

## Kentucky School-Based Medicaid Programs Monitoring Procedures

The Kentucky Department of Education, Medicaid Liaison in conjunction with the Department for Medicaid Services, Division of Policy and Operation will conduct a minimum of one-third of participating districts for the School-Based Medicaid program reviews annually. During these reviews, a minimum of 10 student records will be reviewed. The Department for Medicaid Services will be responsible for drawing the sample from paid claims from the previous school year.

The program reviews will consist of both off-site (desk review) and on-site. A minimum of five (5) reviews statewide will be conducted on-site. The top five (5) revenue producing districts will be reviewed annually. The remaining forty-five (45) reviews will be set on a rotating schedule so that each district will receive a review every three (3) years. [Please note that due to COVID, there will be no on-site reviews for the 2020-2021 school year.](#)

### **On-Site Monitoring**

The school districts will be notified of the impending reviews by written communication. A letter will be sent to district superintendent with copies to the district finance officer and the School Based Medicaid Programs Coordinator(s). The letter will outline the review process, such as date of the review; type of documentation needed and setup needs (private review room, records brought to one location, etc.) This will allow the school district ample time to obtain all documentation (i.e. medical/client records) required for the review.

The review components are as follows:

- A random sample list of up to 10 students with service events will be selected and a copy of the following from the medical records must be submitted for each student.
- For each claim, we are requesting that you copy from the medical records the following information for us to review:
  1. Evaluation/assessment documenting IEP necessity (psychoeducational)
    - This evaluation should occur prior to the rendered service
    - If the claim is for an evaluation, please include the evaluation that resulted
  2. IEP for the time period requested
  3. Parental Consent/Release of Information Form
  4. Service Treatment log for the date(s) listed
    - For transportation claims, please include the paper transportation log and the backup documentation for determining the mileage. Also, please attach the related service claim for the same date of service.
  5. Annual Attendance records for the 2018-2019 school year for the student being reviewed
  6. Peer Review documentation for 2018-2019 school year
- Paid claims for Medicaid reimbursement during a specified quarter
- For the SBAC Program, the staff pool list and financial data for the quarter being reviewed.

### **School Based Administrative Claiming**

The district shall provide the following for the review of the Random Moment Time Study (School Based Administrative Claiming) program.

- The Staff Pool List for the quarters being reviewed.
- Financial reports from MUNIS showing the funding source, salary and benefit amounts paid to each participant. Copies of contracts with outside agencies for services provided in the school district. Copies of invoices for such contracts.

- One person from each service type billed (speech, occupational therapy, etc...) will be interviewed. Please schedule the interviews in 15-minute increments starting at 1:00 p.m.

**Desk Monitoring**

The desk review components are as follows:

- A random sample list of up to 10 students with service events will be selected and a copy of the following from the medical records must be submitted for each student. We are now completing this process on-line. All information will need to be submitted via the directions included in this packet.
- For each claim, we are requesting that you copy from the medical records the following information for us to review:
  1. Evaluation/assessment documenting IEP necessity (psychoeducational)
    - This evaluation should occur prior to the rendered service
    - If the claim is for an evaluation, please include the evaluation that resulted
  2. IEP for the time period requested
  3. Parental Consent/Release of Information Form
  4. Service Treatment log for the date(s) listed
    - For transportation claims, please include the paper transportation log and the backup documentation for determining the mileage. Also, please attach the related service claim for the same date of service.
  5. Annual Attendance records for the 2018-2019 school year for the student being reviewed
  6. Peer Review documentation for 2018-2019 school year
- Paid claims for Medicaid reimbursement during a specified quarter
- For the SBAC Program, the staff pool list and financial data for the quarter being reviewed.

**\*Within one week of receiving this monitoring notice, you will receive an email with the link to upload documentation. The link you will be sent is secure and is HIPAA/FERPA compliant.**

Reviewers will review these standard criteria for each district. The enclosed School Based Medicaid Review Form will be used to monitor compliance and will serve as a guide to help you pull the requested information. Notification of the results will be available within 45 days of review. When the review is complete, no additional documentation will be accepted unless there is a formal appeal.

**Review Scoring**

Districts that score below 80% will need to submit a corrective action plan.

<b>Review Score</b>	<b>Action Taken</b>
<b>90% or above</b>	No Action Taken.
<b>80 to 90%</b>	Develop Internal Corrective Action Plan.
<b>Below 80%</b>	Develop Corrective Action Plan to be approved by the State. May require follow-up meeting with State representative. State will receive ongoing notification and evidence of progress by the county school system until such time when review results can be shown to improve.

**Corrective Action Plans (CAP)**

The corrective action plan (CAP) is the district's written plan to correct the problems found in the monitoring of the program. This plan may include:

1. A claim adjustment to the Department for Medicaid Services to reflect the correct procedure;
2. Schedule Service Log Documentation Standards Training conducted by the Departments of Education and Medicaid Services to minimize recoupment of funds for insufficient service log documentation;
3. Notify all practitioners in writing that each practitioner **must** complete individual service logs for each student for whom Medicaid service logs are maintained;
4. Conduct Peer Reviews
5. Develop an Internal Compliance Team that conducts training and reviews

The district must submit, in writing, which, if any, of the above measures will be implemented. The CAP will be approved and monitored by the State and includes periodic updates.

### **Appeal Process**

School districts will have 15 days after the receipt of the report to submit an appeal for consideration.

1. The response must contain the following information:
  - a. Student name.
  - b. The finding that is being appealed.
  - c. Reason for the appeal.
  - d. Attach documentation for reconsideration by KDE staff.
2. The appeal will be reviewed by KDE staff and a report will be issued to the local school district within 45 days of receipt of the appeal.
3. The KDE will forward the original report, the appeal request, and the findings of fact to the Department for Medicaid Services. Final determination of outcomes will be made by the Department for Medicaid Services.

