

Commonwealth of Massachusetts  
Executive Office of Health and Human Services

# **MassHealth**

## **School-Based Medicaid Program: Program Guide for Local Education Agencies**



Effective July 1, 2018

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## Executive Summary

The School-Based Medicaid Program (SBMP) offers local education agencies (LEAs) an opportunity to receive federal dollars to offset costs associated with providing certain Medicaid-covered services in a school setting.

Medicaid is a joint state-federal program that offers reimbursement for both the provision of Covered Services and for the costs of administrative activities that support the Medicaid program. The Executive Office of Health and Human Services (EOHHS) is the single state agency responsible for the operation of the Medicaid program known in Massachusetts as MassHealth. The University of Massachusetts Medical School (UMMS) administers the SBMP on behalf of and in conjunction with MassHealth.

It is recommended that *superintendents, business managers, special education directors, direct service and administrative staff* review this Program Guide to get a baseline understanding of the program. The Program Guide can be helpful for onboarding, as a refresher, and as a reference guide.

LEAs must take an active role in the administration of the School-Based Medicaid Program. LEAs certify under penalties and perjury of the law that reimbursement requests are accurate and are responsible for ensuring program compliance. The federal government regularly audits the SBMP and all costs are subject to audit review by MassHealth and other state and federal agencies. More information about compliance is available throughout this Program Guide and other guides. For a full list of provider responsibilities, please refer to the provider contract.

This Program Guide provides an overview of the key components of the SBMP in three parts:

- (1) Direct Service Claiming (including cost reports and claim submission to MassHealth),
- (2) Administrative Activities Claiming, and
- (3) the Random Moment Time Study.

First, this Program Guide describes the Direct Service Claiming (DSC), which accounts for approximately 60% of SBMP revenue. Throughout the year, LEAs submit claims to MassHealth for Medicaid Reimbursable Services, which are paid quarterly. At the end of the year, LEAs file an annual Direct Services Cost Report, which includes all eligible Direct Services costs, as well as LEA-specific Medicaid eligibility rates. The Cost Report calculates the total reimbursable costs incurred by the LEA for that year, and the LEA is paid the difference of the reimbursable costs incurred and claims payments made throughout the year. More information about the DSC program, including more about billing requirements, is available in the *Direct Service Claiming Interim Claiming Guide*.

Then, this Program Guide elaborates on the Administrative Activities Claiming (AAC), which accounts for approximately 40% of SBMP revenue. LEAs can claim administrative reimbursement for both the direct service providers like occupational and physical therapists, as

well as the other staff that support the provision of health services and certain other administrative activities. For example, MassHealth outreach or application assistance and coordination of Medicaid Reimbursable Services are reimbursable administrative activities.

Finally, this Program Guide provides an overview of the Random Moment Time Study (RMTS), which is a survey that captures what direct service and administrative staff were doing at a given moment, and whether it was reimbursable. Staff RMTS participation is a requirement for reimbursement in both the DSC and AAC programs. The RMTS is described in greater depth in the *RMTS Guide*.

The glossary following Part 3 includes definitions of commonly used acronyms and terms. This Program Guide concludes with an appendix with a comprehensive list of additional resources and guidance.

Thank you for taking the time to read this guide and for the participation in the School-Based Medicaid Program.

## **Introduction**

### **Program Overview**

The school setting provides a unique opportunity for local communities to partner with the Medicaid program to enroll eligible children in the Medicaid program, and to assist children who are already enrolled in Medicaid to access the benefits available to them. Federal matching funds (called Federal Financial Participation or FFP) are available to contracted LEAs through participation in the School-Based Medicaid Program (SBMP). Final reimbursement for School-Based Medicaid services and administration is based on Medicaid-allowable actual incurred costs.

Massachusetts is authorized to claim federal dollars for direct services and administration through its [State Plan Amendment](#), which is approved by the Centers for Medicare & Medicaid Services (CMS).

