed by his or her signature. *LEA Medicaid Provider Manual, page 8-4.*

For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care which, at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter. "Supervision of" consists of the practitioner meeting regularly with another professional, at an interval predetermined. This is often known as clinical supervision or consultation.

All services documented by a PTA and a COTA, will not be submitted to the state for reimbursement until the PT or OT has "supervised" the documentation. Every note will require the PT or OT to check that the note has been supervised. At that point the note will have two signatures attached. One is the assistant who provided and documented the service and the second the therapist who reviewed and supervised the service.

Agency Information

System's Contact Information

IEP System/MMIS:	Webkidss
Medicaid Documentation System:	Webkidss
Medicaid Billing System:	KMAP

District Contacts

Medicaid Program Administrator: Responsibilities: Administrator for Medicaid Billing Program and serves as the Medicaid Compliance Officer.

Name:	Wes Topel	Title:	Assistant Director
Phone:	785-543-2149	Email:	wtopel@ncksec.net

Medicaid Coordinator/Administrative Assistant: Responsibilities: Manage day-to-day Medicaid Billing Program operations. Train providers, manage claiming data, reconcile claims, report information to supervisors.

Name:	Corrine Matteson	Title:	MIS/Medicaid Clerk
Phone:	785-543-2149	Email:	cmatteson@ncksec.net

Medicaid Compliance Officer: Responsibilities: Day-to-day operations of the compliance program; provide guidance to employees to ensure Medicaid billing compliance; develops and delivers LEA training on compliance expectations; and maintenance of documentation.

Name:	Deb Reha	Title:	Director
Phone:	785-543-2149	Email:	dreha@ncksec.net

Program Support Contact Information

State Contacts:

Hallie Doud, KS Dept. of Health & Environment
Division of Healthcare Finance
900 SW Jackson Street
P: (785) 296-3981 | F: (785) 296-4813
HDoud@kdheks.gov

Additional Support or District Information

SDAC/Cost Reconciliation Coordinator:

Name:	<u>Wes Topel</u>	Title:	<u>Assistant Director</u>
Phone:	<u>785-543-2149</u>	Email:	<u>wtopel@ncksec.net</u>

Compliance Policy

Compliance is an important part of the LEAs ongoing efforts to maintain compliance with federal and state laws regarding Medicaid School Based Services. The LEAs compliance program is a comprehensive oversight system of the LEAs Medicaid billing practices.

The goal of the LEAs compliance program is to ensure that Medicaid billable services are properly documented and accurately billed. The program includes systematic checks and balances to detect and prevent inaccurate and inappropriate billing practices.

The LEA promotes full compliance with each of the relevant laws by maintaining strict policy of ethics, integrity, and accuracy in all aspects of the program. Each employee and professional, including outside consultants, who are involved in documenting services and submitting claims, is expected to maintain the highest standards of personal, professional, and institutional responsibility. Individuals who fail to report suspected non-compliance, participate in non-compliance behavior and/or encourage, direct or facilitate noncompliance behavior may be subject to disciplinary action in accordance with the provision of state law and any applicable collective bargaining agreement.

Compliance Officer

The LEA shall annually designate a Medicaid compliance officer. The compliance officer shall be responsible for:

1. Day-to-day operations of the Compliance Program
2. Provide guidance to LEA employees to ensure Medicaid billing compliance
3. Development and delivery of LEA wide training on compliance expectations, and maintenance of documentation

Education and Training

It is the compliance officer's responsibility to ensure that every employee involved with the Medicaid service and billing process is educated about the applicable laws and regulations governing Medicaid billing documentation. The LEAs compliance program shall be shared with all LEA employees, and be available for inspection.

Non-Compliance Investigation

The compliance officer must investigate all reports of non-compliance. Once the compliance officer completes the investigation, a report will be made to the NCKSEC Board of Directors. The report will be the basis for the compliance officer's program and recommendation of corrective action and/or discipline. Reports must be retained for a period of five (5) years.

