**Eaton RESA**

**Quality Assurance Plan**

**Part 1: Michigan Department of Health and Human Services Medicaid Provider Manual Quality Assurance**

The Michigan Department of Community Health’s Medicaid Provider Manual dated April 1, 2018 outlines the following standards regarding Quality Assurance for School-Based Services.

Policy: The Michigan Department of Health and Human Services (MDHHS) Provider Manual dated July 1, 2022 includes the following language regarding Quality Assurance for School-Based Services and Caring 4 Students (C4S). Collectively, these programs will be identified as “School Services Programs” (SSP), except where specifically identified (Section 3.1):

“School-Services Program providers must have a written quality assurance plan on file. SSP costs will be reviewed/audited by MDHHS for determination of medical necessity and to verify that all services were billed and paid appropriately. The purpose of the quality assurance plan is to establish and maintain a process for monitoring and evaluating the quality and documentation of covered services.

An acceptable quality assurance plan must address each of the following quality assurance standards:

1. Covered services are medically necessary, as determined and documented through appropriate and objective testing, evaluation and diagnosis.
2. The POC which includes but is not limited to: IEP/IFSP/Individual health plan/504 plan/ treatment plan; identifies which covered services are to be provided and the service frequency, duration, goals and objectives.
3. A monitoring program exists to ensure that services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities and assisting the beneficiary to benefit from special education.
4. Billings are reviewed for accuracy.
5. Staff qualifications meet current license, certification and program requirements.
6. Established coordination and collaboration exists to develop plans of care with all other providers, (i.e., Public Health, Department of Human Services (DHS), Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), Hearing Centers, Outpatient Hospitals, etc.).

**Eaton RESA’s Plan**

**A. Covered services are medically necessary, as determined and documented in the plan of care through appropriate and objective testing, evaluation, and diagnosis.**

Services are rendered in accordance with each student’s POC developed by medical professionals in the school setting.

Special Education: Evaluations are conducted by the Multidisciplinary Evaluation Team (MET). Once the initial evaluations are completed, the evaluation team develops a written MET report with an eligibility recommendation. An Individualized Educational Program (IEP) meeting is then scheduled to allow the IEP team to review the MET report along with any other pertinent information to decide if the student is eligible for special education services, including health related services such as Occupational, Speech, and Physical Therapy, Social Work, etc. In addition, local districts periodically conduct a Referral/Review of Existing Evaluation Data (REED). The purpose of the REED is to review existing data about the student and to ascertain what, if any, additional evaluation is needed to determine/re-determine eligibility.

C4S: Evaluations are conducted by qualified medical professionals including, but not limited to; Psychologist, Counselor, Social Worker, Nurse, etc. Once the evaluations are completed, they will be used to develop, implement, revise, and monitor an individualized POC, including an emergency plan, for students with acute or chronic health care needs.

The Medicaid Department periodically runs a report of students with Speech, OT, and PT services. Physician referrals/prescriptions are obtained for these students. Personal care services are authorized by an RN, or another appropriately licensed professional.

 **B. The Plan of Care identifies which covered services are to be provided and the service frequency, duration, goals and objectives.**

A student POC includes covered services, service frequency, duration and goals and objectives.

 **C. A monitoring program exists to ensure that services are appropriate, effective and delivered in a cost effective manner.**

District staff, including Designated Case Managers and direct service staff are responsible for monitoring the appropriateness and effectiveness of services provided pursuant to the student’s POC.

 **D. Billings are reviewed for accuracy.**

Eaton RESA’s service documentation system and billing software include business rules that prevent submission of services that do not meet Medicaid billing requirements*. See Appendix A*

 **E. Staff qualifications meet current license, certification, and program requirements.**

Employed and contracted personnel must meet Michigan current licensure, certifications, or registration requirements for the area in which they are providing health care services.

Practitioners only provide services within their professional scope of practice. LEA/ISD human resource office obtain copies of certifications, licenses, and registrations of all employed personnel as a condition of employment and ensure these are kept up to date. Certifications/licensure is also checked for direct service and case management staff with each staff pool list update.

**F. Established coordination and collaboration exists to develop plans of care with all other providers, (i.e., Public Health, Department of Human Services (DHS), Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), Hearing Centers, Outpatient Hospitals, etc.).**

The districts are responsible for the coordination of student services with outside agencies. Eaton RESA’s Special Education department Mental/Behavior Health department is also available to assist districts with the coordination of services with various agencies.

