

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

The Department of Health Care Policy and Financing (HCPF)

Mid-Year Training

*January 2025*

# Agenda

- Introduction
- Random Moment Time Study
- Staff Pool List Vacancy Activity
- Medicaid Administrative Claiming
- MAC Other Costs Activity
- Annual Cost Reporting Updates
- Direct Medical Other Costs Activity
- Comprehensive Review Updates
- Important Reminders
- Program Contacts



# Introduction

# Acronyms A-J

| Acronym      | Full Names  |
|--------------|---|
| <i>AJ</i>    | April – June  |
| <i>APTA</i>  | American Physical Therapy Association                 |
| <i>BOCES</i> | Board of Cooperative Educational Services             |
| <i>CDE</i>   | Colorado Department of Education                      |
| <i>CMS</i>   | Centers for Medicare and Medicaid Services            |
| <i>CPE</i>   | Certified Public Expenditures                         |
| <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 |
| <i>IEP</i>   | Individualized Education Program                      |
| <i>JM</i>    | January - March                                       |
| <i>JS</i>    | July - September                                      |



# Acronyms K-S

| Acronym     | Full Names                       |
|-------------|----------------------------------|
| <i>LSP</i>  | Local Services Plan              |
| <i>MER</i>  | Medicaid Enrollment Rate         |
| <i>MAC</i>  | Medicaid Administrative Claiming |
| <i>NPI</i>  | National Provider Identifier     |
| <i>OD</i>   | October - December               |
| <i>OT</i>   | Occupational Therapist           |
| <i>PCG</i>  | Public Consulting Group          |
| <i>PHE</i>  | Public Health Emergency          |
| <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)



**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 matter experts

PCG Claiming System Help Desk administrator

**Program Roles/Support**

**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**

Contracts with HCPF

Works with PCG, CDE, and HCPF in fulfilling district responsibilities for the program

Manages/updates all reporting data as required to participate in the SHS Program

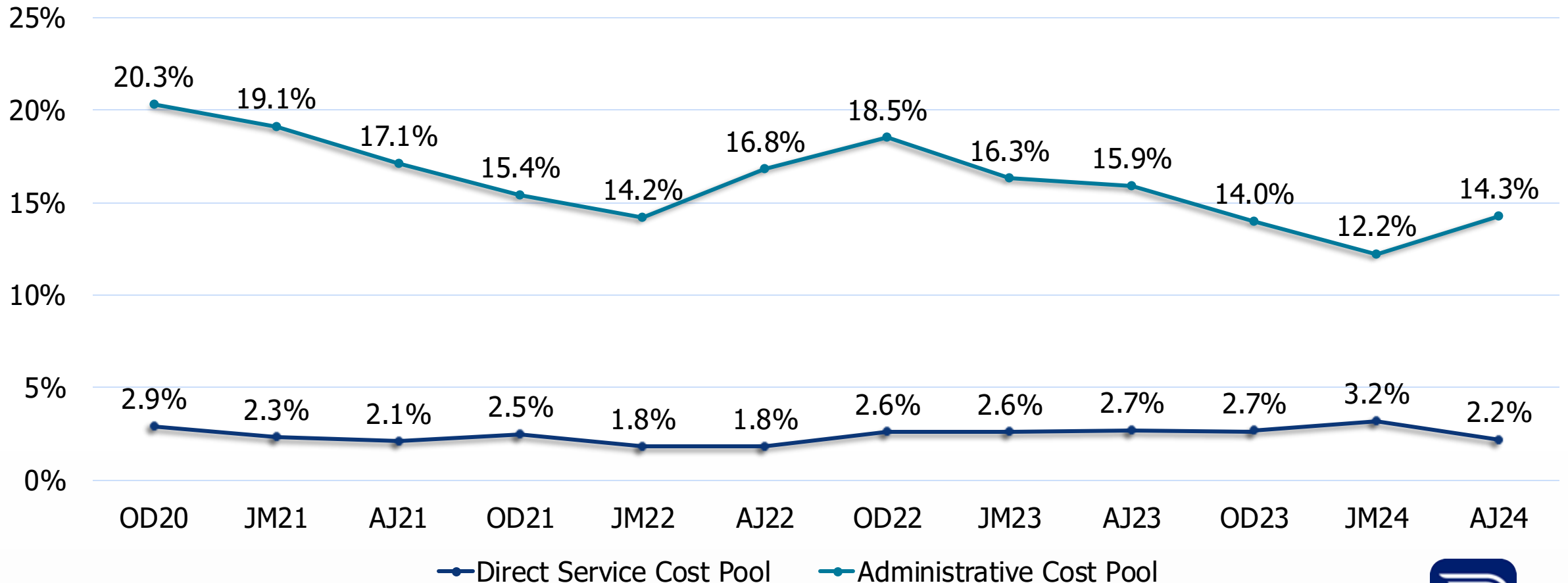


# Random Moment Time Study (RMTS)



# Medicaid Administrative Claiming Percentages

Statewide MAC Percentages by Cost Pool



# RMTS Reminders for Participants




**Coordinators should provide information to staff about the program, their role in the program, and the importance of completing the sampled moments**

**NOTE:** PCG requires participants to read through program overview training screens prior to completing sampled moments

- The RMTS-at-a-glance document was created to be sent to participants
- Moments are randomly assigned; participants can have multiple in a month or even a week
- Follow-ups require answers just like moments
- Participants will receive prior notification emails from PCG, the moment cannot be answered until that time/date

# More Info on Follow-ups

- Follow-ups are a request for additional information from a participant
- Participants will be notified when follow-up information is needed via email with a link where the additional information can be provided
- Participants will have 3 days to respond to a follow-up
- Coordinators will be copied on a reminder email 2 days after the follow-up has been created if the participant has not answered
- Coordinators can see if a moment has been re-opened for a follow-up via the PCG Claiming System

•  - The moment is ready for a response by the Participant to a follow-up from the Coder.

# NPI and Health First Colorado ID

National Provider Identifier (NPI) and Health First Colorado ID must be obtained for individuals to appear on the staff pool list:

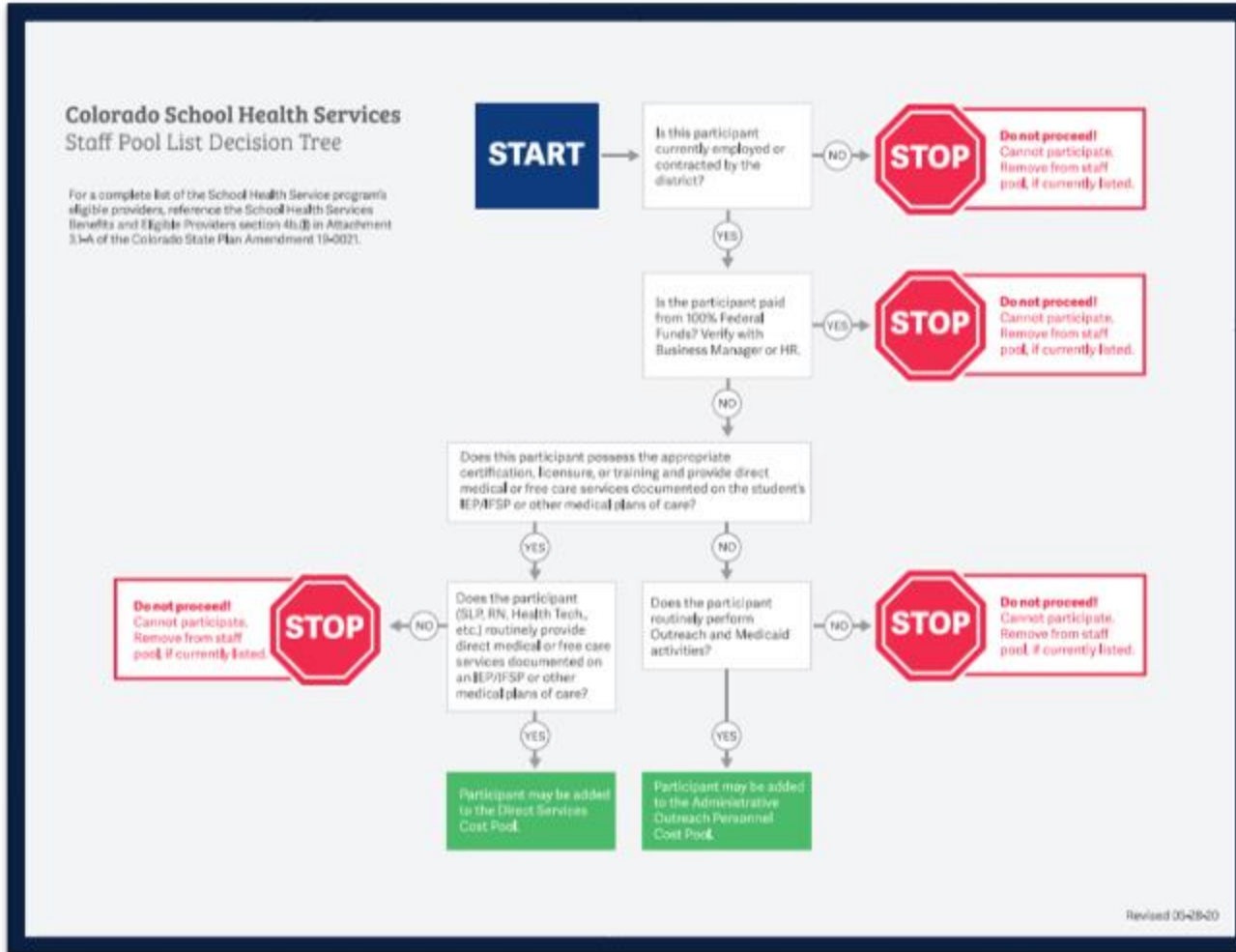
## Reminders:

