

# School Health Services (SHS) Program Mid-Year Training

The Department of Health Care Policy and Financing (HCPF)

General Program Updates

*February 2024*

# Agenda

Introduction  
Annual Updates  
Other Costs Activity  
Annual Cost Report Desk Review  
Comprehensive Reviews  
Important Reminders  
Random Moment Time Study  
Staff Pool List Update Activity  
Medicaid Administrative Claiming  
Reimbursement Activity  
Program Contacts



# Introduction

# Acronyms A-H

Acronym	Full Names
<i>AED</i>	Automated External Defibrillator
<i>AJ</i>	April – June
<i>BOCES</i>	Board of Cooperative Educational Services
<i>CDE</i>	Colorado Department of Education
<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer
<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CPE</i>	Certified Public Expenditure
<i>ESSER</i>	Elementary and Secondary School Emergency Relief Fund
<i>FMAP</i>	Federal Medical Assistance Percentage
<i>FTE</i>	Full Time Equivalent
<i>FY</i>	Fiscal Year
<i>HCPF</i>	Colorado Department of Health Care Policy & Financing



# Acronyms I-S

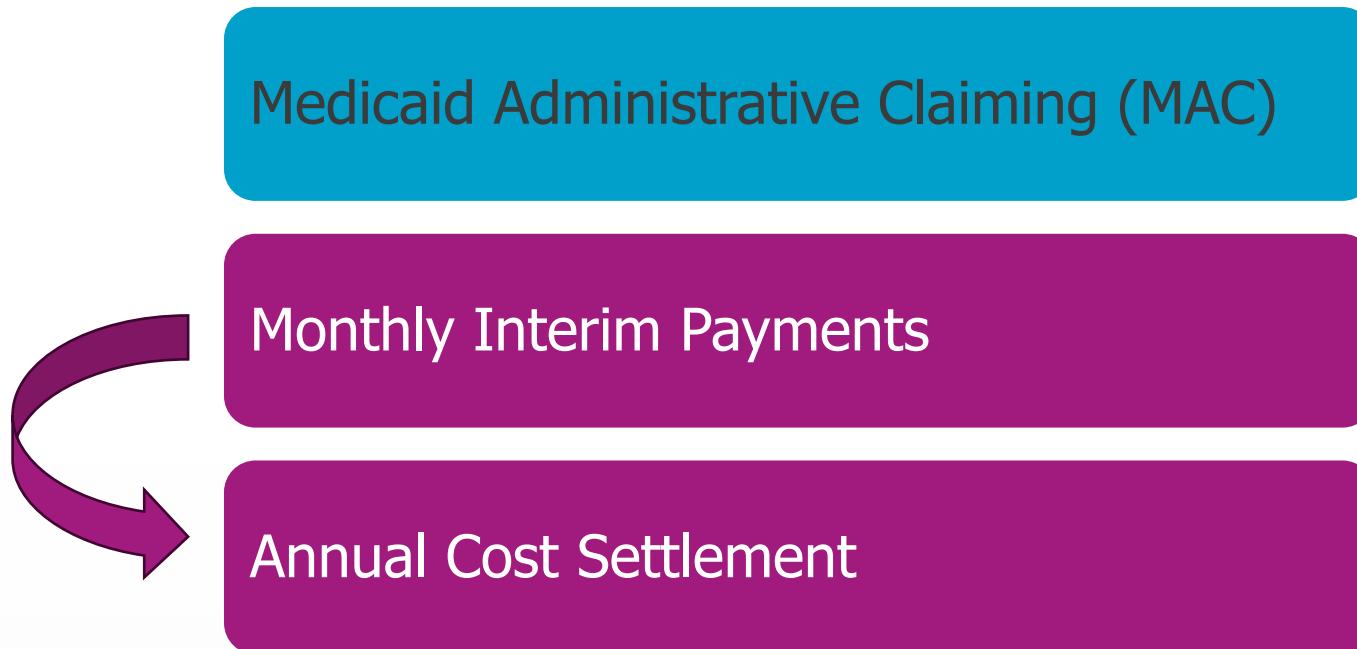
Acronym	Full Names
<i>IEP</i>	Individualized Education Program
<i>JM</i>	January - March
<i>JS</i>	July - September
<i>LSP</i>	Local Services Plan
<i>MAC</i>	Medicaid Administrative Claiming
<i>NAME</i>	National Alliance of Medicaid in Education
<i>OD</i>	October - December
<i>PCG</i>	Public Consulting Group
<i>RMTS</i>	Random Moment Time Study
<i>SHS</i>	School Health Services
<i>SPA</i>	State Plan Amendment
<i>SPL</i>	Staff Pool List



# Overview – SHS Program

The school-based Medicaid program is a joint federal and state program that funds allowable medical and transportation services for eligible students

- Districts/Boards of Cooperative Educational Services (BOCES) incur costs for providing services to Medicaid enrolled students
  - Medicaid reimburses a portion of district costs based on what is allowable as outlined in the Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment (SPA)



# Program Roles/Support

## Colorado Department of Health Care Policy & Financing

### **(HCPF)**

- Administer the SHS Program
- Program policy expert
- Enforce CMS guidelines
- Training administration
- Approve/deny Random Moment Time Study (RMTS) and cost reporting extension requests

## Public Consulting Group

### **(PCG)**

- HCPF's vendor for the SHS Program
- PCG Claiming System administrator
- RMTS, quarterly cost reporting, and annual cost reporting subject experts
- PCG Claiming System Help Desk administrator

## Colorado Department of Education

### **(CDE)**

- Works with HCPF to provide annual training
- Reimbursement spending expert
- Collect annual CDE reimbursement spending reports
- Assists districts with Local Services Plan (LSP)

## Districts/BOCES

- Enters into a contract with HCPF
- Appoints staff to coordinate with PCG in fulfilling district responsibilities for the program
- Manages/updates all reporting data as required to participate in the SHS Program