### **How to Use School-Based Medicaid Guides**

This Program Guide provides an overview of the key components of the SBMP in three parts:

- (1) Direct Service Claiming (including cost reports and claim submission to MassHealth),
- (2) Administrative Activities Claiming, and
- (3) the Random Moment Time Study.

Other guides are referenced throughout this Program Guide are italicized and listed in the appendix.

While this Program Guide is a living document and will be updated on an ongoing basis, it is critical to visit the SBMP website for the most up to date information at [www.mass.gov/masshealth/schools](http://www.mass.gov/masshealth/schools). All Program Bulletins, training materials, and additional resources should be followed. Information in this Program Guide and other materials are consistent with the scope of the School-Based Medicaid provider contract.

### **Applicable Laws, Regulations, and Published Guidance**

Any LEA or subcontractor participating in the SBMP must comply with applicable federal and state laws, regulations, published guidance, and the terms of the provider contract. These include, but are not limited to:

- Section 1902(a) of the Social Security Act
- Code of Federal Regulation (CFR) Titles 42 45
- OMB Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards (2 CFR 200): [www.federalregister.gov/documents/2013/12/26/2013-](http://www.federalregister.gov/documents/2013/12/26/2013-)

[30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards\)](#)

- OMB Circular A-133 Audits of States, Local Governments and Non-Profit Organizations
- MassHealth School-Based Medicaid Program Bulletins
- MassHealth School-Based Medicaid Program Instruction Guides
- Massachusetts School-Based Medicaid Program Provider Contract

## Contact Information

For School-Based publications and other information, including where to find this and other guides, please visit

- [www.mass.gov/masshealth/schools](http://www.mass.gov/masshealth/schools).

For questions about the program, contact the UMMS School-Based Help Desk at

- [SchoolBasedClaiming@umassmed.edu](mailto:SchoolBasedClaiming@umassmed.edu) or
- Call (800) 535-6741, M–F, 7:30 a.m.–7:30 p.m.

To enroll as a School-Based Medicaid provider, as well as for information about MMIS claims, please contact MassHealth Customer Service at

- [providersupport@mahealth.net](mailto:providersupport@mahealth.net) (for non-member-specific questions only) or
- Call (800) 841-2900, M–F, 8 a.m.–5 p.m.

For general MassHealth information, including regulations, please visit the MassHealth website at

- [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

For all education-related questions, including parent/guardian consent, contact the Massachusetts Department of Elementary and Secondary Education (DESE).

Individualized Education Program (IEP) questions can be directed to Special Education Planning & Policy at

- [specialeducation@doe.mass.edu](mailto:specialeducation@doe.mass.edu) or
- Call (781) 338-3375

Consent Questions can be directed to the Office of Student and Family Support at

- [achievement@doe.mass.edu](mailto:achievement@doe.mass.edu) or
- Call (781) 338-3010

## Part 1: Direct Service Claiming

### Overview

The Direct Service Claiming (DSC) program is the mechanism through which LEAs seek federal reimbursement for the provision of medical services. (The Medicaid administrative costs are captured in Administrative Activity Claiming (AAC)). The SBMP covers direct medical services provided in the school-setting including speech, occupational and physical therapies, psychological counseling, skilled nursing services, audiology services, personal care services, and Applied Behavior Analysis (ABA) therapy services when all Medicaid claiming requirements are met.

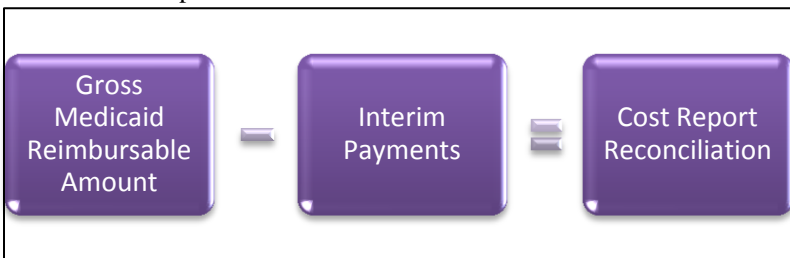
Prior to July 1, 2019, these Medicaid Covered Services are only reimbursable when provided pursuant to a student's Individualized Education Plan (IEP). Starting July 1, 2019, the program will also reimburse for the provision of Medicaid Covered Services that meet Medicaid's definition of medical necessity and all other program requirements, *without* the IEP requirement. Examples of these additional services include mandated physical and behavioral health screenings and fluoride varnish treatment, as well as all of the currently Covered Service types when provided pursuant to a 504 plan, ordered by a physician, physician assistant or nurse practitioner, or are otherwise medically necessary.