- NPI and Health First Colorado ID requirements are applicable to all Physical Therapists, Occupational Therapists, and Speech Language Therapists
- Medicaid Provider ID must be obtained prior to the start of the quarter to be added as a participant
- Verify new hires have this requirement met before adding them to the staff pool list
- Utilize vacancies for individuals who have not yet met NPI and Health First Colorado ID requirements but will within the first two weeks of the quarter



**Don't Forget to check this every quarter**

# Updated SPL Decision Tree



**This document can be found in multiple locations:**

- Resources section of the PCG Claiming System
- HCPF School Health Services Site within Section 3 Random Moment Time Study of the Program Manual

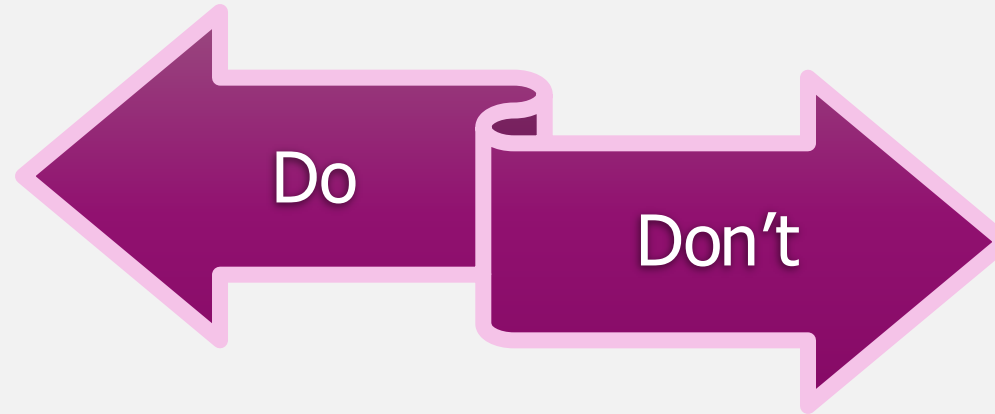
# Vacant Positions on your Staff Pool List

 **Your district can add vacant positions to the Staff Pool List to be filled during the quarter!**

## Reminders:

- Vacant positions can be created for both Administrative Cost Pool and Direct Service Cost Pool positions
- Understanding when to create vacant positions will help when new CMS Comprehensive Guide changes are implemented for RMTS
- Adding vacant positions allows for your staff pool list to be truer to the number of positions at your district
- Adding too many vacant positions can negatively impact the random moment time study statewide

# Vacancy Do & Don't








- ✓ 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 is not confident they will fill during the quarter
- ⊘ Add vacant positions for new district positions that are speculative
- ⊘ Allow vacancies to roll over each quarter

# **SPL Vacancy Activity**



# Vacancy Activity

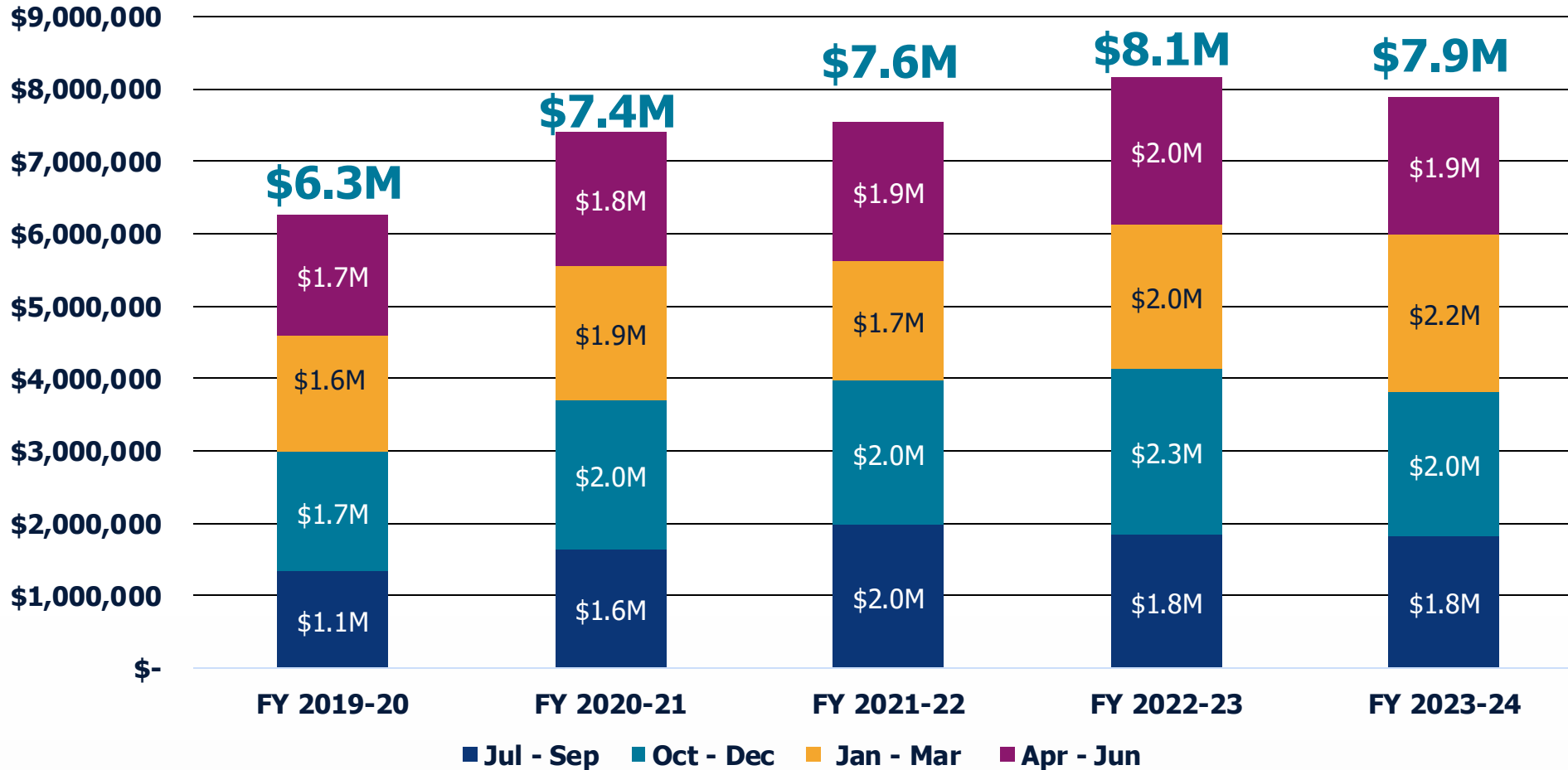
|   | Create Vacancy  | Add to Staff Pool List  | Wait   |
|---|---|---|--|
| 1. You are working on your upcoming staff pool list (SPL) John, a new Occupational Therapist, has received their Health First Colorado ID and Medicaid Provider ID.   |   |  |  |
| 2. SPLs were just opened for the upcoming quarter. Stacey, a new Occupational Therapist, does not have her Medicaid Provider ID.                                      |   |   |   |
| 3. Your SPL is due today. Jax, a Physical Therapist, expects to receive his Medicaid Provider ID within the next 2 weeks.   |    |   |  |
| 4. Your SPL is due today. Your district is actively working on hiring a Speech Language Pathologist. You do not know if the candidate has their Medicaid Provider ID. |   |   |  |
| 5. Your SPL is due today. Your district is finalizing the hiring of a new Outreach administrator.   |  |   |  |