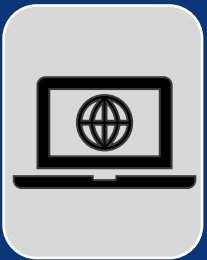


# Annual Updates



# Annual Cost Report and Cost Settlement Process

Cost Report Collection



Desk Review Process



Comprehensive Reviews



Preparing Cost Settlement Data and Final Claim Submitted to HCPF



Districts Approve Cost Settlements and Sign CPE Forms



Cost Settlement Amounts Paid Out to Districts



# Annual Cost Reporting Reminders

## Cash Basis

### Medicaid Administrative Claiming (MAC) quarterly cost report

- Costs must be reported based on Staff Pool List (SPL) time
  - The green job span bar can identify exact dates when a provider was on the SPL to be eligible to report
- Example: Invoices **paid** between April 1 – June 30 are included in the April – June (AJ) quarterly report

Report costs based on date of payment

## Accrual Basis

### Annual cost report

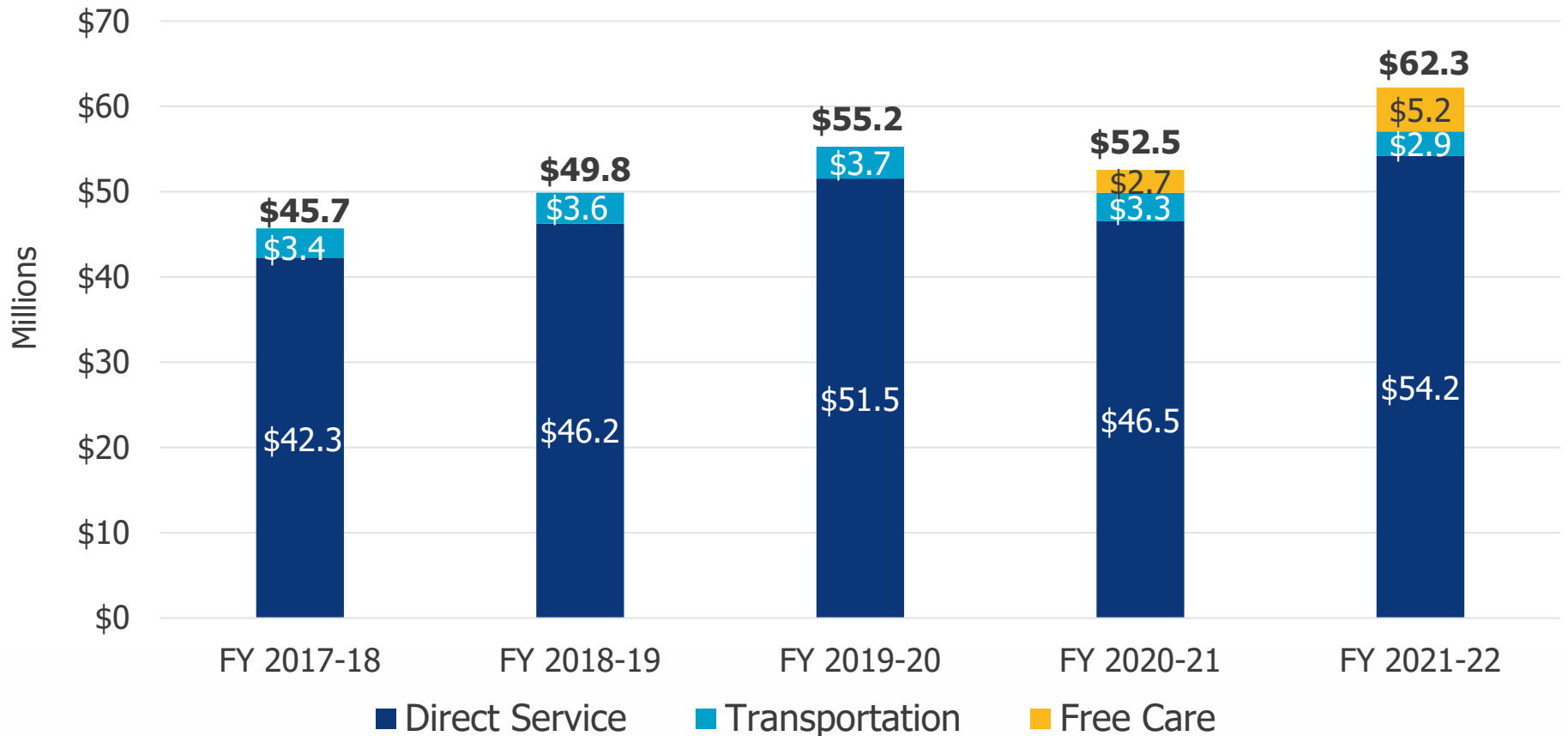
- Costs are reported for direct services provided from July 1 – June 30
- Dates of service or purchase date must be included in the documentation
  - The green job span bar can identify exact dates when a provider was on the SPL to be eligible to report
- Example: If an Occupational Therapist (OT) rendered direct services as outlined in a student's plan of care in March 2023, these costs can be claimed on the Fiscal Year (FY) 2022-23 annual cost report