**Additional Procedures**

**Staff Training**

Training for SSP providers is available upon demand or annually through the following methods:

* Google Meets
* On-site Training
* Email
* Newsletters and other direct correspondence
* Safe School annual Medicaid Training

Under the Direction of and Supervision

Under the Direction Of refers to our physical therapist assistants, certified occupational therapists and the limited-licensed speech language pathologists. The fully licensed clinician will supervise the individual’s care, which at a minimum, includes seeing the individual initially, prescribing the type of care, reviewing the need, assuring services provided, and ensuring all medical services are medically necessary.

All services entered by our limited-licensed staff will require supervisor approval in MiPSE before the service record is allowed flow to Relay. Written log sheets are also maintained throughout the school year and kept for a minimum of 7 years

Supervision of limited-licensed mental health professionals consists of meeting regularly as described within the professional rules to discuss casework and other professional issues in a structured way.

All services entered by our limited-licensed staff will require supervisor approval in MiPSE before the service record is allowed flow to Relay. Written log sheets are also maintained throughout the school year and kept for a minimum of 7 years

**Deficit Reduction Act (Employee Education about False Claims Recovery)**

Pursuant to Section 1902(a) (68) of the Social Security Act, Eaton RESA, as the Medicaid Provider for School Services Program, is required to comply with Section 6032 of the Deficit Reduction Act (DRA) of 2005. Providers are subject to this act if they receive or make at least $5 million in annual aggregate payments from the federal Medicaid program.

A section of the law entitled "Employee Education About False Claims" cites three (3) requirements; 1) Establish written policies for employees and contractors about the False Claims Act; 2) Establish detailed provision in these policies for detecting fraud, waste and abuse, as well as administrative remedies for false claims; 3) Inform all providers about these policies and their rights to be protected as whistleblowers. (Annually each individual on the DS/TCM/Personal Care staff pool list is sent an email with information on the DRA)

The Federal False Claims Act, among other things, applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits among other things:

* Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval.
* Knowingly making or using, or causing to be made or used a false record or statement in order to have a false or fraudulent claim paid or approved by the government.
* Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
* Knowingly making or using, or causing to made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

Any person who knowingly attempts to defraud the federal government is liable to the United State Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

Enforcement: The United States Attorney General may bring civil actions for violations of the False Claims Act. As with most other civil actions, the government must establish its case by presenting a preponderance of the evidence rather than meeting the higher burden of proof that applies in criminal cases. The False Claims Act allows private individuals to bring "qui tam" actions for violations of the False Claims Act.

Protection for "Whistleblowers": Federal and state law prohibit any retaliation or retribution against persons who report suspected violations of these laws to law enforcement officials or who file "whistleblower" lawsuits on behalf of the government.

To report Medicaid provider fraud:

Call the Attorney General's 24-hour Hotline at 800-24-ABUSE (800-242-2873); e-mail hcf@michigan.gov or

Visit the Attorney General's web site at <http://www.michigan.gov/ag>

**Part 2: Michigan Department of Health and Human Services Medicaid Provider Manual Financial Data Requirements Policy**

**Policy:**

The Medicaid Provider Manual, School-Services Program Section 6 states: “The financial data reported for the Direct Medical Services (salaries, benefits, supplies, etc.) must be based on actual detailed expenditures reports obtained directly from the participating ISD’s financial accounting system. The financial accounting system data is applied using generally accepted governmental accounting standards and principles or applicable administrative rules. The expenditures accumulated for calculating the Direct Medical allowable costs are to include actual non-federal expenditures incurred during the claiming period. These allowable expenditures include, but are not limited to salaries, wages, fringe benefits and medically related supplies, purchased services and materials.”

**Eaton RESA’s Plan**

Quarterly Staff Pool lists are reviewed by each district’s Special Education Director/Supervisor to ensure accuracy. Once the staff pool lists are certified by the local district, they are reviewed by the ISD Medicaid Reimbursement Office before certification by the ISD.

The Quarterly Financial website is opened to the local districts by PCG. District staff complete, certify, and submit the report electronically directly to PCG. Eaton RESA will review district reports as follows:

* Verify district Indirect Cost Rates
* Verify with the local district that the total reported costs are correct
* Verify by random sample that staff listed are reporting services
* Verify Direct Service licensure

**Facility Settlement**

Local districts prepare the Facility Settlement Report and submit them in the Champs system. The Eaton RESA business office prepares the ISD’s Facility Settlement and submits in Champs. The following information is reviewed for reasonableness:

* Verify that staff on the quarterly financials matches the quarterly staff pool lists and note any discrepancies. (i.e., 100% federally funded, removed from SPL)
* Verify district indirect cost rates
* Verify reasonableness of staff salaries/benefits, comparison to the prior year and comparison to the District’s SE 4096
* Verify transportation data using the district SE-4094 report.