Non-Retaliation

It is the LEAs policy that no person shall retaliate, in any form, against a person who reports in good faith, an act or suspected act of non-compliance (although employees may be disciplined for making intentionally false reports of non-compliance). Any person found to have retaliated for such a report, shall be subject to discipline. In addition, the Federal False Claims Act and Kansas State Law provide certain protections to individuals who are discharged, demoted, suspended or threatened, harassed,

or discriminated against by their employer in retaliation for assisting in the investigation, initiation or prosecution of a False Claims Act which of which constitutes fraud.

Corrective Action

In order to make the Compliance Program effective, the compliance officer will have the authority to impose corrective action.

If a service provider or employee is found to be non-compliant the following procedures will occur:

- a. If the compliance officer requests paper copies of services 3 times in a single reporting period, the service provider will undergo a session of education or training.
- b. After education or training and the compliance officer requests paper copies a second time in any reporting period, a letter of reprimand will be written and placed in the service provider's employment file. A plan of action may be implemented.
- c. Should paper copies be requested by the compliance officer a third time in any reporting period, the service provider's continuing employment would be determined by the Board of Directors.

Ongoing Assessments

The compliance officer will make an annual assessment of the success of the Compliance Program. The assessment will be based on the examination of results of internal audits and investigation, reports of any outside audits that may have been conducted, and or his/her own personal experience with the functioning of the program. The assessment shall be documented in a report to the NCKSEC Board of Directors.

Electronic Signature

Services for Medicaid billing are recorded electronically. The electronic signature is a combination of the provider's login, account name, and password.

Whistleblower Policy

LEA is committed to operating in compliance with all applicable laws, rules and regulations, and prohibits fraudulent practices by any of its board members, officers, or employees. This policy outlines a procedure for employees to report an action that an employee reasonably believes violates a law or regulation or constitutes fraudulent practices. (NCKSEC Board Policy, DE, Board approved 8/2018)

False Claims Act

Pursuant to Section 1902(a) (68) of the Social Security Act, Medicaid providers of School Based Services who claim at least \$5 million in annual aggregate payments from the federal Medicaid program are required to comply with Section 6032 of the Deficit Reduction Act (DRA) of 2005.

A section of the law entitled "Employee Education About False Claims" cites three (3) requirements; 1) Establish written policies for employees and contractors about the False Claims Act; 2) Establish detailed provision in these policies for detecting fraud, waste and abuse, as well as administrative remedies for false claims; 3) Inform all providers about these policies and their rights to be protected as whistleblowers.

The Federal False Claims Act, among other things, applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits among other things:

- Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used a false record or statement in order to have a false or fraudulent claim paid or approved by the government.
- Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

Any person who knowingly attempts to defraud the federal government is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages, which the Government sustains because of the act of that person.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

For more information regarding False Claims, go to: <http://ag.ks.gov/taxpayer-protection/false-claims>

Communication

Communication is the number one factor in the Medicaid LEA billing program to ensure success for the program.

The LEAs lines of communication between the providers, the Medicaid clerk, and the compliance officer to ensure effective communications are delivered timely and efficiently.

Tools of communication:

1. E-mail
2. Phone calls
3. Face to face
4. District announcement tool
5. LEA meetings
6. Other

Data sharing of confidential information that is student identifying:

1. Through phone calls to the person who needs the information to perform a specific Medicaid billing task
2. For e-mails, the student specific data will be in encrypted files that are password protected
3. The data may be faxed with a cover page that addresses the recipient of the data
4. May be mailed, marked as confidential
5. May use a secure data sharing repository

Training Guide

Providers are to receive annual training at the start of the school year. If a provider starts employment after the trainings have occurred, the provider will be provided a smaller training session at the earliest time after employment begins. The training consists of a review of the documentation requirements, the instructions for using the service portal, and the Random Moment Time study requirements for the SDAC program.