Throughout the year, LEAs submit interim claims for Covered Services provided to eligible MassHealth-enrolled members through MassHealth's Medicaid Management Information System (MMIS). Providers must submit per-unit claims for all services for which they seek reimbursement in the annual Direct Services Cost Report (Cost Report). Interim claims are paid on a quarterly basis.

After the conclusion of the fiscal year on June 30, LEAs submit a Cost Report to determine the total Medicaid-allowable costs the LEA incurred that year, which is called the Gross Medicaid Reimbursable Amount. The Cost Report must be accompanied by a certification, which certifies the accuracy of the costs included in the report.

All of the School-Based Medicaid Provider's interim claims are reconciled to the Gross Medicaid Reimbursable Amount as determined by the certified Cost Report. Interim claims paid throughout the year are deducted from the total reimbursable amount, and the remaining amount is paid to the LEA. This is called the Cost Report reconciliation process and is illustrated in Chart 1 below.

Chart 1: Cost Report Reconciliation Process



If the total Medicaid-allowable costs exceed the interim claims that were paid throughout the year, a payment will be issued to the LEA. If the interim claims exceeded the actual incurred total Medicaid-allowable costs, then MassHealth will recoup the overpayment from the LEA. Cost reports are due by December 31 of each year and are generally paid by the end of the following June. For example for FY19 (June 2018–July 2019) cost reports are due 12/31/19 and reconciliations are generally paid by 6/30/19.

Allowable Medicaid direct service expenditures include:

1. Staff salary and employer paid benefit expenditures
2. Out-of-district tuition expenditures
3. Material, supply and equipment expenditures when in support of Medicaid Reimbursable Services
4. Purchased services expenditures when in support of Medicaid Reimbursable Services
5. Indirect costs through the application of the DESE indirect cost rate

The following sections provide an overview of high-level program requirements related to reimbursable costs, interim billing, and other requirements. It is crucial that staff review the *Direct Service (Interim) Claiming Guide* and the *Instruction Guide for the Annual Direct Service Cost Report*, which elaborate upon these program requirements.

## Reimbursable Services

- The SBMP covers direct medical services provided in the school setting, including speech, occupational and physical therapies, psychological counseling, skilled nursing services, audiology services, personal care services, and ABA therapy services when all Medicaid claiming requirements are met.
- Services for which there is an SBMP corresponding procedure code are “Covered Services.” When a Covered Service is provided and meets the requirements for reimbursement, including medical necessity, it is referred to as a “Reimbursable Service.”
- The complete list of covered services can be found on the SBMP website at [www.mass.gov/masshealth-school-based-medicaid-program](http://www.mass.gov/masshealth-school-based-medicaid-program).
- Before July 1, 2019, only Covered Services provided by a Medicaid qualified practitioner acting within the scope of their clinical license and pursuant to an IEP are reimbursable under the program.



**Please note:** If services delivered before July 1, 2019, are on the covered procedure code list but are not included in the related service delivery grid of a student's IEP, then they are NOT reimbursable and claims should not be submitted for these services.

Starting July 1, 2019, all medically necessary, Covered Services are reimbursable when provided by a Medicaid qualified practitioner acting within the scope of their clinical license and providing a service which requires the skill level and clinical expertise associated with that license. See the expansion webpage for more information.