# Medicaid Administrative Claiming (MAC)

# Medicaid Administrative Claiming (MAC) Reimbursement

## Statewide Net Reimbursement



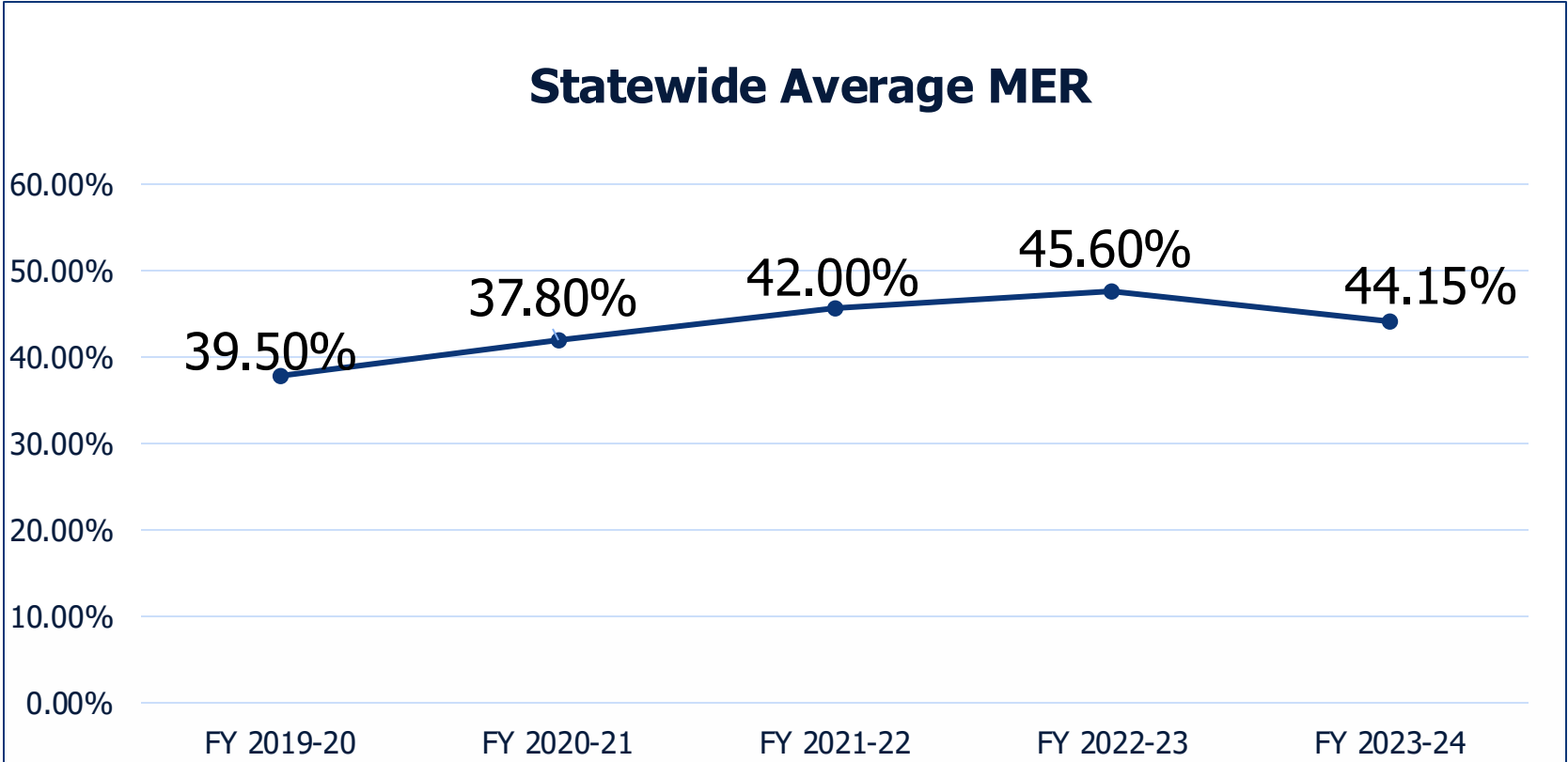
What are the three main factors that affect MAC Claims?

1. Statewide RMTS Results
2. Cost base
3. Medicaid Enrollment Rates



# Medicaid Enrollment Rate (MER)

Medicaid Enrollment Rate has been steadily increasing since the start of the pandemic and Public Health Emergency (PHE). Fiscal Year 2023-24 is the first fiscal year with post PHE data.



**MER Calculation** =

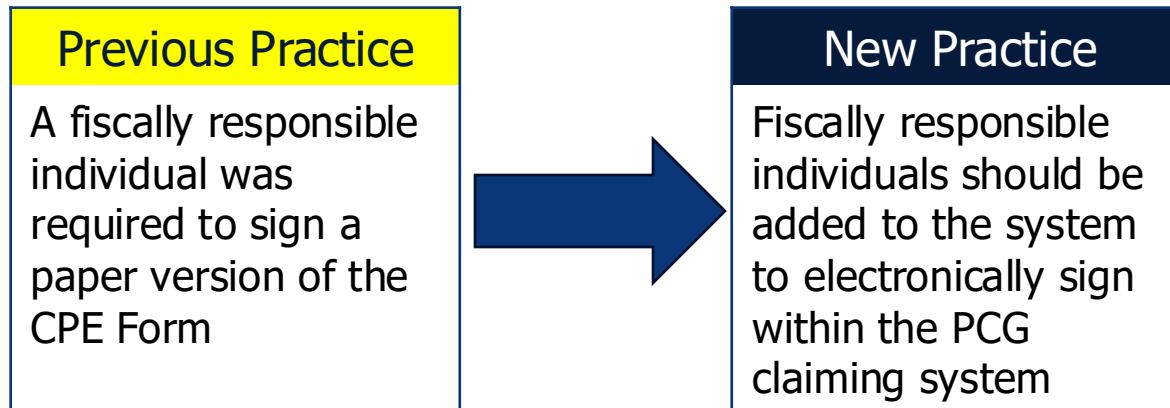
Medicaid enrolled students

Oct. 1 student count



# Certification for Public Expenditures (CPE) Form Update

Starting with the July–September 2024 (JS24) claim, the process for completing your Certification of Public Expenditures (CPE) form will be changing to an electronic signature:



## Notes related to this change

- Your district will still be able to print off a signed version from the PCG claiming system for your own records
- Fiscally responsible individuals should be added to the system prior to March in preparation for the first electronic CPE Form
- “CPE Form Signer” User type can be utilized

# Quarterly Other Costs

Costs not associated with an individual's salary, benefits, or contracted costs can also be reported with quarterly MAC costs

- Additional costs can be entered on a quarterly basis for 'staff travel and training' and 'professional dues and fees'. These costs should be tied to the enhancement of the program or be used in the application of services
- Salary payroll costs must be entered before other costs
- Documentation related to quarterly other costs must also be maintained



## Professional Dues & Fees

Licensure and professional dues/fees related to a provider's primary job



## Staff Travel & Training

Training fees and travel costs required for a provider to attend a session

# MAC Other Costs

Please keep in mind the following guidance when reporting 'other costs' on MAC reports:

## These costs ARE...

- Reported in the quarter in which they are paid
- Broken down by staff member but reported by job category
- Tied to a SPL participant in that quarter



## These costs are NOT...

- Reported yearly
- Related to direct medical supplies
- A place to report bonuses



# MAC Other Costs Activity



# Other Costs Activity: #1

1. Stacey, John, and Julie are all administrators at Demo District 1. In October 2024 they attended the National Alliance for Medicaid in Education Conference. Demo District 1 paid \$1,500 total in October for these individuals to attend. John and Julie were on the staff pool list for October – December (OD) 2024.

Q. Are these costs eligible to be reported on the Quarterly Other Costs?

**A. Yes.**

Q. When should these costs be reported?

**A. October - December 2024 Quarterly Cost Reporting**

Q. What amount should be reported on the October - December 2024 financials? Why?

**A. \$1,000. It cost \$500 per person and only costs associated with John and Julie can be reported.**

## Other Costs Activity: #2

2. Jackie is a Physical Therapist at Demo District 1. Jackie is a part of the Colorado Chapter of the American Physical Therapy Association (APTA) to stay up to date on health care practices within her field. Demo District 1 pays the \$50 yearly membership fee so Jackie can be a member.