Appeals should be sent to: Lindsey Kimbleton  
Kentucky Department of Education  
Division of Budget and Financial Management  
300 Sower Boulevard, 5<sup>th</sup> Floor  
Frankfort, KY 40601

### **Paybacks**

During the review process, if claims are found to have been paid for non-compliant services, the district will be required to pay back the Department for Medicaid Services for these non-compliant claims. Paybacks will be submitted after the appeal process is completed. Districts will have two options to payback the claim:

1. The district may write a check to the Kentucky State Treasurer for the amount
2. Submit the Adjustment and Claim Credit Request Form to have the amount deducted from future reimbursement checks.

The Department for Medicaid Services will direct the district regarding any payback matters.

## Online Monitoring Submittal Directions

Starting the 2020-2021 school year, all monitoring documents will be submitted via online.

Within one week of receiving this monitoring notice, you will receive an email with the link to upload documentation. The link you will be sent is secure and is HIPAA/FERPA compliant.

The documentation must be submitted in the following order with the designated file names. A school district may not alter or change any part of this process. Failure to follow the specific rules will result in rejection of monitoring documents.

Each school will be given ten claims. The first claim listed will be claim #1, the second claim will be claim #2, and so on. Each claim will be submitted individually. Please use the example to name your files "Districtname\_claim1".

Each claim will need to submit the following information in this exact order. Please submit all claims and documentation in PDF format. Failure to submit in this order, will result in rejected information.

1. Evaluation/assessment documenting IEP necessity
  - This evaluation should occur prior to the rendered service
  - If the claim is for an evaluation, please include the evaluation that resulted
2. IEP for date of service
3. Standardized KDE Medicaid Parental consent/notification for billing, parent consent for release of record that occurred prior to the date of service
4. Service Treatment log for the date(s) listed
  - For transportation claims, please include the paper transportation log and the backup documentation for determining the mileage. Also, please attach the related service claim for the same date of service.
5. Annual Attendance records for the 2018-2019 school year for the student being reviewed
6. Peer Review documentation for 2018-2019 school year

After submitting the 10 claims, schools will also need to submit their SBAC financial data for each of the requested quarters (October-December 2018) (January-March 2019) (April-June 2019), district generated MUNIS financial reports (prefer to see the MUNIS KY Medicaid Reimbursement SBAC Report, if being implemented) to support the finances reported on the SBAC program for the two quarters covered in the review. Annual Application (must be for 2018-2019) and any applicable amendments. You will only need to submit an amendment(s), if there is a claim with a practitioner that is not listed on the annual application. Please use the following examples when naming these documents

"Districtname\_OD2018"

"Districtname\_JM2019"

"Districtname\_AJ2019"

"Districtname\_Application"

"Districtname\_Amendments"

“Districtname\_Peerreview”

The monitoring results will be available online in the GMAP application. Once Kentucky Department of Education (KDE) completes the monitoring, an email will be sent to alert the schools that the results are available in GMAP.

Within a week of receiving your monitoring notice, you will receive an email with a link to the site where you will submit your documentation. When you get to the SharePoint sight, you will need to hit the upload button, hit browse and select your file. Choose the correct school district and then upload the document. Once the document is uploaded, the school district will no longer have access to it. Please make sure to keep electronic copies at the district.

**Kentucky Department of Education  
School Based Medicaid Monitoring Review Form**

<b>Provider</b>	<b>Medicaid Number</b>
<b>Provider Number</b>	<b>Service Date</b>
<b>Claim Number:</b>	<b>Service Units Billed</b>
<b>Client Name</b>	<b>Service Type</b>
<b>Audit Requirement</b>	
<b>IEP Criteria</b>	<b>Total of 35 points</b>
1. Is there an evaluation/assessment documenting the need for IEP in the student record? 10 points	
2. Is the IEP current with the date of service? 10 points	
3. Does the IEP identify the type of service billed, if it is group service, is that documented? 10 points	
4. Has the parent or guardian signed a Parental Consent/Release of Information form? 5 points	
<b>Service Treatment Log Criteria</b>	
<b>Total of 30 points</b>	
5. Does the log list the service date? 5 points	
6. Does the log reflect the type of therapy services provided; does this match to the service as outlined in the IEP? If the service is transportation, has a related service been billed on the same day? 5 points	
7. If the session is group, does the log list the group size? 5 points	
8. Does the log identify where the service was provided? 5 points	
9. Does the documentation reflect the duration of service, and does this correspond to the units billed? If this claim is transportation, does the mapping match the miles billed? 5 points	
10. Is the log signed by the person who delivered the service? 5 points	
<b>Monthly Progress Note Criteria</b>	
<b>Total of 5 points</b>	
11. Does the service documentation reflect progress toward IEP goals? 5 points	
<b>Staff Credentialing Criteria</b>	
<b>Total of 5 points</b>	
12. Is the staff credentialed for the service provided and were they on the approved practitioner list submitted to KDE? 5 points	
List Staff Name: _____	
<b>Attendance Records</b>	
<b>Total of 5 points</b>	
13. Student was in attendance on the date of service. 5 points	
<b>Staff Pool List and Financial Data</b>	
<b>Total of 20 points</b>	
14. Is staff listed in appropriate staff pool? 5 points	
15. Was Staff Pool List and Financial Data submitted on time? 5 points	
16. Does financial data match MUNIS reports? 5 points	
17. Did the district meet the 85% compliancy for the periods reviewed? 5 points	
18. Did the district submit peer review documentation? Pass/Fail	

**Reviewer** \_\_\_\_\_

**Date** \_\_\_\_\_