Report costs based on date of service



# Annual Cost Reporting Trend

## Statewide Total Reimbursement from FY 2017-18 to FY 2021-22



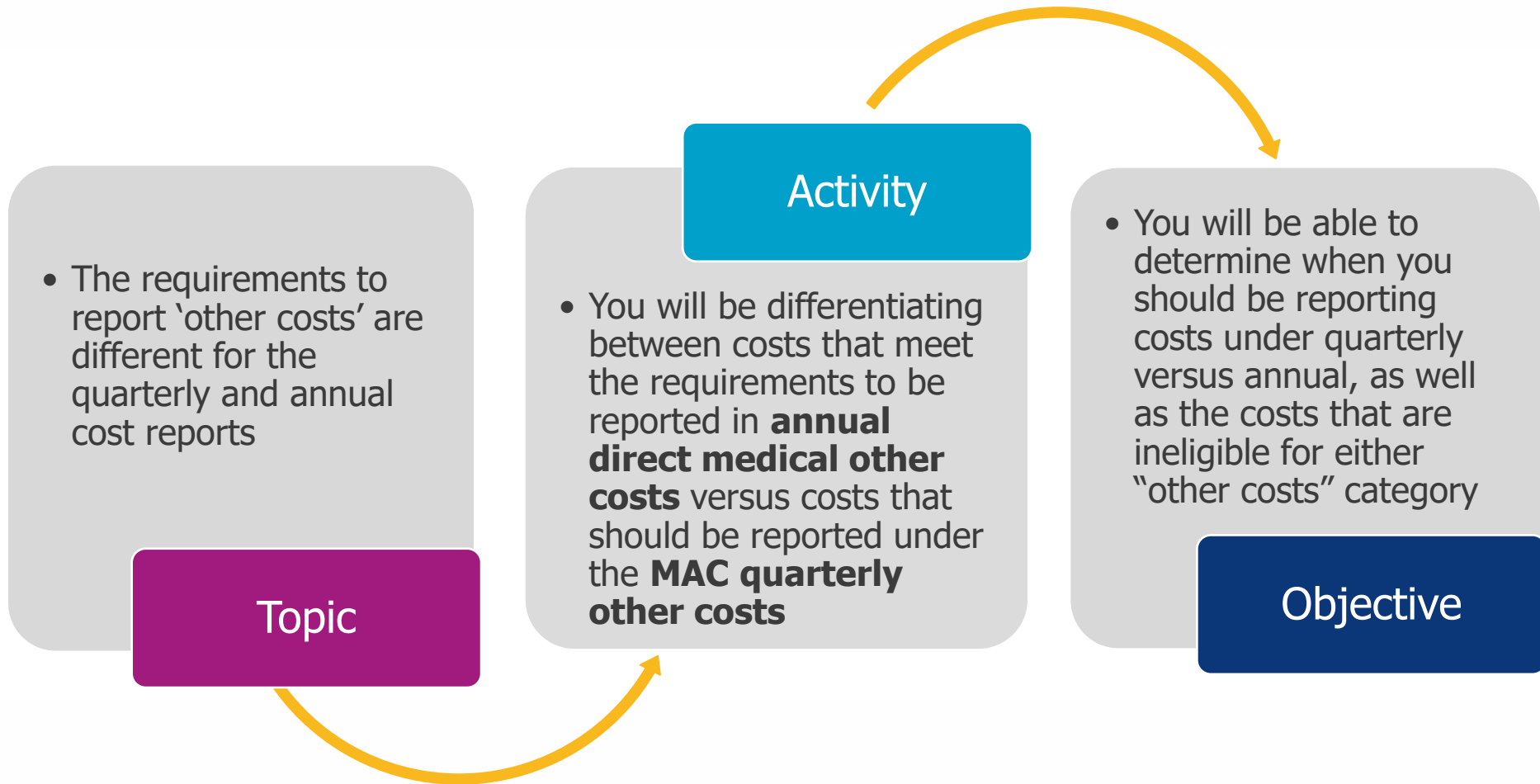
\*Reimbursement amounts are after Federal Medical Assistance Percentage (FMAP) and state withholding

\*Free Care was only in effect for the first nine months in FY 2020-21



# Other Costs Activity







# Cost Reporting – Other Costs Activity



# Other Costs Activity

	Annual Other Costs	Quarterly Other Costs	Neither
1. A blood glucose meter purchased by a nurse on the SPL for a student with diabetes, and the need for the meter was prescribed in their medical plan of care			
2. The annual fee for license recertification for a social worker who is on the SPL			
3. Oil filter replacement for a school bus used to transport students with specialized transportation prescribed in their Individualized Education Program (IEP)			
4. Car washes for the school busses used to transport students with specialized transportation prescribed in their IEP			
5. Testing and evaluation materials purchased by a speech language pathologist for a student being evaluated for a medical plan of care			
6. Positioning equipment purchased by the occupational therapist for the Medicaid-eligible population she provides services to as indicated on their medical plan of care			

# Other Costs Activity Continued

	Annual Other Costs	Quarterly Other Costs	Neither
7. Cleaning supplies bought using Elementary and Secondary School Emergency Relief Fund (ESSER) funds for a special education teacher's classroom			
8. Continuing education credits for a nurse in order to maintain their direct service licensure			
9. Mileage reimbursement for a physical therapist that travels between buildings within the district providing direct services to students on a medical plan of care			
10. A School Psychologist's (and SPL participant) travel expenses to the National Alliance of Medicaid in Education (NAME) conference.			
11. An Automated External Defibrillator (AED) to be used for an emergency preparedness plan for all students			
12. A weighted vest purchased to calm a student while the direct service prescribed in the student's medical plan of care is being performed			

# Key Takeaways for 'Other Costs'

## MAC Quarterly Other Costs

- ✓ MAC other costs must be tied to the enhancement of the program/be used in the application of services
- ✓ Costs can be entered for staff travel and training

### Documentation includes:

- ✓ Quarterly or monthly breakdown of 'other costs' in a system-generated report to support reported costs
- ✓ Account codes/numbers to denote funding source
- ✓ Costs must be tied to a staff member on the SPL

## Annual Direct Medical Other Costs

- ✓ Direct medical other costs must be tied to the provision of a direct medical service as indicated on a students' IEP/other medical plan of care
- ✓ Supplies must tie back to a specific direct medical service category

### Documentation includes:

- ✓ Annual breakdown of 'other costs' in a system-generated report to support the reported expenditures
- ✓ Account codes/numbers to denote funding source
- ✓ Invoices when applicable, to denote specific materials and supplies