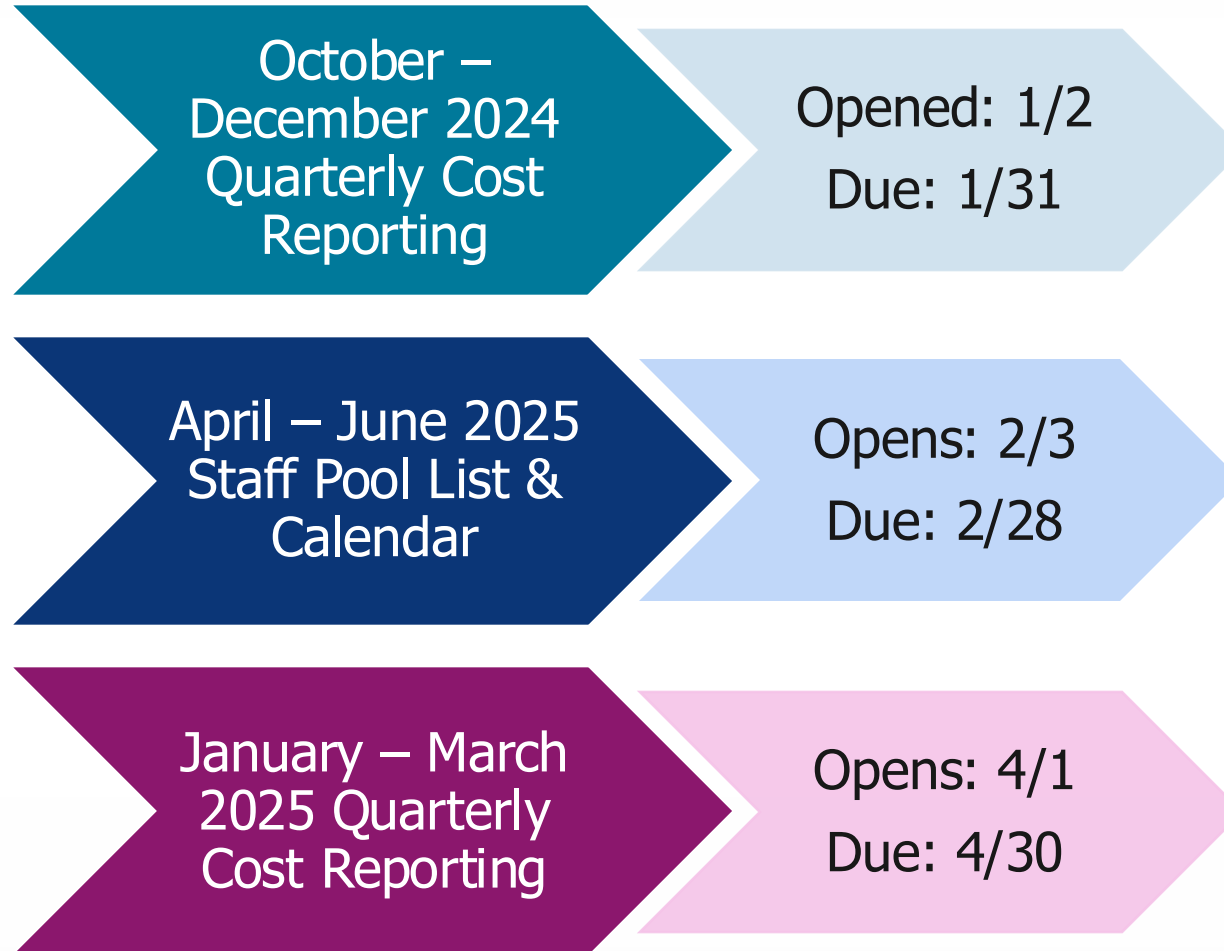
Q. Are these costs eligible to be reported on the Quarterly Other Costs?

**A. Yes.**

Q. What documentation should Demo District 1 have to support these costs?

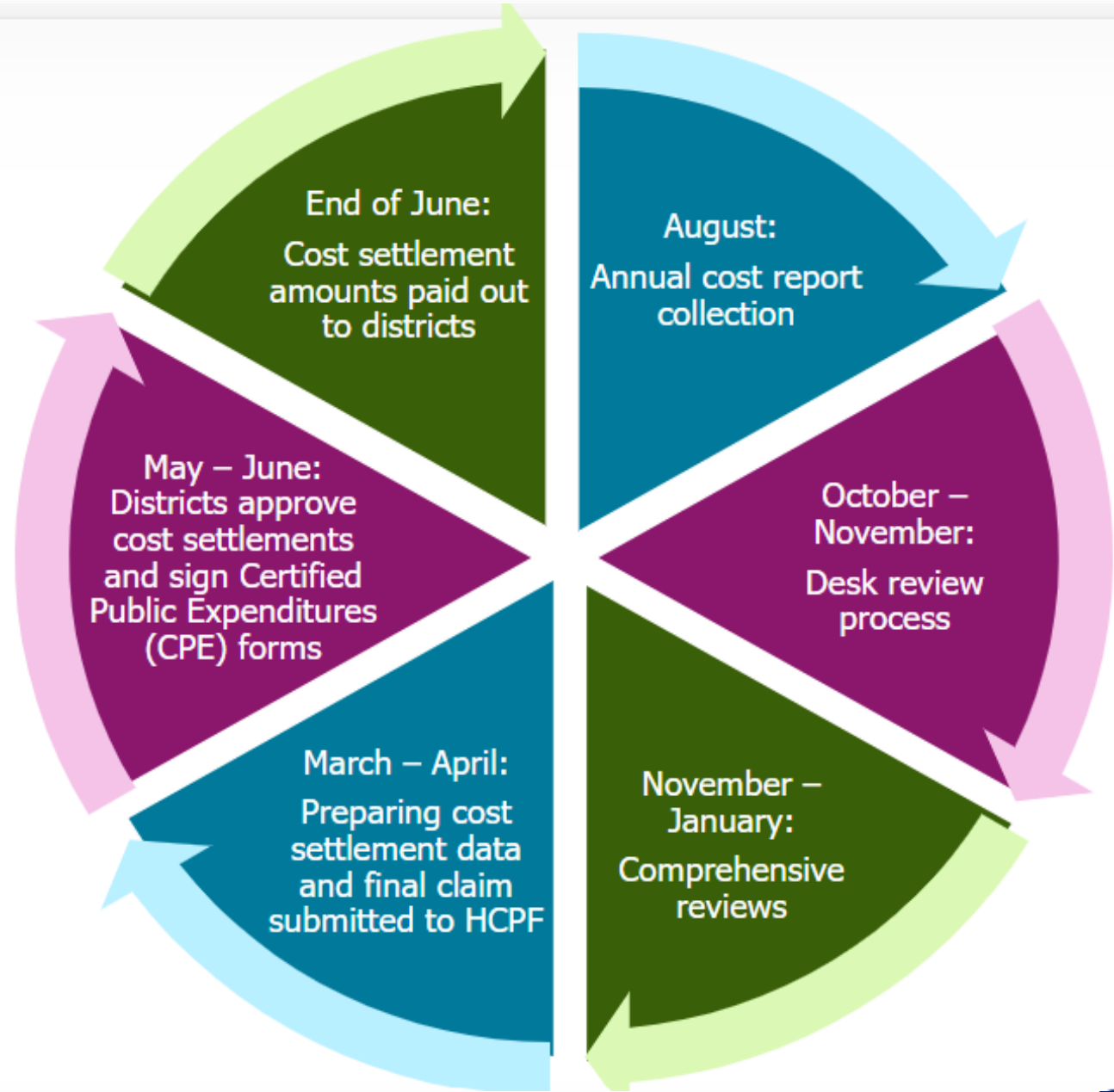
**A. Receipt for the membership with Jackie's name, Invoice that shows the district's paid.**

# Important Dates (MAC/RMTS) – FY 2024-25



# **Annual Cost Reporting Updates**

# Annual Cost Report and Cost Settlement Process



# Cost Reporting Reminders

## Cash Basis

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

- Direct and administrative costs are reported based on Staff Pool List (SPL) time
  - The green job span bar identifies exact dates a provider was on the SPL to report eligible costs
- Example: Invoices **paid** between April 1 – June 30 are included in the April – June (AJ) MAC quarterly report

Report costs based on date of payment

## Accrual Accounting

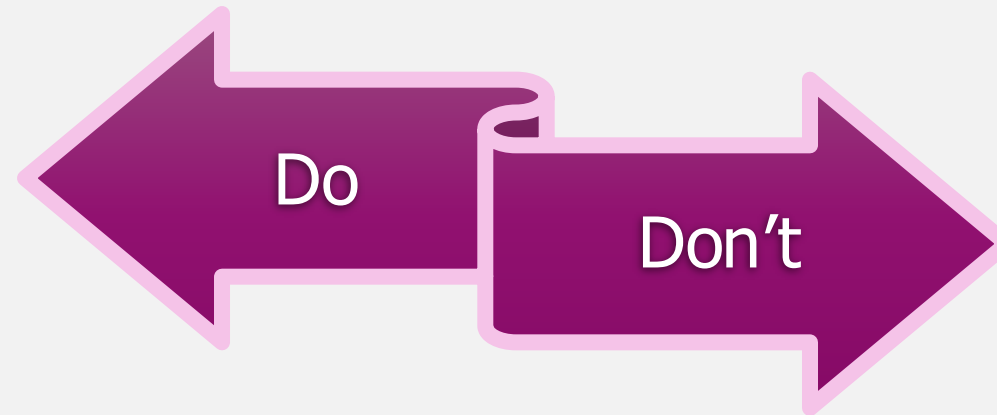
### Annual cost report

- Costs are reported for direct services provided from July 1 – June 30
- Dates of service must be included in payroll documentation
  - The green job span bar can identify exact dates when a provider was on the SPL to report eligible costs
- Example: If an Occupational Therapist (OT) provided direct services as outlined in a student's plan of care in March 2025, these costs should be claimed on the Fiscal Year (FY) 2024-25 annual cost report