Training materials include:

- Documentation requirements
- Forms instructions and guides
- RMTS guides
- District and contact information

Reference Material:

- LEA Provider Manual
- General Provider Manual
- Service Portal Training Outline
- RMTS Training Guide

Documentation for Medicaid

<i>The IEP</i>	• All services to be billed to Medicaid have to be written in the IEP. • Services reimbursable by Medicaid for LEAs: - Speech Language Therapy, provided by licensed staff - Physical Therapy, provided by licensed staff or certified assistants - Occupational Therapy, provided by licensed staff or certified assistants - Nursing Services, provided by licensed RN and LPN staff - Audiologist services, provided by licensed staff - Social Work services, provided by licensed staff - Psychological services, provided by licensed staff
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<i>Parent Release of Information (This is a FERPA requirement, the form is available on the KSDE website)</i>	• To send IEP information to another state agency (Medicaid) for claims submission. • To send IEP information to a Medical Provider to obtain Rx for services to be delivered. • Begin date to cover all evaluations and services prior to IEP meeting. • Required one time.
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<i>Annual Parent Notification Letter (This is a FERPA requirement, the sample letter is available on the KSDE website)</i>	• To be given to parents/guardians every year, does not need to be signed. • The district policy on how and when this letter is disseminated to be noted in compliance plan.
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<i>Physicians Rx for Therapies (This is a Medicaid requirement)</i>	• Needs to state what time period the signature is for and which services the Rx is for. • A physician may delegate this to a nurse practitioner or physician assistant. • The LEA may contract with a Medical Provider to evaluate and sign the Rx for the services. Parents/guardians need to be informed if the student's medical provider is not the district Medical provider for the Rx for services. This can be done through the notification process. • Required every year for Therapies. Physical Therapy, Occupational Therapy, Speech/Language Therapy, and other Therapies, Nursing Services.
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<i>Evaluation for the service to be delivered.</i>	• The most current evaluation or re-evaluation that pertains to the IEP requested will need to be made available if student documentation is audited by Medicaid. This will include the tool used for the evaluation and the results.
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<i>Progress Notes</i>	• Progress is to be noted with each documented service. Progress does not have to be made. • The IEP progress notes for the corresponding requested dates of service are also subject to audit.
<i>Therapy Notes</i>	• Each reimbursable service must have these requirements: • Date: month, day and year on each entry. • Time: time in and time out for each entry. • Description of each service delivered-Procedure code. • Assessment and response to intervention/service-narrative of what occurred and how did the student respond, on each entry. • Progress toward achieving individualized long and short-term goals—note progress, on each entry. • Medicaid Logs may be hand-written or typed into a computer document such as word document or a spreadsheet. ○ When logs are hand-written, the individual providing the service will place his/her initials on the service line indicating that he/she delivered the service. ○ There are occasions when a therapist will deliver the service and require the paraprofessional assigned to him/her to observe the session and record documentation of student progress (eg., correct/incorrect responses to a prompt) while he/she is working with the student. When this method is used, the therapist will initial the line (because he/she actually provided the service). ○ When logs are typed, the individual providing the service will type his/her initials on the service line indicating that he/she delivered the service. When the log of services is printed, the therapist or licensed personnel who provided the service will sign and list his/her title at the bottom of the page.
<i>Supervisory notes</i>	• Each service documented by the COTA/PTA will have to have documented supervision before seeking Medicaid Reimbursement for the service. The registered therapist must review and sign an assistant's documentation within 5 days of information being recorded. • At least every 6th visit or 30 calendar days, whichever comes first, the registered therapist must visit the student. • Supervision notes may include, but is not limited to, the Registered OT/PT initializing each treatment note written by the COTA/PTA, or the registered OT/PT therapist writing "treatment was supervised" followed by his or her signature.
<i>Provider Signature and Credentials</i>	• For hand written/computer typed notes, each entry will need to have the staff member's initials following the note. • The therapist or licensed personnel providing the service will sign and list his/her title at the bottom of each page documenting the services provided.