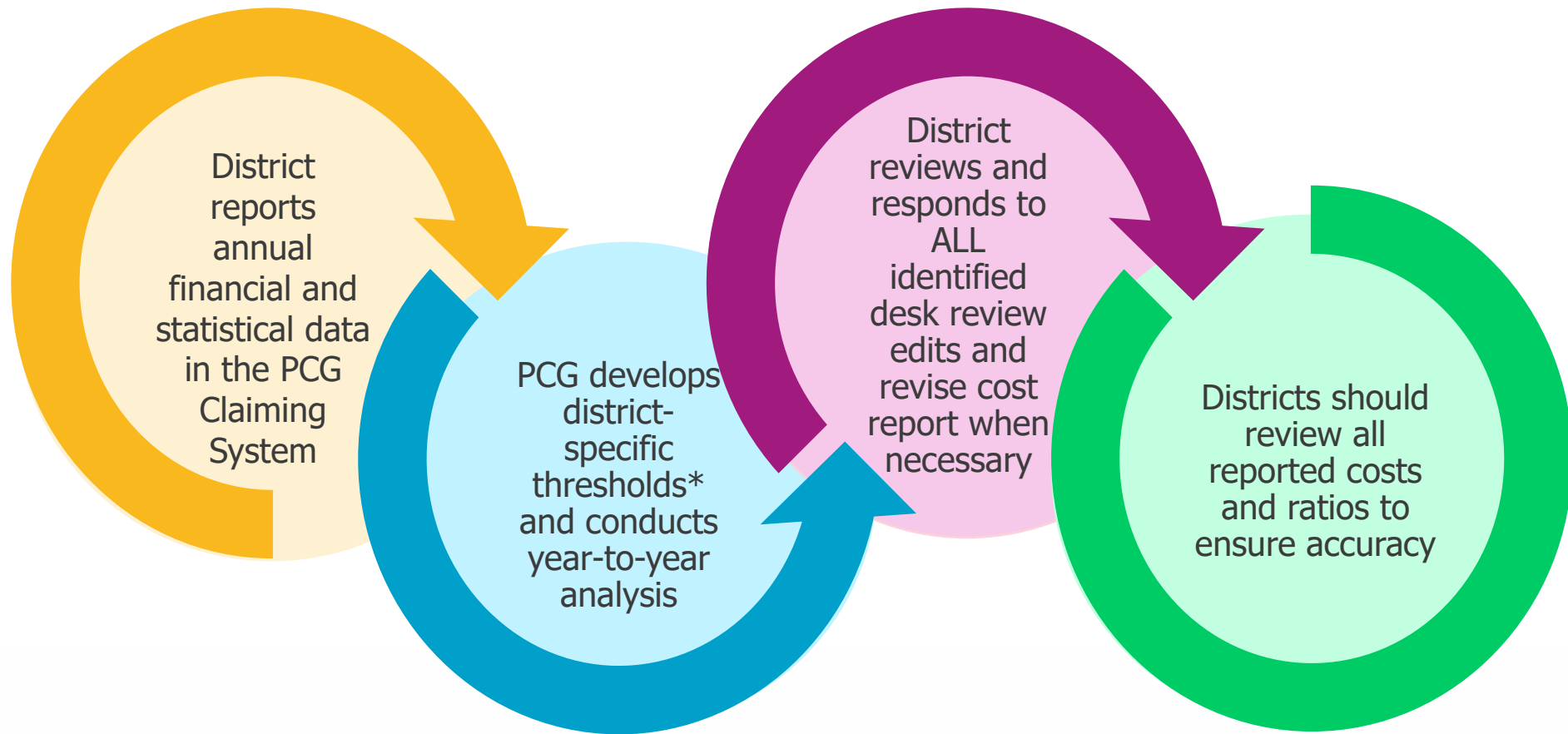




# **Annual Cost Report Desk Review**

# Purpose of the Desk Review

After certifying the annual cost report, each district receives a desk review which is used to help reduce reporting errors



\*PCG uses statewide thresholds when sufficient district data is not available

# Annual Cost Report Desk Review Reminders

## System Edits and Warnings

- Throughout the completion of the annual cost report, districts will be flagged to provide additional information for costs and/or ratios that exceed thresholds
  - Explanations should:
    - Address potential issues raised by warnings
    - Provide enough detail to prevent follow-up
  - The provided explanations are carried over onto the desk review

The screenshot displays a software interface for reviewing compensation data. At the top, there is a field for 'Compensation Federal Revenues' with the value '500'. Below this, the 'Gross Costs' are listed as '\$31,000.00' and 'Net Costs' as '\$30,500.00'. A 'Notes' field is empty. The 'Warnings' section contains a single warning: 'Salary is high for job', which is highlighted in yellow and circled in red. Below the warning is an 'Explanation' field, which is currently empty. A note at the bottom of the explanation field states '(An Explanation is Required for the Warnings above)'. At the bottom of the interface, there are navigation arrows, a checkbox labeled 'Edit Another?', and two buttons: 'Cancel' and 'Save Changes'.

### Example explanation:

This employee is a tenured employee who has been at the district for 20+ years and is at the top of the district's salary schedule

# Comprehensive Reviews

# Purpose of Comprehensive Reviews

- ✓ Confirm districts are maintaining all required financial records for both quarterly and annual costs
- ✓ Validate provider qualifications and licensure
- ✓ Ensure districts are maintaining suitable billing practices

Districts are responsible for maintaining documentation for all self-reported data

Dear Coordinator(s),

As part of the Colorado School Health Services (SHS) annual and quarterly cost reporting and the Random Moment Time Study (RMTS) standard review process, Public Consulting Group (PCG) on behalf of the Colorado Department of Health Care Policy and Financing (HCPF), has chosen a sample of school districts to undergo a Comprehensive Review. The program areas of required documentation are as follows: 1) FY 2022-23 financials, Colorado interChange System (iC System) claiming, 2) Provider salaries/benefits both annually and quarterly and 3) Direct Service (DS) provider licensure. Your district has been selected for this Comprehensive Review.

The data request workbook has been uploaded to the PCG Claiming System under **FY24** on the 'Documentation Upload' page. **We ask that you please upload the supporting documentation as detailed in the attachment to the FY24 'Documentation Upload' page of the PCG Claiming System**, including:

- Individualized Education Plans (IEPs)/Individualized Family Service Plans (IFSPs), Other Medical Plans of Care, attendance records and clinical notes/service logs
- Annual and quarterly payroll information for sampled staff members and contractors
- Direct medical other costs documentation for sampled service types (if applicable)
- Copies of current licensing/certifications for the sampled providers selected for review
- If participating, all transportation documentation for payroll, other costs and depreciation, ratios reported by your district (i.e., the one-way trip ratio denominator and, if applicable, the transportation services IEP students ratio numerator and denominator), and a one month sample of bus logs

We ask that you send your district's documentation to PCG **no later than Day of the week, Month Day, 20XX.**

Please ensure documentation is well organized and clearly marked. **Note, this review is separate from the current desk review process.**

Additionally, PCG offers an optional entrance call to go over documentation requirements and answer any questions. If you would like an entrance call, please respond to this email with a few dates and times you are available.