Report costs based on date of service



# Entering Annual Direct Service Costs

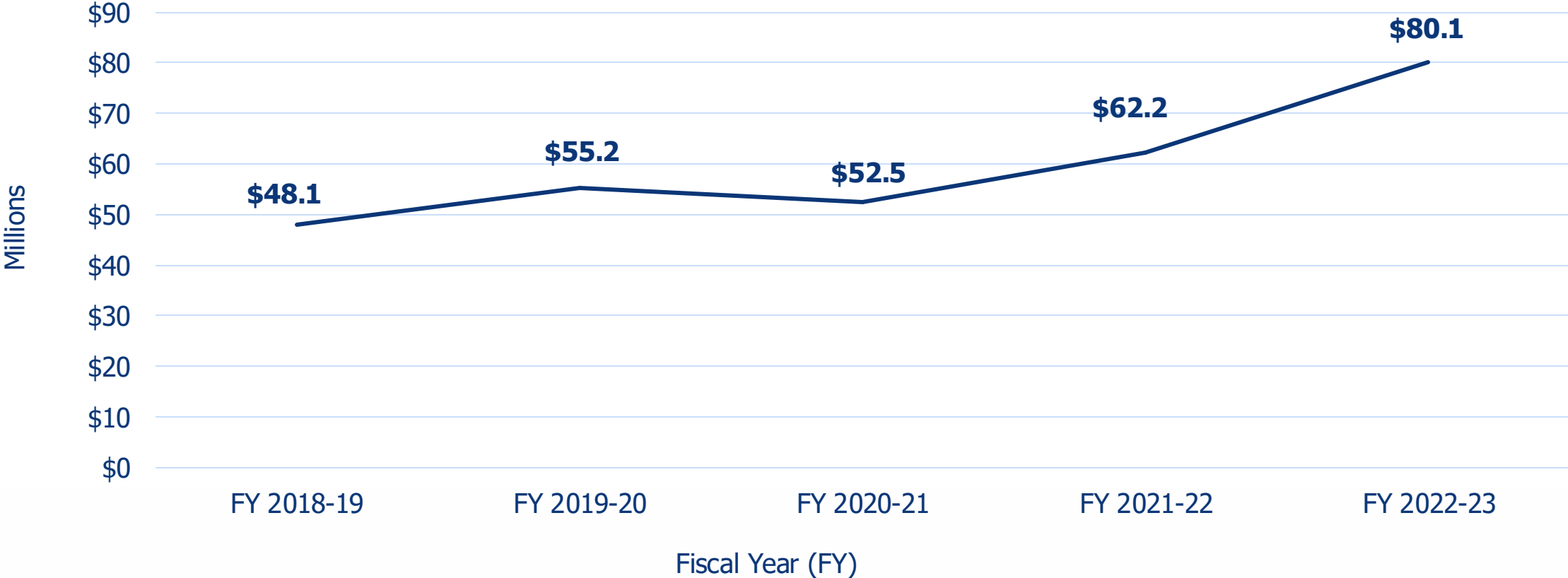


- ✓ Review each page of the annual cost report before certifying
- ✓ Collaborate between different departments ahead of time to ensure the annual cost report is submitted timely
- ✓ Start early and gather documentation ahead of time

- STOP Wait until the last minute to certify the annual cost report
- STOP Report costs if they are not supported by documentation
- STOP Report costs for time a staff member was NOT on the SPL

# Annual Cost Reporting Trend

Statewide Total Reimbursement from FY 2018-19 to FY 2022-23



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

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

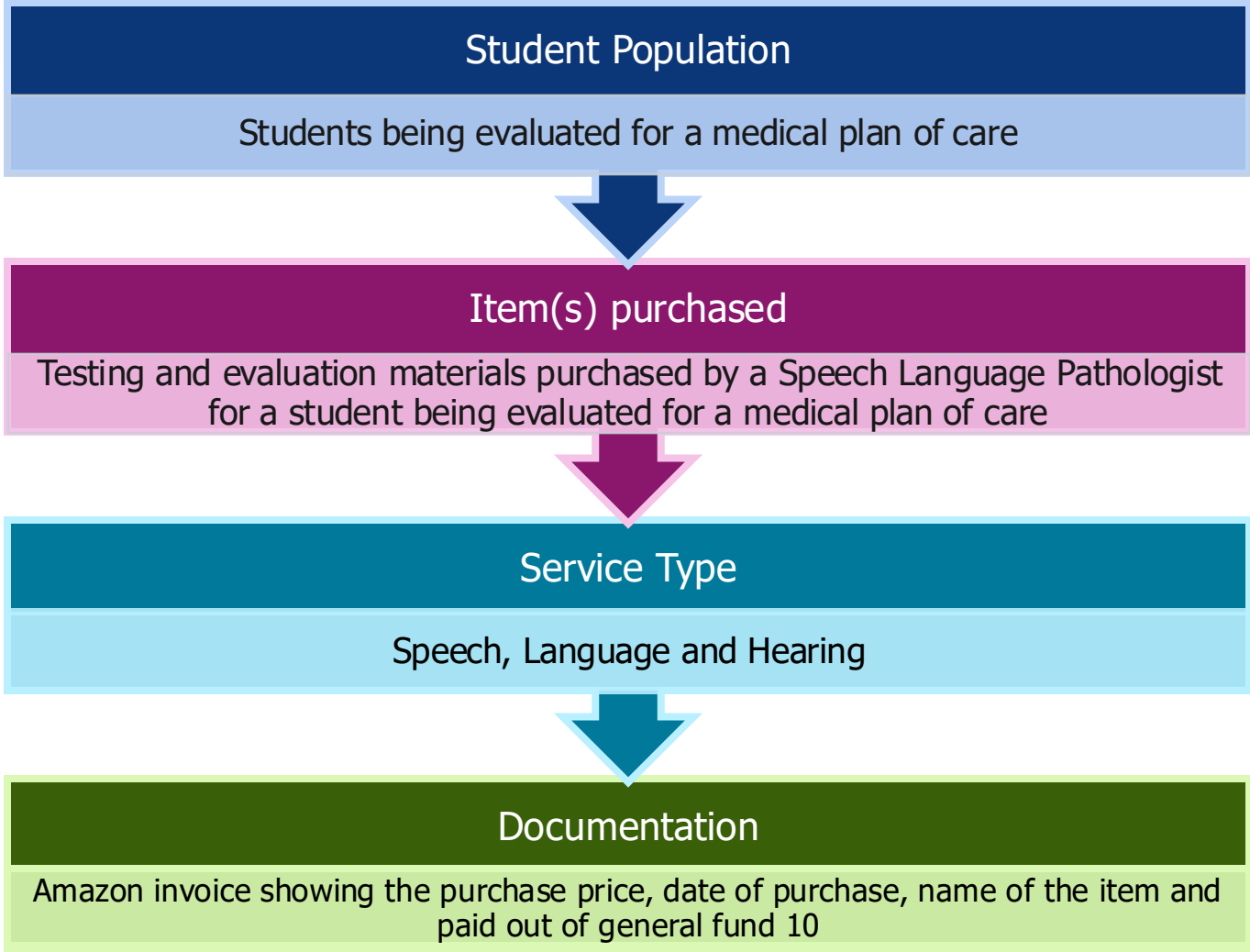




**Direct Medical Other Costs Activity**

# Direct Medical Other Costs Activity #1

Can the item(s) be reported on the annual cost report?

