



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

### Executive Office of Health and Human Services

74 West Road  
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Cranston, RI 02920

#### Summary of Local Education Agency (LEA) Medicaid Technical Review

In 2012 and 2013, The Executive Office of Health and Human Services performed technical reviews of all Local Education Agencies (LEAs) seeking Medicaid reimbursement for Medicaid direct services and Administrative claims submitted for reimbursement during calendar years 2011 and 2012. Below is a list of findings, recommendations and practices identified during the reviews that will support compliance with the guidelines outlined in The Medicaid Direct Service Guidebook for LEAs and The Medicaid School Based Administrative Claiming Guide, which is available at <http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/LocalEducationAgency.aspx>. It is encouraged that you review this document with relevant personnel.

#### **Medicaid Direct Services**

- Individual Education Programs (IEPs) – The LEA must ensure that the need for the service is clearly documented in the students IEP, especially for 1:1 Personal Care Attendant Services and Case Management Services. It is recommended that training is provided to relevant staff on this requirement.
- Quality Assurance Checks and the use of Addendum D- Within the Medicaid Direct Service Guidebook, Addendum D contains the same Medicaid Matrix used by reviewers during the Medicaid on site technical reviews conducted by EOHHS. It is strongly recommended that LEAs use this Medicaid Self-Audit on a quarterly basis to ensure accurate documentation.
- Progress Notes – Reviewers observed that required progress notes have not been clear, consistent and present in all students' IEPs. Although it is a RIDE requirement to have progress notes detailed within the students' IEP, it is recommended, for audit purposes, to have the provider notate progress on the actual provider logs as well.
- Procedure Activity Notes – Procedure Activity Notes should be captured on the provider log and provide a description of the Medical service that the provider actually rendered. All Providers should be trained on how to properly document procedure activity notes. A definition is available in Addendum D under Glossary Terms in the Medicaid Direct Services Guidebook.
- Lack of Case Management Plans – All case management services submitted to Medicaid for reimbursement must have the required Case Management Plan. A sample Case Management Plan can be found in Addendum E of the Medicaid Direct Service Guidebook. This plan describes the framework needed for a case management service.
- Span Dating – It is highly recommended that when an LEA provides services such as 1:1 Personal Care Attendant or when billing for a student in a Day Program for consecutive units of time on a daily or monthly basis, that the units of time are totaled and billed as one claim.
- Recoupment - In the event that a claim is found by the LEA during the Medicaid on-site technical review period that needs to be recouped, the LEA should inform EOHHS, however NOT submit the claim to HP Enterprises for recoupment. EOHHS will submit the claim.
- Provider Qualification – Documentation of qualifications for PCA providers (Bachelor's, Associate's, Paraprofessional, Certification Program) and PCA supervisors (classroom teacher, principal, director of special education...). A copy of the individuals' degree, RIDE teacher certification(s) and/or college transcripts showing the successful completion of at least four year undergraduate (or graduate) program must be documented.
- Nursing and PCA Claims - LEAs should be aware that effective January 1, 2012, they are eligible to receive reimbursement for a maximum of 36 units a day for 1:1 Personal Care Attendant Claims (PCA) and Nursing Claims. LEAs should be aware that they may go back and bill for any extra units (over the previous maximum 24 units) within the 365 day filing limit.

#### **Medicaid Administrative Claiming**

- Expense reports – When billing expenditures to Medicaid, an expenditure report should be utilized. For most LEAs, the expense report was either missing, did not match what was billed to Medicaid, or was not an allowable

expenditure to be charged to the Medicaid Program. The Rhode Island Medicaid School Based Administrative Claiming Guide (pg 39) includes an overview of acceptable items that can be charged to Medicaid.

- Time Study- In reviewing the time studies, it was noted that some participants had not fully allocated their time for hours (8 or more 15 minute increments at a time). It is crucial that all paid time is allocated to either Medicaid or non Medicaid activities. Since the time study is the primary method of confirming expenditures billed to Medicaid, time study participant logs (either electronic or bubble sheets) must be checked by the LEA time study coordinator to ensure accuracy and that all time is allocated. Training should be conducted on at least an annual basis with all participating staff.
- Non restricted Indirect Cost Rate (ICR) – No district who utilizes a non-restricted indirect cost rate issued by the Rhode Island Department of Education (RIDE) within the calculation of their Medicaid Administrative claim should be billing for materials and supplies and/or maintenance, operations and repairs. RIDE issues rates that include these expenditures within the calculation of the non-restricted indirect cost rate and therefore should not be billed to Medicaid twice. The LEA should also communicate this with their vendor to ensure that they have the correct rate and if it is going to be used in the calculation of the claim. LEAs should also ensure that when submitting a claim that the correct non-restricted ICR is used. **If RIDE has NOT issued a non-restricted ICR for the FY, the LEA should ensure that the administrative claim be submitted without a non-restricted ICR and later amend the claim once the non-restricted ICR has been issued for that FY.**

\* LEAs should be aware that when sending in the required Certification of Matching Funds Letter, it should be addressed to Brenda DuHamel, Chief Family Health Systems, Executive Office of Health and Human Services, 74 West Road Hazard Building #74, Cranston, RI 02920.