**Cost Certification**

Each local district certifies their own data. Eaton RESA compiles and reviews district data as noted above and submits the certification to the Michigan Department of Health and Human Services.

Caring 4 Students: The Medicaid Provider Manual, School-Services Program Section 6 states: “It is the intent of this of this policy that the ISDs, in cooperation with the local education agencies (LEAs), use both existing funding and those from this program to maintain and increase behavioral health and other health services for general education students. These increases can take place in the current or subsequent year and must supplement, and not supplant existing services. It is expected that these additional services for General Education Students be provided without negatively impacting services provided to Special Education Students.”

[APPENDIX A]

**MEDICAID RULE/POLICY REQUIREMENTS & BUSINESS PROCESSES**

The table below was developed to provide an overview of the Medicaid billing requirements and the process for compliance with the rule/policy, as processes may be managed by MiPSE (PSSP), Relay or district personnel.

| **Rule/Process Title** | **Rule/Policy Requirement** | **Describe the process for compliance with rule/policy**  | **Indicate location of artifacts/supporting documentation below**  |
| --- | --- | --- | --- |
| Age Limit | Medicaid SSP coverage applies to students up to age 21. | Relay checks for services provided to students 21 and older and excludes those services from submission to Medicaid. | Relay Validations – Exception Code AL  |
| Attendance | Official school attendance must show student is present on date of service. | Relay checks for services provided on weekends. | Attendance records are stored at each LEA officeRelay Validations – Exception Code WS |
| Billed Service is included in IEP/IFSP  | Billed service must be included in the child’s IEP/IFSP (other than evals/REEDS/IEP participation) | District imports IEP file into Relay. Relay checks for services provided without IEP/IFSP | Relay Validations – Exception Code IEP |
| Billings Reviewed for Accuracy |  | Internal audits performed every quarter to check random claims | MiPSE Service Capture Standard Reports |
| Duplicate Services  | Medicaid does not pay for duplicate services. | Relay will check for duplicate service provided on the same date to the same student. If the procedure code is duplicated, the system will mark all procedure codes non-billable and create a new encounter. For example: OT and PT provided on same date with same procedure code, the system will tally the total services and bill no more than the maximum number of units allowed. | Relay Validations – Exception Code DS  |
| FERPA | The district is required to provide certain privacy protections for education records. | Multiple security roles in MiPSE assure FERPA compliance and staff role specifications across districts and within districts. | MiPSE Security  |
| HIPAA Privacy Regulations  | The HIPAA Privacy Regulations require that appropriate administrative, technical and physical safeguards are in place to protect the privacy of protected health information (PHI).  | MiPSE & Relay include requirements regarding password complexity, password change frequency & account lockout threshold.  | HIPAA Privacy Regulations – MiPSE & Relay |
| Maintenance of Documentation | Service & supporting documentation must be maintained on file for 7 years from date of service. Documentation must be secure and confidentially maintained and accessible in the event of review of audit.  | IEP and service documentation is completed in MiPSE, an online case management system.  | Documentation is stored at each local district office |
| Medicaid Eligibility | Only services provided to Medicaid eligible students are billed. | The RESA Medicaid Coordinator/Technology Supervisor checks eligibility for all IEP students and imports updated eligibility into MiPSE. Relay validation process holds services provided to students not eligible. | Relay Eligibility ReportsRelay Validations – Exception Code NE |
| Monthly Progress Summary | Monthly progress summaries are required for all services (except PC, evals, REEDs and IEPs.  | MiPSE – Services Export business rule requires monthly progress summary for all services except evaluations, IEP participation, personal care, and non-procedure codes. |  |
| Non-billable procedure codes | Providers have the option for recording non-billable services  | MiPSE Service Capture includes non-billable codes (e.g. student absent, provider absent, record keeping, home visit, student not available, etc.) | MiPSE Service Capture – Procedure Codes |
| Nursing Services Written Order | Nursing services require a physician’s written order when the initial need for the services is determined.  | A warning in MiPSE displays when services are created without a valid written order.District provides Relay with physician’s name and NPI for populating referring provider table. | Physician’s Order Form MiPSE Student Profile-Prescription includes fields for prescription information (type, start/end date, physician’s name and NPI).  |
| Occupational Therapy Assistant  | OTA's services must follow the evaluation and treatment plandeveloped by the OT. The OT must supervise & monitor the OTA's performancewith continuous assessment of the student’s progress. All documentation must be reviewed and signed by the supervising OT. | OTA’s are given the supervision forms See Attached as well as Processes for Services Requiring Supervision Document. PSSP Service Capture includes process for supervision and approval of services.  | Supervision FormsMiPSE Report - Summary Report for Coordinator Approval |
| OT Prescriptions  | OT services must be prescribed by a physician and updated annually.A stamped physician signature is not acceptable. | Occupational Therapy:* A copy of the IEP programs and services page and cover page are to be turned into the ERESA special education office with the script for Dr. Bosworth to sign.
* Scripts are sent to the doctor
* Once the doctor signs the scripts, they are uploaded into PSSP
* ERESA keeps a copy of the signed script
* Signed scripts are required for therapy