# Comprehensive Review Overview

## Required Documentation

### MAC

- ✓ Quarterly salaries and benefits paid
  - Amount
  - Funds/Codes
- ✓ Quarterly contracted costs paid
  - Amount
  - Funds/Codes

### Provider Qualifications

- ✓ Electronic copies of provider licensure and/or certifications
  - Valid during the review time period in which providers were listed on the SPL

### Annual

- ✓ Payroll information for direct service providers
  - Copies of contracts for contracted providers
- ✓ Direct medical other costs for a sampled service type
  - Itemized

### Direct Service Claims

- ✓ IEP/other medical plan of care
  - Scope, duration and frequency
  - Valid for the time period being review
- ✓ Service logs
- ✓ Attendance records



# Comprehensive Reviews – Common Findings

## Annual Payroll

Finding: Over-reporting of costs based on full-year rather than reporting costs based on time periods the individual was on the SPL

- ✓ Report costs based on time periods the individual was on the SPL
- ✓ Only stipends related to primary job function are allowed
- ✓ Hover over the job span bar for eligible time periods to report costs

## Quarterly Payroll

Finding: Over-reporting of MAC payroll costs

- ✓ Report costs based on date of payment
- ✓ Account fund/codes required
- ✓ Federal funds must be reported in the non-allowable cost field

## Transportation

Finding: Calculation of trip ratios

- ✓ Bus logs must be maintained
- ✓ Total number of IEP students with transportation prescribed in the IEP



# Important Reminders



# New (CMS) Guidance - Transportation

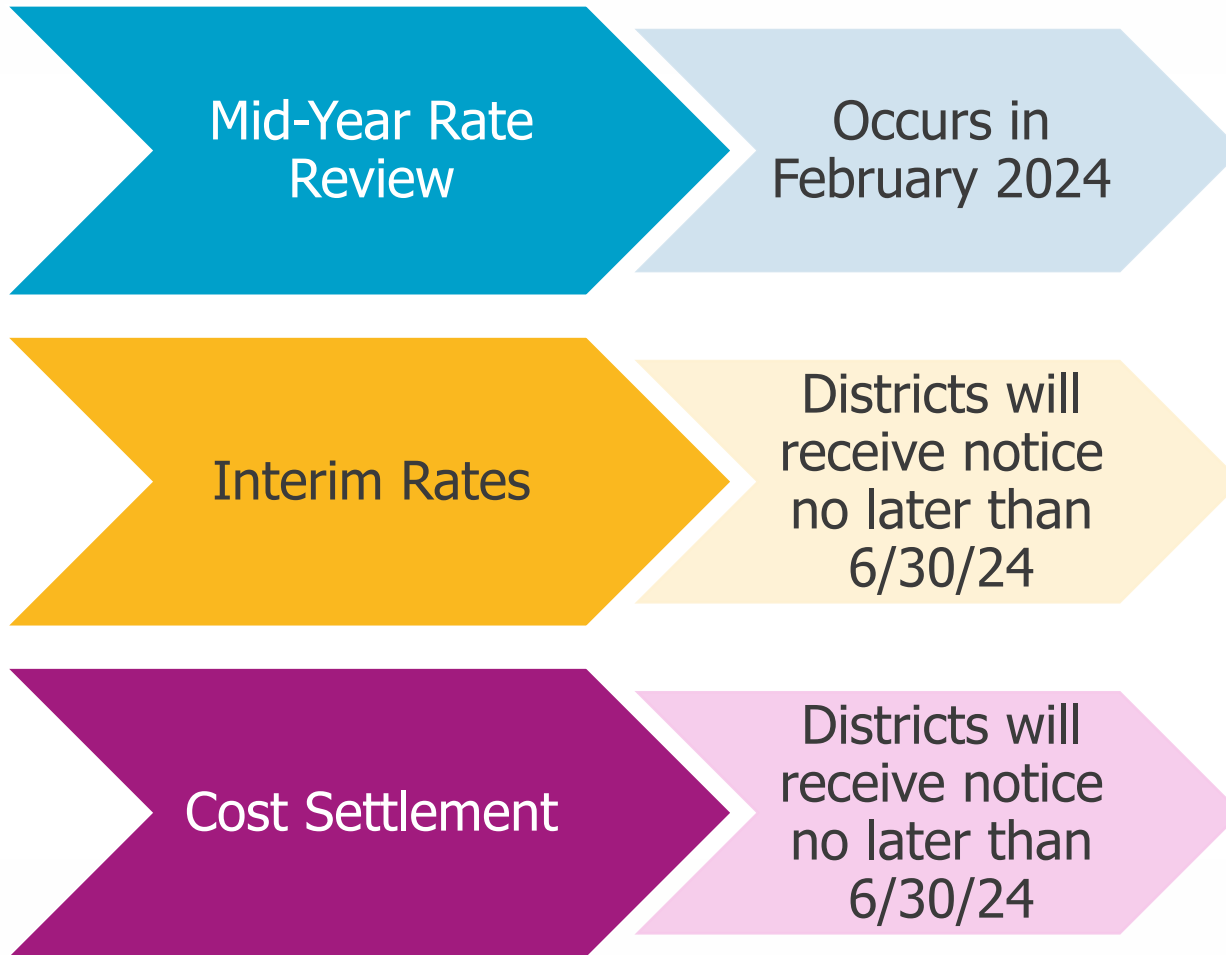
To assess the potential impact on specialized transportation services per the updated CMS Guidance issued in 2023, a survey was sent out to districts on November 20<sup>th</sup>, 2023

- Districts were surveyed IF:
  - Transportation was claimed in the last three FYs
  - Transportation costs were reported in the last three FYs
- If specialized transportation reporting is expected to change for your district, PCG will be scheduling a meeting to isolate the anticipated impact for reporting/consideration for HCPF to help inform future program changes
  - Please keep an eye out for next steps as you may be contacted for additional clarification regarding specialized transportation in the upcoming months!

Thank you to those that participated in the survey!