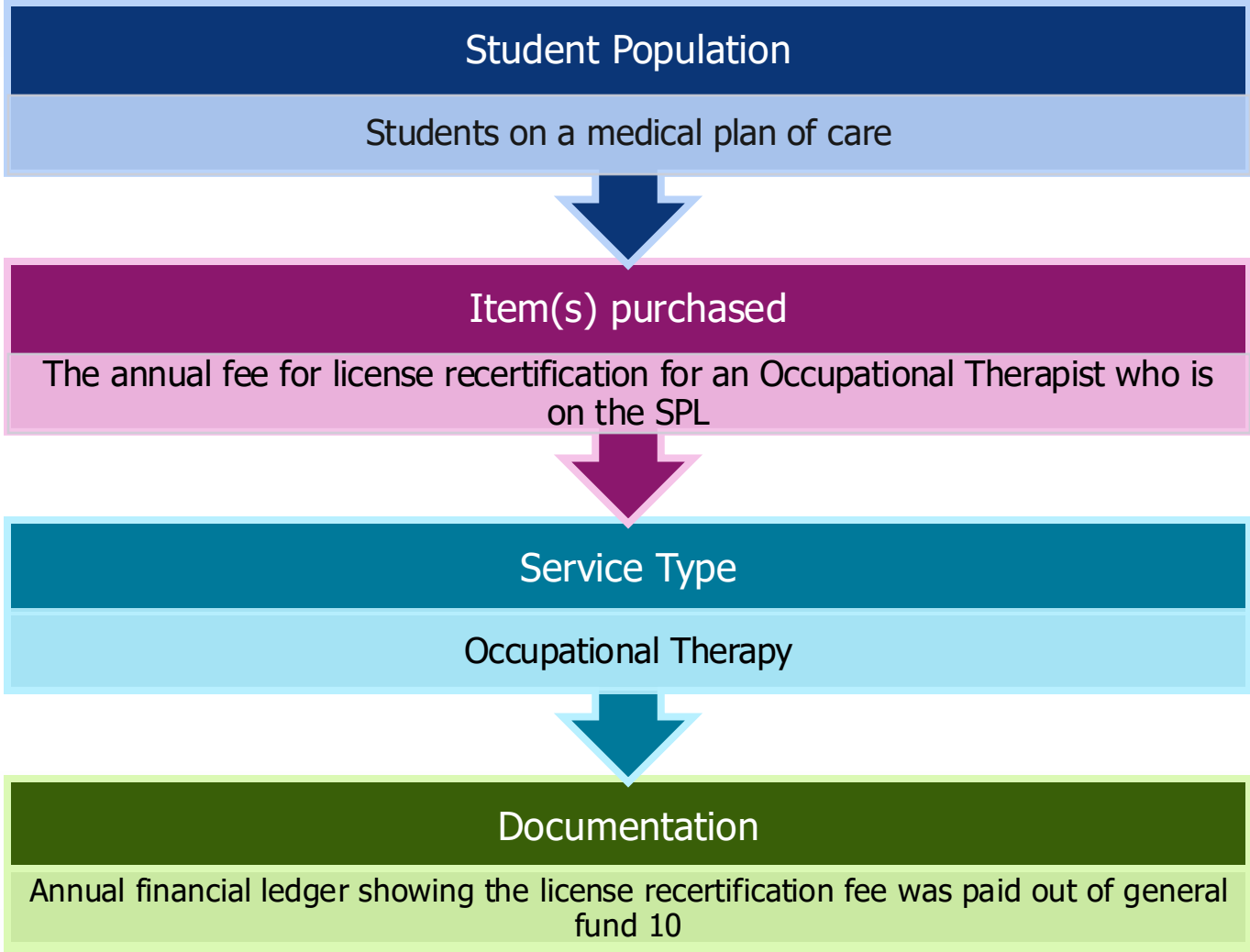


**Yes!**  
The items purchased can be reported on the annual cost report because they are:

- ✓ Only for students being evaluated for a medical plan of care
- ✓ Are not 100% federally funded

# Direct Medical Other Costs Activity #2

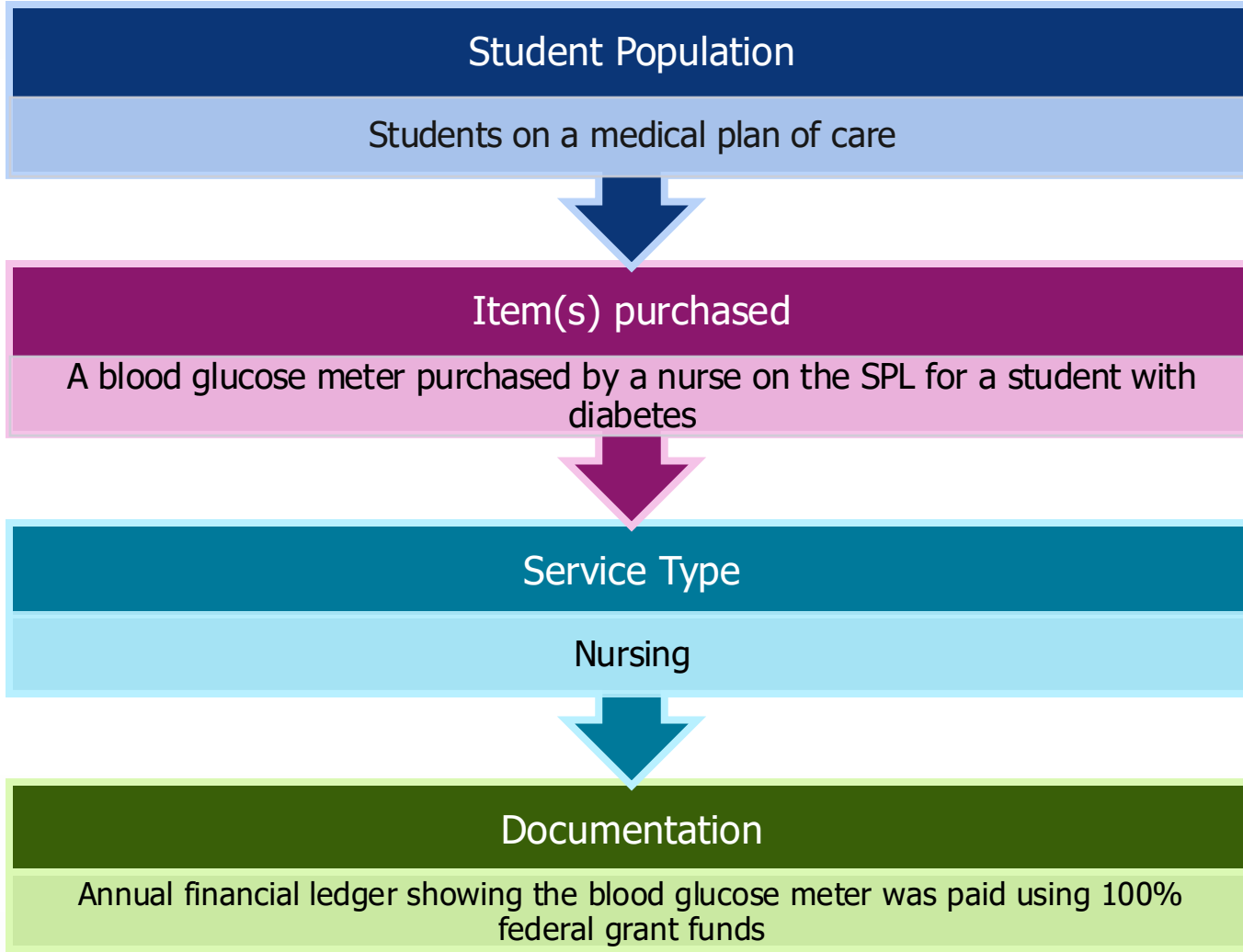
Can the item(s) be reported on the annual cost report?



**No**  
The item purchased CANNOT be reported on the annual cost report because:  
X Licensure fees are not an allowable direct medical other cost and should be reported under MAC other costs



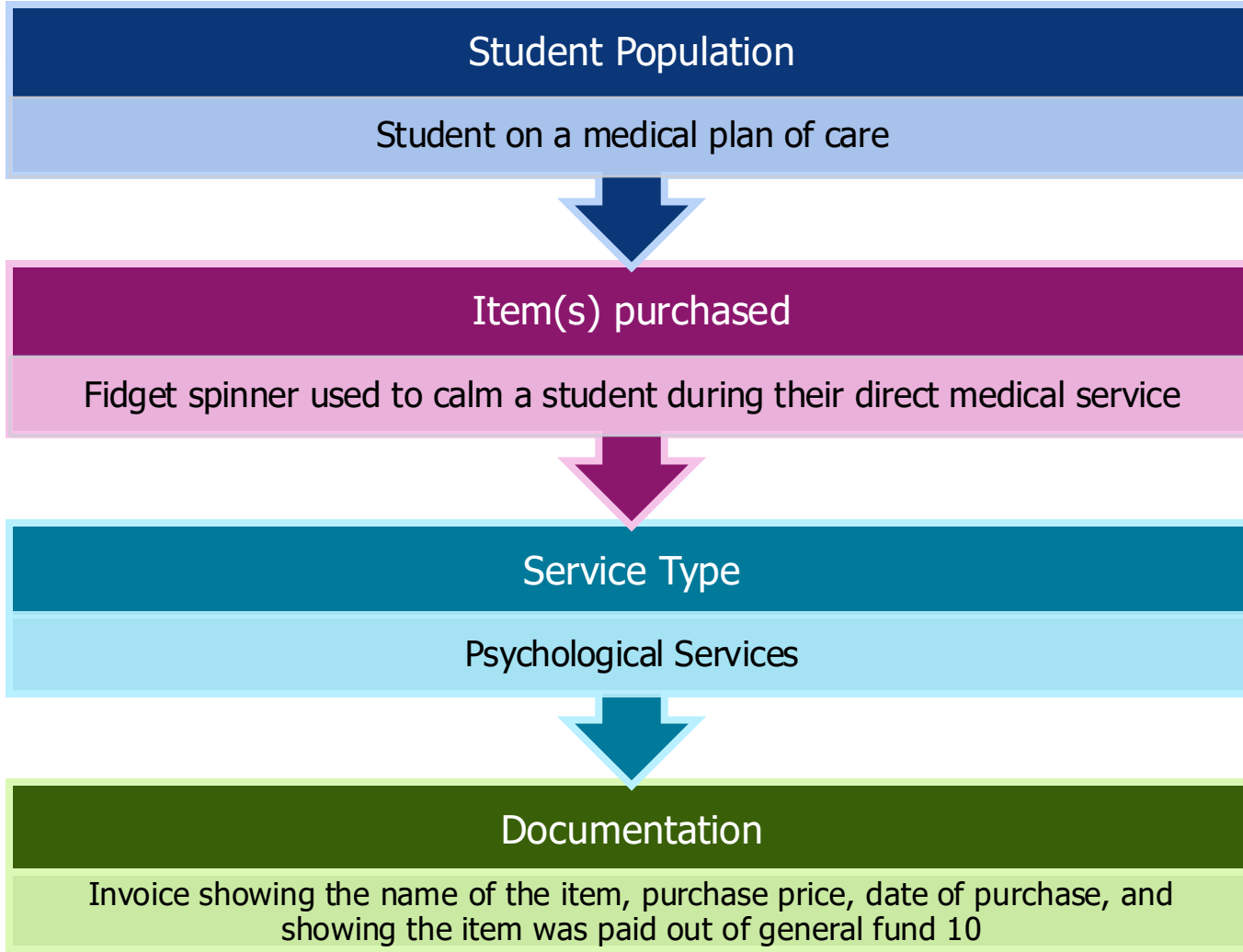
# Direct Medical Other Costs Activity #3



Can the item(s) be reported on the annual cost report?