Medicaid Fee-for-Service Electronic Documentation Procedures

1. The Medicaid Fee-for-Service Logging portal for NCKSEC is located within the agency WebKIDSS program at www.ncksec.net or <https://ncksec.keystonelearning.org> Medicaid eligible service providers log into the portal using their personal User ID and password. The WebKIDSS program captures the login and IP address uniquely identifying them to the system.
2. Upon entering the system, Users have access to a series of options based on the security/privileges given to them based upon their position/role.
 - a. Those service providers delivering Medicaid Fee-for-Service eligible services are allowed to access the “Enter Medicaid Data” portion of the system for only students they are associated with (providing direct service on an IEP or within a school for evaluation based service).
 - b. Providers are unable to access any information created by other users due to security settings within the system.
 - c. Administrative users are able to view/edit student demographic data and are able to view service logs entered by personnel.
 - i. Administrative users are unable to modify any service log entries created.
 - d. System Developers (WebKIDSS Consortium staff members) are able to access and view data for troubleshooting/diagnosing purposes only. System Developers are unable to modify information input by service providers.
3. Record Creation
 - a. Service Log Creation
 - i. Service Entry Logs are created by the delivering provider.
 1. Log entries are unable to be created prior to the occurrence of the service by date (a log entry may not be created for a service occurring tomorrow).
 2. Log entries are unable to be modified/deleted by anyone except the originating provider.
 3. Log entries are unable to be modified/deleted after they are submitted to the KMAP program for reimbursement.
 - ii. Service Log Documentation
 1. Logs created are date/time stamped upon creation. Any future modification is documented within the record’s modify log.
 2. Within the service log record the user name associated with the creating user is attached both to the log itself as the providing position and within the created by variable associated with the log.
4. WebKIDSS uses Secure Socket Layer (SSL) to provide security and data integrity for communication over networks.

Billing Policies

<i>Student must have a Medicaid Reimbursable service stated in their IEP</i>	• “Only covered medically necessary services identified on the child’s IEP will be eligible for reimbursement. Ongoing services can be addressed on the individual health plan (IHP), behavior intervention plan (BIP), and/or assisted technology plan. These plans must be identified in the IEP as well as attached to it.” <i>LEA Medicaid Manual 8-3</i>
<i>Student must be Medicaid eligible, Title XIX, on the date the service is provided</i>	• It is recommended ALL student services be documented, as eligibility status can change and be retroactive which would include past services. • The student may be Medicaid Title 21 or Medicaid Title 19, School Based Services only receive reimbursement on student’s who are Medicaid Title 19.
<i>Parent Consent must be on file with a copy received by the Medicaid Clerk</i>	• This form may be found on the KSDE website. • The parent consent form is asked for initially and every year after. • The parent notification letters needs to be received by the parent/guardian initially and every year after. The district will maintain documentation on how this is to be disseminated in this Plan. Refer to Appendices.
<i>Physicians prescription for PT, OT, Speech / Language, and other therapies (nursing), must be on file with a copy received by the Medicaid Clerk</i>	• This requirement fulfills the “Medically Necessary” obligation in the LEA Medicaid Provider Manual. “Services must be Medically Necessary and may be habilitative or rehabilitative for maximum reduction of disability and restoration to the best possible functional level.”
<i>Therapist documents service provided</i>	• Documentation of all services performed is required to be input into WebKIDSS day of service and must include: 1. Date, time, and description of each service delivered and by whom (name, designation of profession or para-profession) refer to documentation policy. 2. Assessment and response to intervention/service 3. “Progress toward achieving individualized long- and short-term goals” <i>LEA Provider Manual, Page 8-6</i> • If service cannot be input day of service, paper log with all log documentation must be done day of service and Therapist may input next available day. Paper logs are sent to Compliance Officer the following Monday.
<i>The Medicaid Clerk submits billing file from WebKIDSS, one time per month</i>	• This is usually done by the 5th of the month, but there are some events that could cause this to be done on a different day. • At this point the service is no longer editable by the provider. The Medicaid clerk will have to be notified if changes need to be made.

Parent/Guardian Notification and Signature Rules

Parents or guardians of Children with Medicaid reimbursable services in their IEP will need to be given the **Annual Notification for accessing public benefits or insurance form** with the first IEP, or upon entering the district initially and every year after.

Parents or guardians of children with Medicaid reimbursable services in their IEP will be asked to sign the **Parent Consent for Release of Information and Medicaid Reimbursement form** with the first IEP, or upon entering the district initially and every year after.