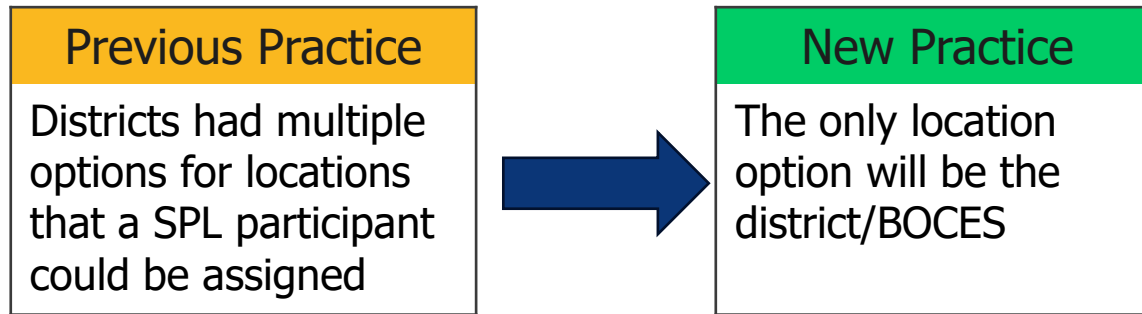
# Important Dates – FY 2023-24



# Random Moment Time Study (RMTS)

# SPL Location System Feature Update

Starting in July-September 2024 (JS24), SPLs will no longer include the locations feature:



## Change Explanation

- The new feature should alleviate confusion about direct replacement and locations
- Locations can be updated using the description field and will not require the SPL to be open to make updates
- Updating SPLs will be easier for coordinators

# Alternative Option for Location Tracking

Coordinators can add and edit locations in the 'Description' field at any time during the quarter.

Starting in JS24, the only option will be your district / BOCES.

Location: Demo LEA 1

Cost Pool: Direct Service

Job Category: Health Technician

Shift Type: M-F 8-4:30

Job Position Id: 27768

Job Title:

Description:



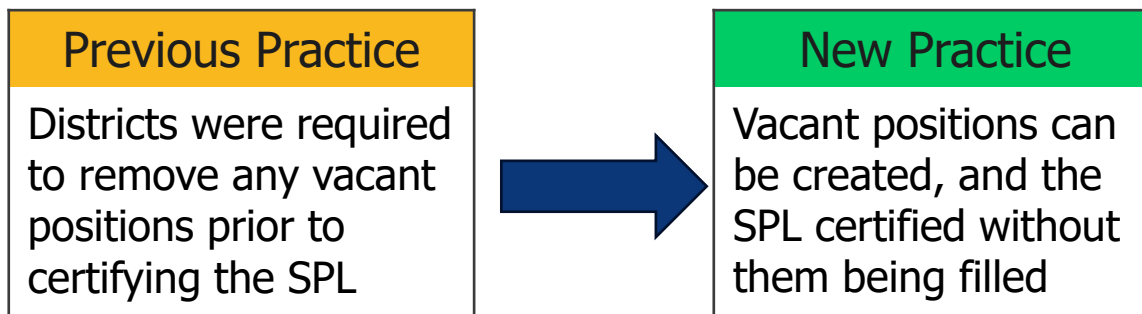
Employment Status	Employee ID	Email	Name	Start Date	End Date	Delete
District Payroll		bsampson@demo.com	Sampson, Bort	04/01/2023		x

*Coordinators can do this now before we transition to eliminate locations in JS24.*



# SPL Vacancy Procedure Update

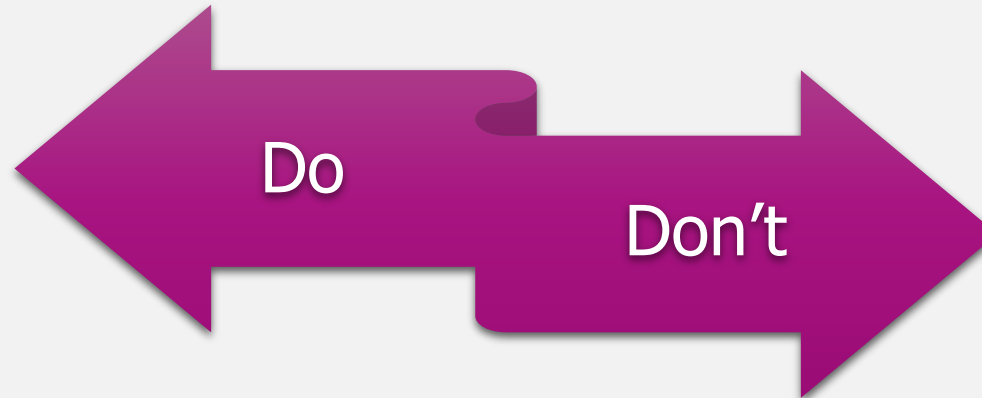
Starting in April-June 2024 (AJ24), SPLs will be able to be certified with vacancies:



## Change Explanation

- The new procedure is in preparation for potential program changes because of the CMS Comprehensive Guide
- This will allow for more updated Staff Pool Lists given districts different hiring schedules
- Districts won't miss out on positions that are vacated prior to the quarter start or that have not yet been filled

# Vacancy Do's and Don'ts



- ✓ Add vacant positions if you have approved full time equivalent (FTE) scheduled for those positions
- ✓ Plan to fill your vacant positions within the first 2 weeks of the quarter (this is best practice)

- ⊘ Add vacant positions your district might need during the quarter
- ⊘ Allow vacancies to roll over each quarter

# Time Study Moments

The CMS Comprehensive Guide allows for potential changes to moment sampling and statistical validity

Currently, 2,401 **working moments** must be received in each cost pool

## Types of Moments

### Questions

- 1 Do these moments have an impact on **statistical validity**?
- 2 Do these moments have an impact on a district/BOCES' **return rate (85%)**?