A warning in MiPSE displays when services are created without a valid referral.District will provide Relay with physician’s name and NPI for populating referring provider table. | OT Prescription FormMiPSE Student Profile - Prescription includes fields for prescription information (type, start/end date, physician’s name and NPI).  |
| Parental Consent (signed consent) | Pursuant to the IDEA regulation, the district must obtain written parent/guardian consent prior to seeking Medicaid reimbursement for the first time.  | Signed consent is required for staff to bill. These signed consents are uploaded into MiPSe. Services for students without consent are excluded for MiPSE Services export. | MiPSE Document – Written Notification and signed Parental Consent MiPSE Student Profile - Medicaid Information – consent (signed, date) Services Export  |
| Parental Consent Notification | Pursuant to the IDEA regulation, the district must provide the parent/guardian with written Notification Regarding Parental Consent prior to obtaining parental consent, and annually thereafter.  | Consent Form in MiPSE includes written notification. | MiPSE Document – Written Notification and signed Parental Consent Annual notification is delivered through the annual IEP process. |
| Personal Care Authorization | Personal Care Services must be authorized by a physician or “other licensed practitioner” operating within the scope of their practice (i.e. nurse, OT, PT, MSW, SLP-licensed). | [District Developed Process for obtaining Personal Care Authorization & documenting in MiPSE]A warning in MiPSE displays when services are created without the valid authorization.  | Personal Care Authorization FormMiPSE Student Profile - Prescription includes fields for prescription information (type, start/end date; NPI is not required for PC).  |
| Personal Care – Medically Necessary | PCS must be medically necessary and the need for the service must be documented in the student's IEP/IFSP. Each child’s school clinical record mustcontain a completed, signed and dated monthly activity checklist.  | Personal Care:* Ensure that Personal Care is written in to the students IEP
* Using the Personal Care Script, identify which area(s) are identified in the IEP as areas of need
* Obtain a nurse signature
* The LEA uploads the signed script into MiPSE
* The LEA keeps a copy of the signed script and sends a copy to ERESA
* Scripts are valid for up to 12 months from the IEP date, but a new script should be done for each IEP
 | Personal Care Log MiPSE Service Capture |
| Physical Therapy Assistant | PTA services may be reimbursed when provided under the direction of a licensedPT) (i.e., the PT supervises and monitors the PTA’sperformance with continuous assessment of the beneficiary’s progress). Alldocumentation must be reviewed and signed by the supervising PT. | PTA’s are given the supervision forms See Attached as well as Processes for Services Requiring Supervision Document.MiPSE Service Capture includes process for supervision and approval of services. Services for students without required approval are excluded for PSSP Services export. | Supervision FormsMiPSE Report - Summary Report for Coordinator Approval |
| Physical Therapy Prescriptions | PT services must be prescribed by a physician or licensed physician’sassistant and updated annually. A stamped physician signature is not acceptable. | Physical Therapy:* A copy of the IEP programs and services page and cover page are to be turned into the ERESA special education office with the script for Dr. Bosworth to sign.
* Scripts are sent to the doctor
* Once the doctor signs the scripts, they are uploaded into PSSP
* ERESA keeps a copy of the signed script
* Signed scripts are required for therapy