It is NCKSEC recommendation to ask for the signature to be obtained yearly

Parents, legal guardians, or education advocate for the student may sign the forms.

FAQs about these requirements can be found on the KSDE website and the Families Together website.

Best Practice for LEAs in handling these forms is:

1. Give every parent with a student who has an IEP a copy of the notification. This practice eliminates the decision making for LEA staff to know if the student is a Medicaid Beneficiary or not.
2. Ask every parent to sign the consent for services their child is receiving:
 - a) If the student is not currently receiving a Medicaid reimbursable service, but qualifies for a service later, the LEA has to get new Parent Consent signed.
 - b) If the student is not currently receiving Medicaid benefits, but qualifies at a later date, the LEA is not trying to locate a parent to obtain a signature.

Service Record

Documentation of all services performed is required and must include:

1. Date: Month, Day, and Year
2. Time: Time in and Time out or Time in and duration of service (20 minutes)
3. Description of each service delivered-procedure code with description of code
4. By whom (name, designation of profession or para-profession): Every service note on paper will need signature with credentials.

5. Assessment and response to intervention/service: what activity/exercise was done during session and how did the student respond to the service (this should inform an auditor of the current service what and how the service was, and how the student reacted to the service).
6. Progress toward achieving individualized long and short-term goals, including stating the goal being addressed: The progress has to be noted even if it is not applicable. The student does not have to make progress for the service to be reimbursable.

Document Storage for Medicaid Services

The Kansas Medicaid Fraud Control Act (K.S.A. 2004 Supp. 21-3844 to 21-3855) requires that providers keep records for five years from the date of payment or, if the claim does not pay, the date when the provider submitted the claim.

All documentation needs to be kept per Agency Fiscal Records policies.

The documentation that this covers is:

1. The IEP
2. The evaluation and results that established the IEP
3. The Staff credentialing documentation (licenses, certificates, etc.)
4. Behavior Implementation Plans, Individualized Health Care Plans
5. Physician Rx for services
6. Service Logs
7. Progress Reports
8. Student Attendance Records, School Calendars
9. Any other supporting documentation

Monitoring and Review

The review process should include a review based on provider, student, and paid claims.

Provider Review

The Provider Review Methodology consists of randomly selecting providers and reviewing the following elements:

1. Provider meets Medicaid qualifications
2. Provider is listed on appropriate SPL and not paid with 100% federal funds

3. Provider is documenting services for all students who are Medicaid eligible and receiving Medicaid billable services
4. Provider is documenting services in a timely manner and service documentation is adequate

Student Review

The Student Review Methodology consists of randomly selecting Medicaid-eligible students, reviewing the IEP for services, and verifying that all billable services are being recorded.

Paid Claims Review

The Paid Claims Review consists of randomly selecting paid claims with a date of service within the review period, and reviewing the following:

1. IEP services
2. Parental Consent
3. Prescriptions (if applicable)
4. Student Attendance records

Appendices

- Parent Notification/Consent Forms and District Policy Example
- Physician Authorization and District Policy Example
- Electronic Signature Agreement Example
- Training pages for WebKIDSS Medicaid usage

Agency Name
Agency Address Line 1
Agency Address Line 2
Phone: Agency Phone Number Fax: Agency Fax Number

NOTIFICATION FOR ACCESSING PUBLIC BENEFITS OR INSURANCE

Upon receipt of parental consent, the school will submit claims to the Kansas Department of Health and Environment (KDHE), (including the release of records or information about your child's participation in services to participating physicians, other health care providers, KDHE, any KDHE billing agents, and any school billing agent, as necessary, to process claims for reimbursement by KDHE) for covered health-related services, evaluations for these services and transportation, on the day the student receives any health related service, which are outlined in the child's Individualized Education Program (IEP), including duration and frequency of IEP services.

The school will access your or your child's public benefits or insurance to pay for services under 34 C.F.R. part 300.