## **Reimbursable Staff Costs**

In order for staff time to be reimbursable under DSC, the conditions outlined below must be met:

- All personnel whose costs are included for reimbursement in the Cost Report must be included in the appropriate DSC cost pool within the Random Moment Time Study (RMTS) participant list.
- In order to be included in the Cost Report, the staff salary and benefit expenditures must be associated with staff that provided Medicaid Reimbursable Services and submitted interim claims through MMIS.
- Whenever applicable, staff must meet MassHealth's provider qualifications (including supervision requirements) and licensing requirements for the type of services they provide.

## **Eligible MassHealth Members**

Reimbursement is only available if provided to MassHealth-enrolled members between three and 22 years of age who are eligible for federal reimbursement for non-emergency services.

Reimbursable eligibility types include CarePlus members and most Standard, CommonHealth, and Family Assistance members.

MassHealth provides access to student Medicaid Eligibility information for LEAs through two methods:

- The Provider Online Service Center (POSC) can be accessed for the purpose of performing individual student eligibility inquiries. Eligibility for the date of service should be checked before claims are submitted to ensure students were eligible on the date of service since eligibility may have changed since the quarterly match. The POSC is accessible to all enrolled providers at <https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/providerLanding/providerLanding.jsf>
- The SBMP provides an online Student Medicaid Eligibility Matching verification system to all participating LEAs through the UMMS program website. This site is used by each LEA on a quarterly basis to identify MassHealth enrolled students and calculate the district's Medicaid Eligibility Percentage used in AAC and in the annual Direct Service Cost Report. For additional information about the Student Medicaid Eligibility Matching system, please refer to the *SBMP Instruction Guide for Medicaid Eligibility Matching*, which is available by request from UMMS.

## DESE Guidance Regarding Parental Consent

The Department of Elementary and Secondary Education (DESE) is the state agency responsible for overseeing the Federal Educational Rights and Privacy Act (FERPA) and Individuals with Disabilities Education Act (IDEA) in Massachusetts. DESE has provided guidance that parental consent is required before an LEA can access a student's MassHealth benefits, which includes the submission of interim claims and including students in the Medicaid eligibility statistics for calculating the annual cost report. For more information about parental consent, refer to [www.doe.mass.edu/sped/28mr/](http://www.doe.mass.edu/sped/28mr/) or contact DESE at (781) 338-3010 or [achievement@doe.mass.edu](mailto:achievement@doe.mass.edu).

## Interim Billing Requirements

LEAs must comply with the following interim billing requirements:

- Interim claims must be submitted for **all** services for which LEAs seek reimbursement.
- This means that every time a Medicaid qualified practitioner (who has been included in the appropriate direct services cost pool of the RMTS) provides a Medicaid Reimbursable Service to a MassHealth enrolled student, an interim claim must be submitted. Only claims submitted with billable procedure codes provided to eligible MassHealth-enrolled members will pass through MMIS. All submitted claims should meet the definition of Reimbursable Services above and as further detailed in the *Direct Service (Interim) Claiming Guide*.
- LEAs may not include service types (e.g. Physical and Occupational Therapy) in the Annual Direct Service Claiming Cost Report if no interim claims were submitted for that service type during the quarter. If an LEA includes such costs, then MassHealth may remove them, per the Provider Contract.
  - For example, if salary and benefit expenditures for 10 physical therapists are included in the Cost Report for all four quarters of the fiscal year, but no physical therapy claims were submitted during Q1 and Q2 (July–December) of the fiscal year, all 10 physical therapists' costs will be disallowed for the first two quarters of the cost report.

## Interim Billing Submission

LEAs are expected to submit interim bills consistent with the rules specified below:

- Claims must be submitted in electronic format in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines using the 837P claim format or through Direct Data Entry (DDE) via the POSC.
- LEAs may perform the billing themselves using the POSC DDE option, purchase software that will generate the required 837P claim files, or contract with a third party to perform the billing for the district.
- Interim claims must be submitted within 90 days of the date of service and must include the appropriate Procedure Code and a clinically appropriate ICD-10 Diagnosis code.