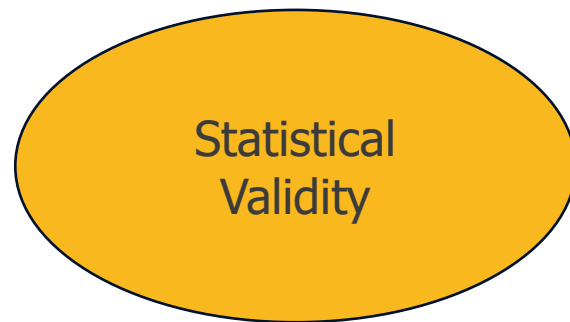
Vacancies	No Responses
Yes	Yes
No	Yes



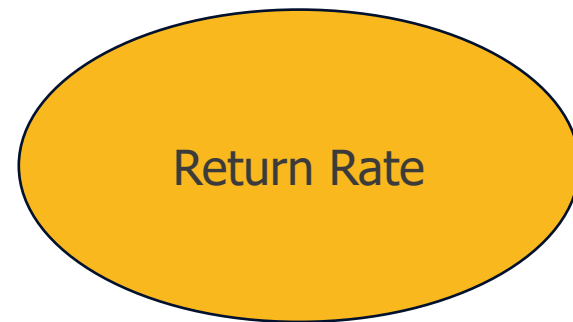


# Important Time Study Calculations

Meeting statistical validity and minimum return rate for compliance (85%):



All statewide valid working moments in a cost pool are aggregated; **2,401** moments is the minimum requirement for a sample to be valid



*Equation:*

$$\text{Valid Working Moments} \div \left( \text{Valid Working Moments} + \text{No Responses} \right)$$

# Valid and Invalid Moments

The two types of moments below are important to understand when thinking about statistical validity and return rates for district/BOCES compliance.

## Valid Moments

- ✓ Moments with 'working' responses
- ✓ Moments assigned to participants with no responses

## Invalid Moments

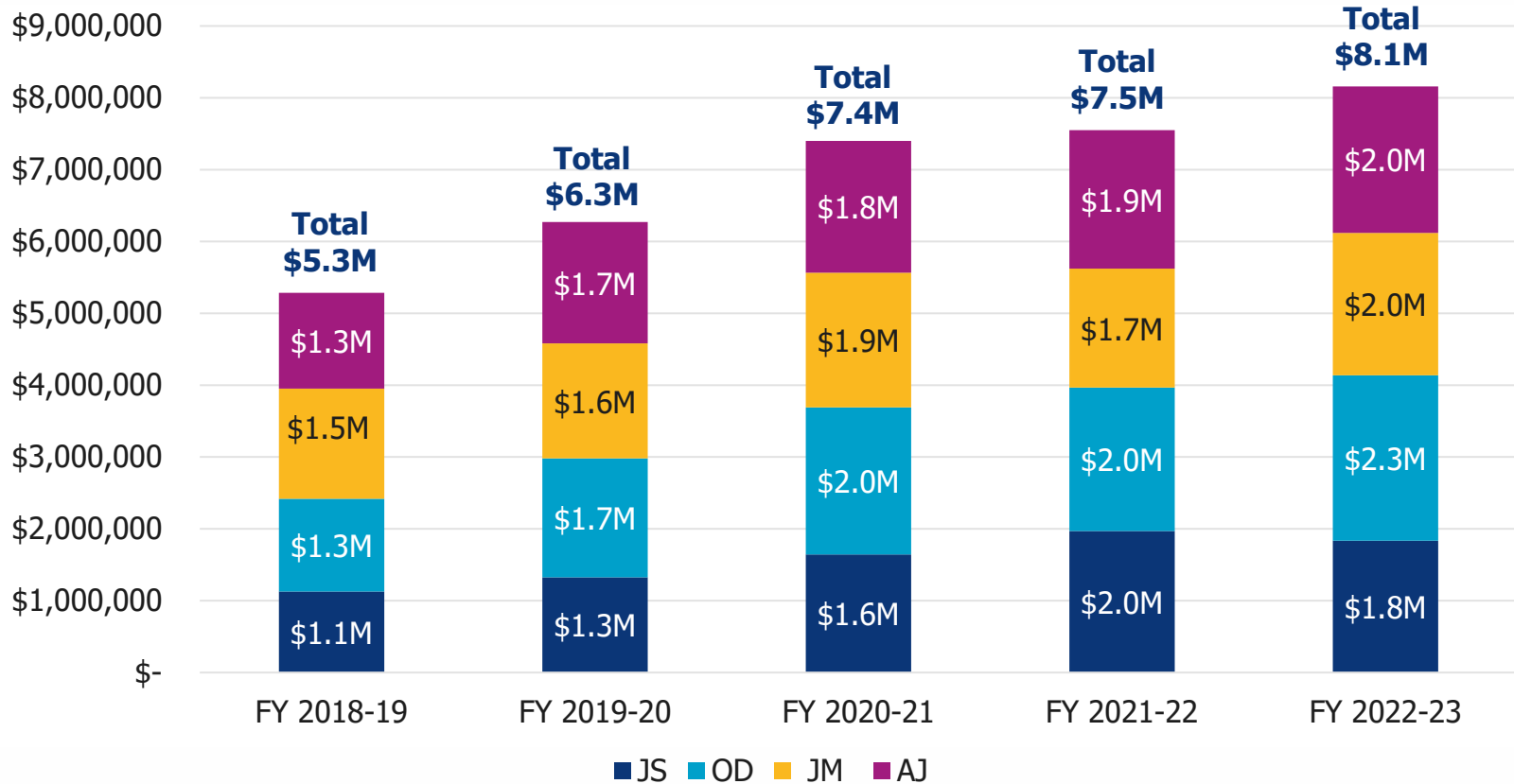
- ✓ No responses assigned to vacant positions
- ✓ Moments with responses 'Not at work'