Regarding services required to provide a free appropriate public education (FAPE) to your child, the school may not:

- Require you to sign up or enroll in public benefits or insurance programs in order for your child to receive FAPE.
- Require you to incur an out-of-pocket expense, such as the payment of a deductible or co-pay amount in filing a claim for services, although the school may pay the cost that you otherwise would be required to pay.
- Use your child's benefits if that use would (i) decrease available lifetime coverage or any other insured benefit; (ii) result in your family paying for services that would otherwise be covered by a public benefit or insurance program and that are required for your child outside of the time your child is in school; (iii) increase premiums or lead to the discontinuation of benefits or insurance; or (iv) risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

You have the right to withdraw your consent to disclosure of your child's personally identifiable information to the parties listed above at any time.

Your withdrawal of consent or your refusal to provide consent to disclosure of your child's personally identifiable information to the parties listed above does not relieve the school of its responsibility to ensure that all required services are provided at no cost to you.

Student Name: Legal Full Name (FL) Date of Birth: Birthdate

DELIVERY
I, <u>How now brown cow. How now br</u>
☒ hand delivered, ☒ mailed, ☐ other (specify)
this notice to <u>How now brown cow. How now br</u> on <u>01/16/2017</u> .

Parent

Date

Agency Name
Agency Address Line 1 Agency Address Line 2
Phone: Agency Phone Number Fax: Agency Fax Number

Parent Consent for Release of Information and Medicaid Reimbursement

Consent to Release Information:

I consent for Agency Name (School) to release records or information about my child's participation in services to participating physicians, other health care providers, the Kansas Department of Health and Environment (KDHE), any KDHE billing agents, and any school billing agent, as necessary, to process claims for reimbursement by KDHE for covered health-related services, evaluations for these services and transportation, on the day the student receives any health-related service, which are outlined in the child's Individualized Education Program (IEP), including duration and frequency of IEP services.

Consent to Access Public Benefits

- I give consent for the school to access the child's or parent's public benefits or insurance to pay for services under 34 C.F.R. part 300.

Procedural Safeguards:

- I understand that the school may be required to provide certain health-related services to a student who has an IEP at no additional cost to the student's parent(s), and that my refusal to sign this form will not affect whether such services are provided at no cost to the student named below.
- I understand that I will not be required to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services. I understand that my child's Medicaid benefits will not be used if that use will:
 - a. decrease available lifetime coverage or any other insured benefit;
 - b. result in your family paying for services that would otherwise be covered by a public benefit or insurance program and that are required for the child outside of the time the child is in school;
 - c. increase premiums or lead to the discontinuation of benefits of insurance; or
 - d. risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
- I also understand that the granting of consent is voluntary and may be withdrawn at any time. If I later revoke consent, that revocation is not retroactive (i.e. it does not negate any action that has occurred after the consent was given and before the consent was revoked).

- ☒ I give consent for the school to release Education Record or information and to access Public Benefits as described above in order to submit claims to the Kansas Department of Health and Environment (KDHE).
- ☒ I do not give consent.

Occupational Therapy
Nursing Services

Physical Therapy
Speech/Language Therapy

Testing/Evaluation

Name: Legal Full Name (FL)

DOB: Birthdate

Begin Date: 01/16/2017

Parent/Guardian Signature

Date

Agency Name
Agency Address Line 1
Agency Address Line 2
Phone: Agency Phone Number Fax: Agency Fax Number

Physician Authorization Medicaid Billing

Student's Name: Legal Full Name (FL)
Student's DOB: Birthdate

Dear Health Care Provider:

As specified in the student's, Individual Education Plan (IEP), the student qualifies to receive one or more of the following services during the time period specified in the student's IEP.

☐ Occupational Therapy ☐ Physical Therapy ☐ Nursing Services ☐ Speech/Language Therapy

The student will receive Audiology and/or Nursing services for hearing and vision screenings as required by K.A.R. 91-40-7(b) and recommended by KSDE guidelines.

As appropriate, Cowley County Special Services Cooperative (CCSSC) may seek reimbursement from Kansas Medicaid for service's the student receives as listed above. In order to do that, however, CCSSC must obtain the signature of a Physician.

Your signature certifies that the student requires the above-listed service(s) specified in the student's IEP. In this regard, this document will serve as the required "physician's Prescription" with respect to those services.