**No**  
The item purchased CANNOT be reported on the annual cost report because:  
✓ Only for a student with a medical plan of care  
X The item is 100% federally funded

# Direct Medical Other Costs Activity #4

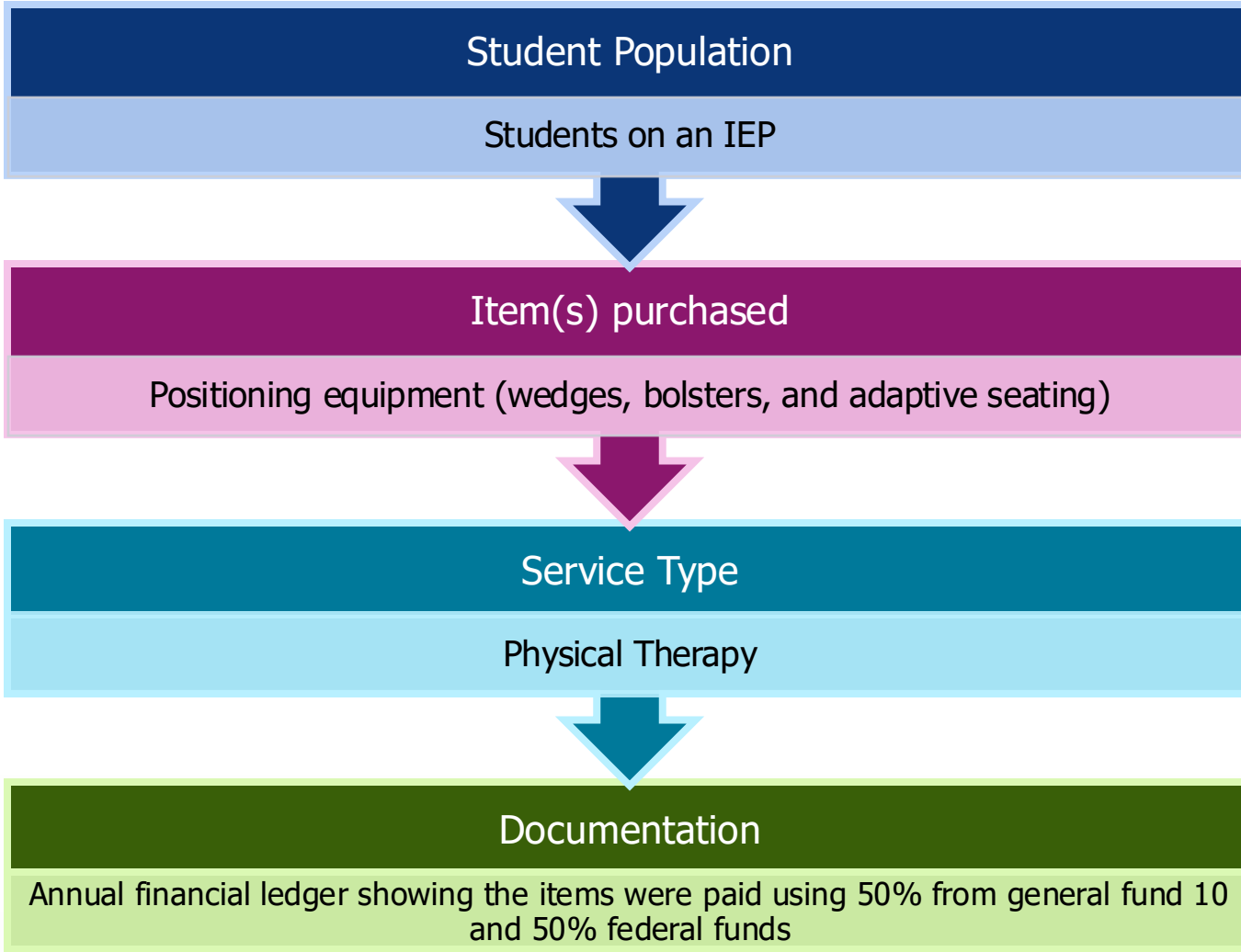


Can the item(s) be reported on the annual cost report?

**Yes!**  
The item purchased can be reported on the annual cost report because they are:

- ✓ For a student with an IEP
- ✓ Not 100% federally funded

# Direct Medical Other Costs Activity #5

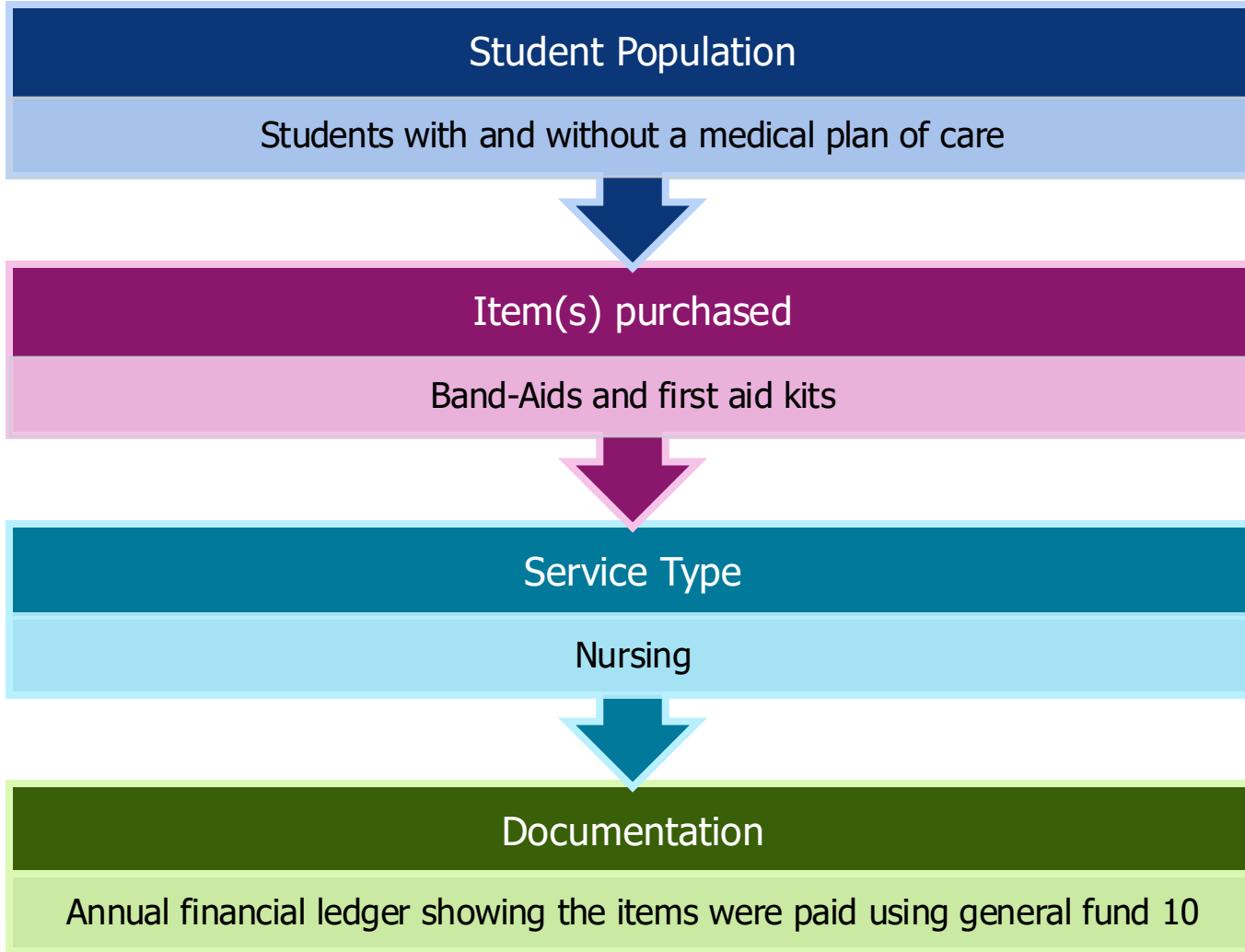


Can the item(s) be reported on the annual cost report?

**Yes!**  
The items purchased can be reported on the annual cost report because they are:

- ✓ Only for students with an IEP
- ✓ Not 100% federally funded

# Direct Medical Other Costs Activity #6



Can the item(s) be reported on the annual cost report?