# **SPL Update Activity**

# **Medicaid Administrative Claiming (MAC)**

# MAC Reimbursement

## Statewide Net Reimbursement

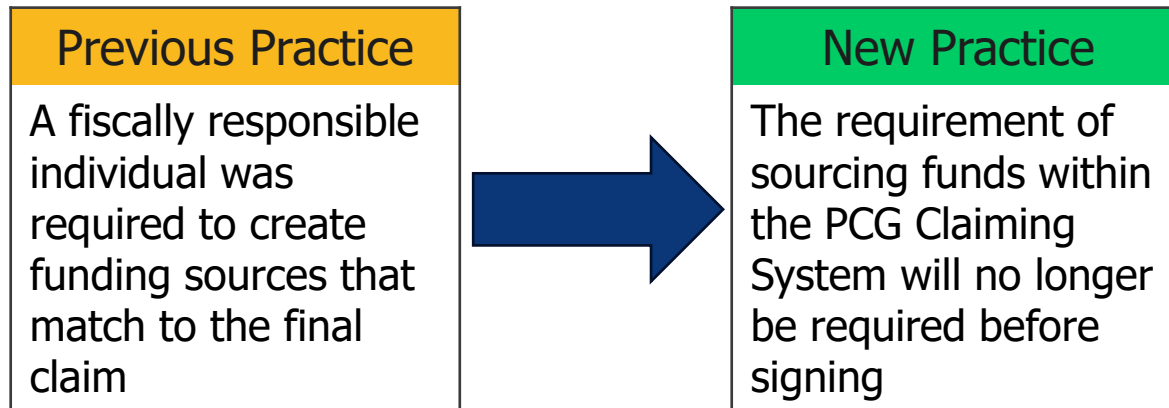


*Note: Reimbursement amounts are after state withhold*



# Quarterly Cost Reporting System Feature Update

Starting with the July–September 2023 (JS23) claim, the process for completing your Certification of Public Expenditures (CPE) form will be changing slightly:



## Change Explanation

- The new feature will eliminate the confusion that would arise during this process
- New formatting will also ensure that this form remains as one page
- Expenditures should still be reviewed by the district's fiscal authority before the CPE form is signed

# CPE Form Process

CPE forms must be completed after every claim.

## To complete the CPE form you must now:

1. Print off the form from the PCG Claiming System
2. Present it to a fiscally responsible individual who confirms that the expenditures line matches before signing
3. Retrieve wet signature from a Chief Executive Officer (CEO), Chief Financial Officer (CFO), superintendent, or other fiscally responsible individual who is not the primary coordinator for your program
4. Upload the form to the PCG Claiming Site



# Current CPE Form

The current CPE form has four sections:

1. Instructions
2. Section 1 - Breakdown
3. Section 2 – Sourced Funds
4. Certification Statement

## Section 1

The Total Expenditures identified by districts in Section 1 as the match for the federal funds received from Medicaid are drawn from the following approved state and or local account(s).

1. Total Expenditures	\$ 338,414.85
2. Total Claimable Medicaid Administrative Expenditures	\$ 9,266.59
3. Total Indirect Costs	\$ 1,845.90
4. Total Claimable Costs - CPE (Item #2 + Item #3)	\$ 11,112.50
5. Cost Settlement (Item #4 x 0.50 FFP Rate)	\$ 5,556.25
6. State Administrative Fees Withheld (Item #5 x 2.5%)	\$ 138.91
7. Amount Owed to Provider (Item #5 - Item #6)	\$ 5,417.34

## Section 2

Section 2 will be removed

The amount(s) identified below must sum the amount shown in item #1 (above) from section 1, Total Expenditures.

Source	Amount
GENERAL FUND	\$ 338,414.85
_____	\$ _____
_____	\$ _____





# New CPE Form

## Instructions

This statement of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act (the Act), and in accordance with all procedures, instruction and guidance issued by the single state agency and in the fiscal year for which the claim applies. Please review Items #1 - #7 under the Claim Breakdown, then fill out all lines under the certification statement below. This page also serves as the invoice for the above indicated reporting period.

## Quarterly Claim Breakdown

Renamed this section

The Total Expenditures identified by districts in Line #1 as the match for the federal funds received from Medicaid are drawn from the following approved state and or local account(s).

1. Total Expenditures	\$	99,000.23
2. Total Claimable Medicaid Administrative Expenditures	\$	7,433.78
3. Total Indirect Costs	\$	1,062.29
4. Total Claimable Costs - CPE (Item #2 + Item #3)	\$	8,496.07
5. Cost Settlement (Item #4 x 0.50 FFP Rate)	\$	4,248.03
6. State Administrative Fees Withheld (Item #5 x 2.5%)	\$	106.20
7. Amount Owed to Provider (Item #5 - Item #6)	\$	4,141.83

The form now fits on one page!

## Certification Statement

1. All expenditures presented should be allowable in accordance with federal and the Colorado state contract requirements.
2. I have examined this statement, the accompanying supported exhibits, the allocation of expenses and services, and the worksheets for the above indicated reporting period and to the best of my knowledge and believe they are true and correct statements prepared from our books and records in accordance with applicable instructions.
3. The expenditures included in this statement are based on the actual recorded expenditures.
4. The required amount of state and/or local funds were available and used to pay for total claimable allowable expenditures (Item #4) included in this statement, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures, including that the funds were not federal funds in origin, or are federal funds authorized by federal law to be used to match other federal funds, and that the claimed expenditures were not used to meet matching requirements under other federally funded programs.
5. Federal matching funds are being claimed on this report in accordance with the Medicaid Administrative Claiming instructions provided by the Colorado Department of Health Care Policy and Financing effective for the above indicated reporting period.
6. I am the officer authorized by the referenced government agency to submit this form and I have made a good faith effort to assure that all information reported is true and accurate.
7. I understand that this information will be used as a basis for claims for federal funds and that a falsification and concealment of a material fact may be prosecuted under federal or state civil or criminal law.

VERIFICATION OF FUNDS \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Fiscal Officer

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_

Always include a title.



# Reimbursement Activity

# Program Contacts

# Program Resources



**COLORADO**

Department of Health Care  
Policy & Financing

School Health Services Program:

<https://hcpf.colorado.gov/school-health-services>



PCG Claiming System:

<https://claimingsystem.pcgus.com/co>

- Free Care resources
- User Guides
- Recorded trainings
- Stakeholder information
- Program Manual
- Program Calendar
- Training schedule
- Newsletters
- Fact pages
- Annual training PowerPoint presentations
- Staff Pool List Decision Tree



# Contact Information

If you have any questions, please feel free to contact us!



**COLORADO**  
Department of Health Care  
Policy & Financing



**COLORADO**  
Department of Education

**Olga Gintchin**

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**Omar Estrada**

Email: [Estrada\\_O@cde.state.co.us](mailto:Estrada_O@cde.state.co.us)

Phone: 303-866-6455



**Annual Help Desk**

Email: [cocostreport@pcgus.com](mailto:cocostreport@pcgus.com)

Phone: 866-317-0223

**RMTS/MAC Help Desk**

Email: [cormts@pcgus.com](mailto:cormts@pcgus.com)

Phone: 866-766-9015





**Solutions that Matter**