- **All claims are subject to audit.** LEAs are responsible for ensuring the appropriate documentation can be produced in the event of an audit or other request by MassHealth or other state or federal compliance agency. Failure to do so may result in a recoupment and/or termination from the program as described in the Provider Contract. For more information about documentation requirements, see the *Direct Service (Interim) Claiming Guide*.

### **Cost Report Disallowances**

Per the Provider Contract, costs may be disallowed from the Cost Report if they do not comply with interim billing requirements described above or other program requirements.

For more information on interim billing requirements see the *Direct Service (Interim) Claiming Guide* and for more information on Cost Report requirements, see the *Instruction Guide for the Annual Direct Service Cost Report*.

## **Part 2: Administrative Activities Claiming**

### **Overview**

The Administrative Activities Claiming (AAC) program reimburses government agencies for some of the costs of their allowable Medicaid administrative functions when those activities support provision of services as outlined in the Medicaid State Plan.

Both direct service staff and non-direct service staff costs can be claimed as long as they are included in *any applicable pool* in the RMTS (any of the direct service pools or the administrative only pool).

Final reimbursement for the AAC component of School-Based Medicaid services is based on Medicaid-allowable actual incurred costs related to performance of Medicaid administrative activities as quantified by the RMTS. These expenditures are captured for each quarter in the Massachusetts School-Based Medicaid Administrative Claim. There is no AAC interim billing.

Allowable Medicaid Administrative expenditures include:

1. Staff salary and employer paid benefit expenditures;
2. Specialized transportation expenditures;
3. Out-of-district tuition expenditures;
4. Material and supply expenditures when in support of Medicaid administrative activities;
5. Indirect costs through the application of the DESE approved indirect cost rate; and
6. Capital costs through the application of a capital percentage allocation rate.

### **Reimbursable Administrative Activities**

There are seven types of reimbursable administrative activities:

1. Outreach – Informing eligible or potentially eligible individuals or families about MassHealth and how to access it.
2. Application assistance – Assisting individuals or families to apply for MassHealth.
3. Participating in activities to develop strategies to improve the delivery of Covered Services, including when performing collaborative activities with other agencies regarding health-related services.
4. Making referrals to health services, coordinating, or monitoring the delivery of Covered Services.
5. Assisting an individual to obtain *MassHealth-covered* transportation.
6. Translation services, when required to access health-related services.
7. Providing or receiving school staff training related to Medicaid topics.

## **Important Note about Non-Reimbursable Activities**

LEAs and their staff should understand that the SBMP is a Medicaid health program, not an educational program. Therefore, educational activities are not reimbursable. Some examples of non-reimbursable activities include:

- Planning, preparing for, or attending IEP meetings;
- Working to obtain parental consent to meet DESE (FERPA) requirements;
- Fulfilling any educational/non-health components of an IEP;
- Providing student supervision; and
- Educational, vocational, academic, or disciplinary activities.

## **Reimbursable Staff Costs**

In order for staff time to be reimbursable under AAC, the staff must be reasonably expected to perform reimbursable Medicaid Administrative Activities and must be included in the appropriate cost pool (DSC or Admin Only) within the Random Moment Time Study (RMTS) participant list.

## Part 3: Random Moment Time Study (RMTS)

### Overview

The School-Based Medicaid Program reimburses LEAs based on actual costs incurred for reimbursable services and administrative activities through the Direct Service Claiming and Administrative Activity Claiming programs. To quantify the proportion of reimbursable staff time, a method called the Random Moment Time Study (RMTS) is used.

The RMTS samples LEA staff time at random moments throughout the school year. Respondents from subgroups of staff called “pools” answer questions to indicate what they were doing at randomly assigned moments (see Chart 2 below for a list of the pools). A specified number of moments are assigned randomly across each statewide pool of participants comprised from all participating LEAs in the Commonwealth. Then, the methodology determines a statistically valid statewide proportion of reimbursable time for each pool.