Physician Signature:
Dr. Bryan Davis
Date Signed:

Medicaid Electronic Signature Agreement

FY: _____

I agree that all information I enter into the WebKIDSS program within the Medicaid Services database is accurate and true. All services entered have been delivered as outlined in the student's IEP and documented in logs as submitted.

I also understand that I am to, under no circumstances, share my user name, password, or other logon information with anyone else.

By signing this agreement, I will electronically acknowledge and consent to these services being submitted to KDHE (and its billing agents) as appropriate under 34 C.F.R part 300.

Signature: _____

Printed Name: _____

Date:

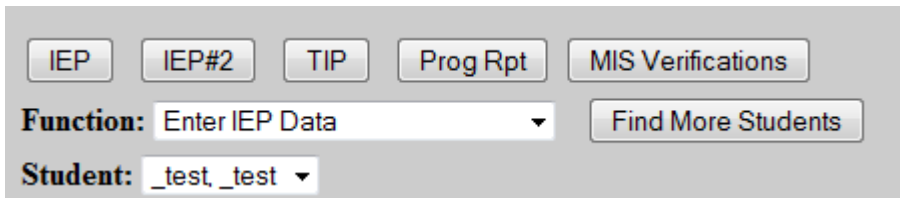
****Please sign with Full name and Credentials****

Logging Medicaid in WebKIDSS

Providers will need to access their students like they would in any other situation.

Under the function menu they will see two new functions:

- Enter Medicaid Data
- View Medicaid Images



The screenshot shows a user interface with a row of five buttons: "IEP", "IEP#2", "TIP", "Prog Rpt", and "MIS Verifications". Below these buttons, there is a "Function:" label followed by a dropdown menu currently displaying "Enter IEP Data". To the right of the dropdown is a button labeled "Find More Students". Below the "Function:" section, there is a "Student:" label followed by a dropdown menu displaying "_test_test" with a downward arrow.

To log services for Medicaid submission, providers will need to change to the “Enter Medicaid Data” function.

The first time they access a student it will look like this:

The screenshot displays the WebKIDSS - port 8005 interface. At the top left, the title "WebKIDSS - port 8005" is shown. To the right, there is a "Message Center" button and a "Time left: 29:49" indicator. Below these, a "User Manual" button is visible. The main header area contains student information: "Student: a A a", "Grade: 05", "Exceptionality: AM", and "Primary Attendance Building:". The central title is "Medicaid Service Log Records". On the left, the "Function:" dropdown is set to "Enter Medicaid Data". Below it, the "Student:" dropdown shows "a, a A" with a "Prev Student" button. The "FY records" section shows a list with "2016" selected. In the center, there is a section for "This IEP View IEP records" with a "Last Modified:" date of "08/02/2015-Cd" and a "06/03/2015 06/24/2014-C" date range. To the right of this section are buttons for "View Goals", "View Services", and "Calendars". At the bottom left, there is an "Exit from Medicaid" button. At the bottom center, there is an "Add Service Log Record" button.

If a current FY record does not exist Providers will need to contact their WebKIDSS Administrator.

If a current FY record does exist then they will be able to click “Add Service Log Record.”

This will then be the screen:

You must fix the errors or Delete the record before switching Function, Student, FY, IEP record, adding a new record, or Exiting.

Invalid/Missing Delivery Date
Procedure Code not specified
Missing Start Time
Missing End Time
Progress Code not specified
Status Code not specified
Location not specified
Provider Initials not entered

Service Log record attached to IEP: 08/02/2015-Cd
Assign Child Count: 341
Provider/Psych: WebKIDSS, Admin-3D
Provider Credentials:
Service Code: ☒ OT

97003 - OT Evaluation	97004 - OT Re-evaluation	97110 - Therapeutic Procedure/Exercise
97112 - Therapeutic Procedure/Neuromuscular Reeducation	97113 - Therapeutic Procedure/Aquatic Therapy	97116 - Therapeutic Procedure/Gait Training
97150 - Therapeutic Procedure (Group)	97530 - Therapeutic Procedure (Direct)	97532 - Development of Cognitive Skills
97533 - Sensory Integrative Techniques (Direct)	97535 - Self-care/Home Mgmt Training (Direct)	97537 - Community/Work Integration Training (Direct)
99429 - Unlisted Service (Indirect)		

Note that Service Log records are sorted descending on Date and ascending on Start Time. If the Date or Start Time is modified, this record may no longer be the most recent after the record is saved.