**No**  
The items purchased **CANNOT** be reported on the annual cost report because they are:  
X Not being solely used by students on a medical plan of care  
✓ Not 100% federally funded

# Key Takeaways for Direct Medical Other Costs

## Annual Direct Medical Other Costs

- ✓ Direct medical other costs must be tied to the provision of a direct medical service as indicated on a student's medical plan of care
- ✓ Supplies must not be 100% federally funded
- ✓ Pertains to an allowable direct service type under the SHS Program

Documentation must include:

- ✓ Annual breakdown of 'other costs' with each item individually listed 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



# Comprehensive Reviews

# Comprehensive Review Overview

- ✓ Confirm districts are maintaining all required financial records for both quarterly and annual costs
- ✓ Validate provider qualifications and licensure
- ✓ Ensure districts are accurately billing for services based on supporting documentation
- ✓ Districts are responsible for maintaining documentation for all self-reported data



# Comprehensive Review Documentation

## MAC

- ✓ Quarterly payroll information for staff that provide direct medical and administrative activities
  - Amounts and fund codes
- ✓ Based on date of payment

## Annual

- ✓ Payroll information for direct service providers
  - Amounts and fund codes
- ✓ Direct medical other costs for a sampled service type
  - Itemized
- ✓ Based on date of service

## Provider Qualifications

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

## Direct Service Claims

- ✓ Medical plan of care
  - Scope, duration and frequency
  - Valid for the time period being reviewed
- ✓ Service logs
- ✓ Attendance records

# Comprehensive Reviews Trends

## Annual Payroll

Finding: Reporting costs for a full FY rather than removing costs based on SPL time

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

## Quarterly Payroll

Finding: Over-reporting of MAC payroll costs

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

## Billing

Finding: Scope, duration and frequency of prescribed direct services missing in the student's medical plan of care

- Scope = type of direct medical service prescribed
- Frequency = how often the service is provided
- Duration = start and end date of the prescription
- Verify the student was not marked absent when a service was billed and noted on provider service logs



# Payroll Reminders

## Salaried/Contracted Staff Costs

- ✓ Monthly breakdown of staff expenditures
- ✓ System generated reports with fund codes
- ✓ Salaries and benefits separated out
- ✓ Maintain documentation of any calculations used for computing salaries/benefits
  - ✓ Do not use district specific allocation methods

# Medical Plans of Care Reminders

## Medical Plans of Care

- ✓ Prescription by a qualified provider within their scope of practice indicating medical necessity
- ✓ Scope, duration and frequency is required
- ✓ Provider maintains service logs throughout the year
- ✓ District maintains student attendance records throughout the year



As a reminder, coordinators should not influence or rewrite medical plans of care, including prescriptions for specialized transportation or other health services

# **Important Reminders and Dates**

# CMS Guidance Timeline



**As a reminder, the SHS Program will operate according to current rules and regulations!**

FY 2022-23

- CMS issued updated guidance to Medicaid services and administrative claiming

FY 2023-24 & FY 2024-25

- HCPF and PCG are currently working to analyze impacts to the program
- District surveys/meetings regarding specialized transportation services were conducted

FY 2025-26

- HCPF working on SPA approval
- Training on new guidance to occur

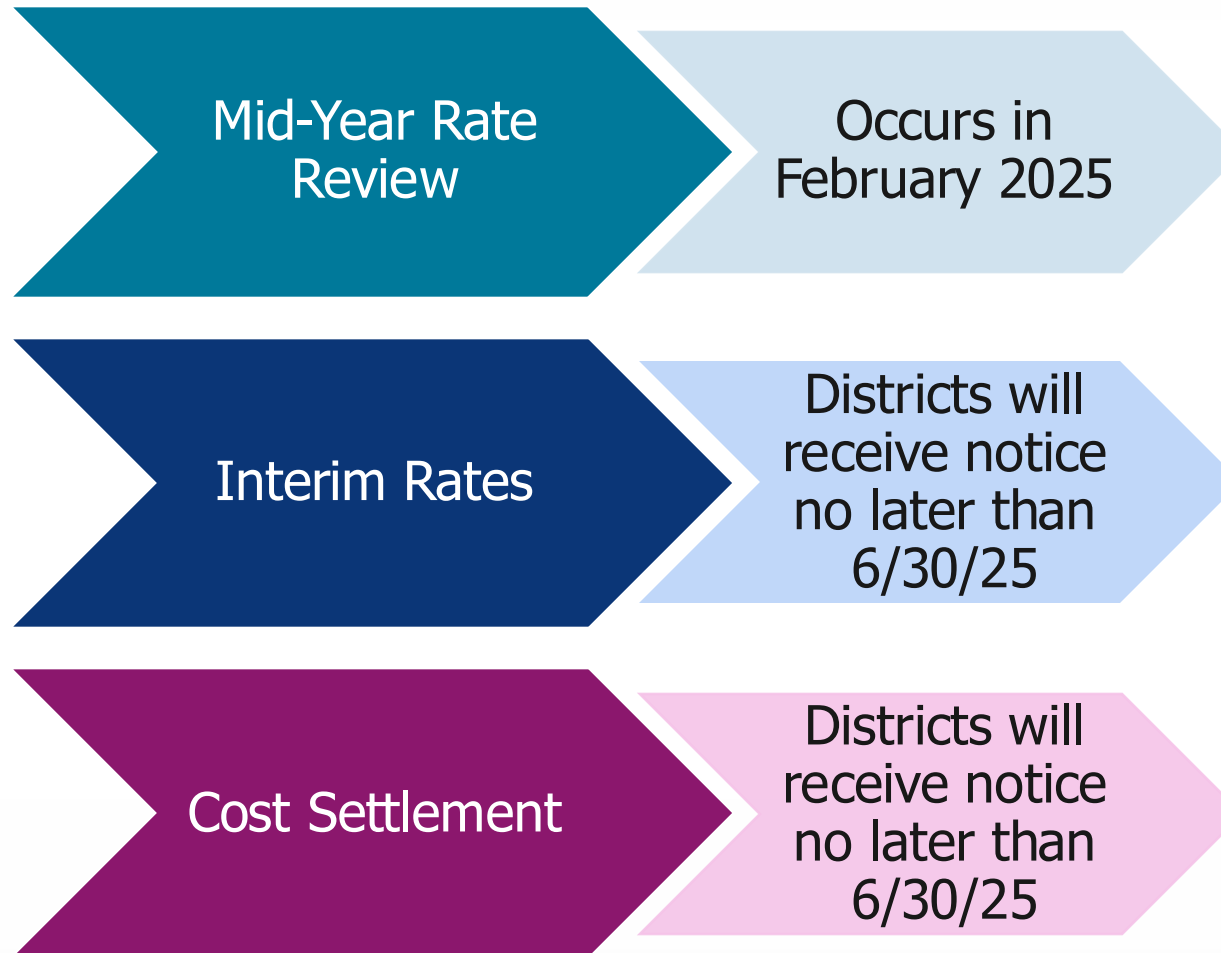
FY 2026-27

- New CMS guidance changes will take effect 7/1/2026
- A bus aide and regular seat belt will no longer solely qualify a trip
- Each student must be utilizing another physical modification for the trip to be claimed





# Important Dates (Annual) – FY 2024-25



# Program Contacts

# Resources & Contact Information

| Colorado Department of Health Care Policy & Financing (HCPF)   | Colorado Department of Education (CDE)  | Public Consulting Group (PCG)   |
|--|---|---|
| <p>Olga Gintchin<br/>School Health Services Program<br/>Administrator<br/><a href="mailto:HCPF_SchoolHealthServices@state.co.us">HCPF_SchoolHealthServices@state.co.us</a></p> | <p>Sarah Blumenthal<br/><a href="mailto:Blumenthal_S@cde.state.co.us">Blumenthal_S@cde.state.co.us</a></p>  | <p>Annual Cost Reporting Questions:<br/><a href="mailto:cocostreport@pcgus.com">cocostreport@pcgus.com</a><br/>866-317-0223</p> <p>RMTS, SPL, and MAC Quarterly Report Questions:<br/><a href="mailto:cormts@pcgus.com">cormts@pcgus.com</a><br/>866-766-9015</p> |
| <p>SHS Program website:<br/><a href="https://hcpf.colorado.gov/school-health-services">https://hcpf.colorado.gov/school-health-services</a></p>                                | <p>CDE website:<br/><a href="https://www.cde.state.co.us/healthandwellness/medicaid_home">https://www.cde.state.co.us/healthandwellness/medicaid_home</a></p> | <p>PCG Claiming System:<br/><a href="https://claimingsystem.pcgus.com/co">https://claimingsystem.pcgus.com/co</a></p>   |
| <ul style="list-style-type: none"> <li>• Program manual</li> <li>• Newsletters</li> <li>• Training</li> <li>• Stakeholder information</li> </ul>                               | <ul style="list-style-type: none"> <li>• Local Services Plan information</li> <li>• Reimbursement Spending Report information</li> </ul>                      | <ul style="list-style-type: none"> <li>• Quarterly cost reporting/annual cost reporting</li> <li>• Program calendar</li> <li>• User guides and fact sheets</li> </ul>   |





**PUBLIC**<sup>TM</sup>  
CONSULTING GROUP

**Solutions that Matter**