Due to State of MI requirement, a constraint in MiPSE does not allow a physical therapy service to be created without a valid referral. | MiPSE Student Profile - Prescription includes fields for prescription information (type, start/end date, physician’s name and NPI).  |
| Procedure Code Limits | Procedure Codes are limited to daily, monthly, or annual max units  | Relay will check for services that exceed daily, monthly, or annual maximum units and exclude those services from submission to Medicaid. | Fee Schedule - MDCH School Based Services Database[https://www.michigan.gov/mdch/0,1607,7-132-2945\_42542\_42543\_42546\_42551-151025--,00.html](https://www.michigan.gov/mdch/0%2C1607%2C7-132-2945_42542_42543_42546_42551-151025--%2C00.html)Relay Validations – Exception Codes UT, XD, XM, XA |
| Procedure Code Minimum Time | Procedure Codes with minimum duration of time | Relay will check services for under minimum duration and exclude those services from submission to Medicaid | Fee Schedule - MDCH School Based Services Database[https://www.michigan.gov/mdch/0,1607,7-132-2945\_42542\_42543\_42546\_42551-151025--,00.html](https://www.michigan.gov/mdch/0%2C1607%2C7-132-2945_42542_42543_42546_42551-151025--%2C00.html)Relay Validations – Exception Codes UT |
| Procedure Codes | Staff bill for services using appropriate procedure codes. | Relay obtains Fee Schedule from MDCH database and updates Procedure Code Table in MeduClaim annually or more often as needed. Relay will check services with invalid or obsolete procedure codes and exclude those services from submission to Medicaid. | Fee Schedule - MDCH School Based Services Database[https://www.michigan.gov/mdch/0,1607,7-132-2945\_42542\_42543\_42546\_42551-151025--,00.html](https://www.michigan.gov/mdch/0%2C1607%2C7-132-2945_42542_42543_42546_42551-151025--%2C00.html)Relay Validations – Exception Code MP |
| Provider Qualifications | Providers must meet current license, certification and program requirements (LARA & MDE).  | All providers certifications are kept on file in the special education office.  |  |
| Provider Signatures – Electronic Signature Policy | The service record requires a provider’s signature. Since services are documented in an electronic system, a physical copy of providers’ signature is obtained and kept on file to ensure, for audit and confidentiality purposes. | At the initial training/orientation of provider, Medicaid Coordinator/trainer obtains provider’s signature on the Signature on File form & updates Compliance Verification Tracking Form | Signature on File Form (where stored, how is it accessed)Compliance Verification Tracking Form |
| Psychologist – Limited Licensed | Services provided by a temporary limited-licensed psychologist must be provided under the supervision of a licensedpsychologist | NAMiPSE Service Capture includes process for supervision and approval of services. Services for students without required approval are excluded for PSSP Services export. | Supervision FormsMiPSE Report - Summary Report for Coordinator Approval |
| Referring Provider | Claims must include Referring provider first name, last name, and NPI. | Signed scripts are uploaded into MiPSE for each student. Relay will check physician NPI and if it is not included in the referring provider table, services will be excluded from submission to Medicaid; provide Relay with list of referring physician’s and NPIs | MiPSE Student Profile - Prescription includes fields for physician’s name & NPI). Relay Referring Provider TableRelay Validations – Exception Code RP |
| RMTS – Staff Pool List Update  | Staff pool lists must be reviewed and updated quarterly.  | * Identify Staff appropriate for the SPL

This process includes ensuring staff are not 100% grant funded. Financial Reporting Guidance Document is sent to all LEAs (appendix B in the Quality Assurance Plan) * Log in to RMTS website, Review eligible RMTS categories, update & certify Participate List]

This process is done by the Medicaid coordinators for each district.  | HR office stores job descriptions as well as special education office |
| RMTS Follow-up Uncompleted Time Studies | Time Studies must be completed within 2 days after moment has passed. | The Medicaid Coordinator follows up with staff on the RMTS the 1st day after the moment if it was not completed also letting their direct supervisor of special education know (ccing them to the email asking the staff to complete the moment). After the 2nd day, the ERESA director of special education receives notification that the moment was not complete and contacts the LEA.  |  |
| Service Documentation | The nature of extent of the service must be adequately documented. Services documentation must “tell the story”* What was done (e.g. tube feeding, medications – what was given and how much)
* How did the student respond?