Delivery Date	Procedure Code	Start Time	End Time	Total Time (mins)	Goal/Objective & Observations	Progress Code	Status Code	Loc	Provider Initials	Delete
		:	:	0				☐ Sch ☐ Home		Delete this Record

Record Created: 08/11/2015 by Admin-3D WebKIDSS
Record Modified:
Submitted:
Rejected:

You must complete the service log before you can exit the page.

Once the log is complete click "Save." The "Add Service Log" button will then appear. Several error checks are completed on the record so please pay attention to the information in red for any possible errors in the data.

As service logs are added they will be moved to the bottom of the screen and sorted by the delivery date. Service Providers are only able to see their logs.

Add Service Log Record

Service Log record attached to IEP: 04/01/2015-Na
Assign Child Count: 341
Provider/Psych: WebKIDSS, Admin-3D
Provider Credentials:
Service Code: ☒ SS

92507 - Treatment of Speech/Auditory Processing
92522 - Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
99429 - Unlisted Service (Indirect)

92508 - Treatment of Speech/Auditory Processing (Group)
92523 - Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

92521 - Evaluation of speech fluency (eg, stuttering, cluttering)
92524 - Behavioral and qualitative analysis of voice and resonance

Note that Service Log records are sorted descending on Date and ascending on Start Time. If the Date or Start Time is modified, this record may no longer be the most recent after the record is saved.

Save
Add Service Log Record

Delivery Date	Procedure Code	Start Time	End Time	Total Time (mins)	Goal/Objective & Observations	Progress Code	Status Code	Loc	Provider Initials	Delete
08/02/2015	92521	08 : 35 AM	08 : 50 AM	15	Testing...	1 - Not Applicable	4 - Student Refused	☒ Sch ☐ Home	BS	Delete this Record

Record Created: 07/13/2015 by Admin-3D WebKIDSS
Record Modified: 08/10/2015 by Admin-3D WebKIDSS
Submitted:
Rejected:

If changes are made to the data above, be sure to Save before clicking any of the Edit Record buttons below. Otherwise, changes will not be saved.

Link	Delivery Date	Procedure Code	Start Time	End Time	Total Time (mins)	IEP	ACC	Goal/Objective & Observations	Progress Code	Status Code	Loc	Provider Initials	Created	Modified	Submitted	Rejected
Edit Record	08/01/2015	92522	12:45 PM	01:15 PM	30	04/01/2015-Na	341	123456	1 - Not Applicable	1 - Delivered	S	BS	07/10/2015 Admin-3D WebKIDSS	07/10/2015 Admin-3D WebKIDSS		
Edit Record	08/01/2015	92522	12:45 PM	01:15 PM	30	04/01/2015-Na	341	123456	1 - Not Applicable	1 - Delivered	S	BS	07/10/2015 Admin-3D WebKIDSS	07/10/2015 Admin-3D WebKIDSS		
Edit Record	07/15/2015	92521	02:15 PM	02:45 PM	30	04/01/2015-Na	341	Testing....	3 - No Improvement	2 - Pended (No IEP)	S	BS	07/09/2015 Admin-3D WebKIDSS	07/09/2015 Brian Simpson		
Edit Record	07/14/2015	92523	08:45 AM	10:15 AM	90	04/01/2015-Na	341	Log #3	3 - No Improvement	1 - Delivered	S	BS	07/10/2015 Admin-3D WebKIDSS	07/10/2015 Admin-3D WebKIDSS		
Edit Record	07/07/2015	92508	03:15 PM	03:45 PM	30	04/01/2015-Na	412	Testing....	2 - Regression	1 - Delivered	S	BS	07/09/2015 Admin-3D WebKIDSS	07/09/2015 Admin-3D WebKIDSS		