The results of the RMTS are combined with provider-specific costs, which are submitted in an annual cost report to determine provider reimbursement for Direct Service Claiming, and will be submitted as part of the quarterly Administrative Activity Claims. The RMTS process is designed to be as quick and unobtrusive to participants as possible and is completed online using the statewide RMTS system.

Chart 2: RMTS Pools

Before July 1, 2019	July 1, 2019 Onward
1. Direct Services*	1. Mental/Behavioral/Health Services*
2. ABA Therapy*	2. Therapy Services*
3. Administrative Only	3. Medical Services*
	4. Administrative Only

\* Direct Service Pools. LEAs can claim costs associated with both direct services and administrative support provided by staff in these pools.

### LEA RMTS Requirements

The RMTS is described in much greater depth in the *Random Moment Time Study (RMTS) Instruction Guide*. High level LEA responsibilities for the RMTS are outlined below.

LEAs should

1. Designate an LEA-employed RMTS Coordinator for the LEA to maintain the list of RMTS participants and monitor staff participation in the RMTS.
2. Update the LEA’s list of RMTS participants quarterly per program guidelines.
3. Ensure staff are included in the appropriate RMTS cost pool. This determination should be made based on individual job function rather than job title (e.g. nurses may be in

different pools, or may not be included at all, based on how they spend their time) and in accordance with program guidelines.

4. Provide training to staff who will be participating in the RMTS and oversee staff training compliance.
5. Maintain at least an 85% participation compliance rate of LEA staff answering all assigned random moments.

## Glossary/Acronyms

**ABA**– Applied Behavior Analysis; a service type covered for students with an Autism spectrum diagnosis

**AAC** – Administrative Activity Claiming

**CHIP** – Children’s Health Insurance Plan

**CMS** – Centers for Medicare & Medicaid – the federal agency that gives MassHealth, including the School-Based Medicaid Program, the authority to operate and claim federal dollars

**Cost Report** – The annual submission of an LEA’s actual incurred costs related to the provision of Medicaid Reimbursable Services which determines the total Medicaid-allowable costs the LEA incurred that year

**Covered Services** - The SBMP covers direct medical services provided in the school-setting including speech, occupational and physical therapies, psychological counseling, skilled nursing services, audiology services, personal care services and ABA therapy services when all Medicaid claiming requirements are met. Services for which there is a SBMP corresponding procedure code are “Covered Services.” When a Covered Service is provided and meets the requirements for reimbursement, including medical necessity, they are referred to as a “Reimbursable Service.”

**CPE** – Certified Public Expenditure

**DESE** – Massachusetts Department of Elementary and Secondary Education

**DSC** – Direct Service Claiming

**FERPA** -- The Family Educational Rights and Privacy Act of 1974

**HIPAA** – Health Insurance Portability and Accountability Act

**IEP** – Individual Education Program

**LEA** – Local Education Agency

**MassHealth** – The jointly administered , Medicaid and the Children’s Health Insurance Plan (CHIP) in Massachusetts

**MMIS** -- Medicaid Management Information System

**POSC** – Provider Online Service Center

**Reimbursable Service** – A Covered Service that has been provided and that meets the requirements for reimbursement, including medical necessity

**RMTS** – Random Moment Time Study

**SBMP** – School-Based Medicaid Program

**UMMS** – University of Massachusetts Medical School; UMMS administers the School-Based Medicaid Program on behalf of MassHealth



## Appendix: SBMP Guides and Other Resources

Most written guidance is available on the [SBMP Resource Center](#). The following documents were discussed in this guide.

- *Direct Service (Interim) Claiming Guide*
- *Random Moment Time Study (RMTS) Instruction Guide*
- *Administrative Activities Claiming (AAC) Guide*
- *Instruction Guide for the Annual Direct Service Cost Report*
- Service specialty/type coverage guidance is available for Speech Language Pathologists, Physical Therapists, and Occupational Therapists. Additional provider type-specific guidance is under development.
- [Massachusetts School-Based Medicaid State Plan Amendment](#)