There must be enough information so the activity can be recreated | Staff training covers this. As well ERESA Medicaid coordinator audits claims and creates guidance documents (see attached) on how to document appropriately. Provider specific tip sheets are given to all staff  | MiPSE Service CaptureMiPSE Standard ReportsProvider-specific Tip Sheets |
| Service Export | Billed Services are locked for editing and prevented for re-submission.  | Bat file is used to download service & student demographic data from MiPSE into designated folder on local computer; exported services are date-stamped & marked as exported and locked from editing | MiPSE to Relay |
| Service Record | For covered services, the school clinical record must include all of the following:Beneficiary name and birth date; Date of service/treatment;Type (modality) of service/treatment;The response to the service/treatment; andThe name and title of the person providing the service/treatment. | Providers record services in MiPSE Service Capture. The service record includes: Student ID, Student Name, Date of Service, diagnosis code, Start Time, Duration Minutes, Service Type, Service Description, Group size, Activity/Service Comments, Progress, provider name and ID, Checkbox indicating Completed record. | MiPSE – Service Capture |
| Service Time Validation | Services are not billed when school is not in session. | Business Rules in MiPSE address early am and late pm constraints. Ex, prevents service provider from entering a service at 1:00AM instead of 1:00PM. | MiPSE Service Capture |
| SLP Prescriptions  | Speech, language and hearing services require an annual referral from a physician. A stampedphysician signature is not acceptable. | Speech and Language Therapy:* A copy of the IEP programs and services page and cover page are to be turned into the ERESA special education office with the script for Dr. Bosworth to sign.
* Scripts are sent to the doctor
* Once the doctor signs the scripts, they are uploaded into MiPSE
* ERESA keeps a copy of the signed script

A warning in MiPSE displays when services are created without a valid referral.District will provide CompuClaim with physician’s name and NPI for populating referring provider table. | SLP Prescription FormMiPSE Student Profile-Prescription includes fields for prescription information (type, start/end date, physician’s name and NPI).  |
| SLP – limited licensed  | Services provided by SLP-limited licensed must be provided under the direction or supervision of licensed SLP. | SLP’s are given the supervision forms See Attached as well as Processes for Services Requiring Supervision Document.MiPSE Service Capture includes process for supervision and approval of services.  | Supervision FormsMiPSE Report - Summary Report for Coordinator Approval |
| Social Worker/Counselor – Limited Licensed | Services provided by a limited licensed master’s social worker/counselor must be provided under the supervision of a licensedmaster’s social worker/counselor |  SSW’s are given the supervision forms See Attached as well as Processes for Services Requiring Supervision Document.MiPSE Service Capture includes process for supervision and approval of services. Services for students without required approval are excluded for MiPSE Services export. | Supervision FormsMiPSE Report - Summary Report for Coordinator Approval |
| Targeted Case Management (TCM) | Targeted Case Management (TCM) services assist students in gaining access to needed medical, social, educational or other services (IEP implementer). The Designated Case Manager is the person responsible for providing TCM Services. | TCM providers have been trained to only bill on Medicaid eligible students (uploaded into MiPSE) with a related service |  |
| Training  | Providers are trained re: service documentation , RMTS and billing compliance.  | All new employee’s are provided with training on Medicaid billing. The training is provided to each professional field. Staff are also given tips sheets, Manuals, and instructional sheets. The new employees are kept track of by the special education administration and provided training as needed. | Service Capture Training MaterialsTips Sheets Provider Billing Manual New Employee Checklist  |
| Transportation - Documentation showing transportation services were billed on days when student also received medical service | The need for special education transportation must be specified in the student’s IEP/IFSP.Documentation for transportation claims (trip logs) must be maintained for 7 years.  | [District developed process for documenting transportation trips on bus log] Transportation trips are entered in Relay’s Service Portal (indicate who is responsible for entering trips in SP and verifying transportation is on IEP). Medicaid coordinated submits trips to MeduClaim where they are matched to same-day medical services. The Medicaid coordinator generates a report in the Service Portal to count the total # of trips provided to all students and provides Business Manager with total annual trip count for MAER. | Dean Transportation trip logsService Portal Transportation Report |

APPENDIX B

**Supervision Practices**

1. All service records entered into MiPSE by our limited-licensed staff will be supervised, reviewed, and approved by our fully-licensed staff.
2. They will also keep paper log sheets documenting supervision throughout the year.
3. Log sheets are signed by both parties and turned into the Medicaid office.
4. The Medicaid office uploads the documents to either the student’s document tab or to the staff’s document tab for record keeping.
5. The log sheets are kept in the Medicaid office file cabinet for further backup.