

# ERESA

## QUALITY ASSURANCE PLAN

### MEDICAID SCHOOL BASED SERVICES

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.

SBS providers must have a written quality assurance plan on file. SBS costs will be reviewed/audited by the 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, and the impact of Medicaid enrollment on the school environment.

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

- Covered services are medically necessary, as determined and documented through appropriate and objective testing, evaluation and diagnosis.
- The IEP/IFSP treatment plan identifies which covered services are to be provided and the service frequency, duration, goals and objectives.
- 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.
- Billings are reviewed for accuracy.
- Staff qualifications meet current license, certification and program requirements.
- 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.).
- Parent/guardian and beneficiary participation exists outside of the IEP/IFSP team process in evaluating the impact of the SBS program on the educational setting, service quality and outcomes.

The [ISD] has established the following processes for monitoring and evaluating the quality and documentation of covered services:

Standard	ISD Protocols & Procedures
<p><b><i>Medically Necessary</i></b>  <i>Covered services are medically necessary, as determined and documented through appropriate and objective testing, evaluation and diagnosis.</i></p> <p><i>A Medicaid service provided by an ISD is determined medically necessary when all of the following criteria are</i></p>	<p>Eaton RESA follows evaluation procedures based on IDEA regulations as well as the most recent information from the OSE-EI services monitoring and compliance office. The Multidisciplinary Evaluation Team conducts an evaluation and recommends and determines special education eligibility. The IEP includes a statement regarding the student’s present level of academic achievement and functional performance and addresses how the student’s medical condition (if a medical condition exists) impacts his/her involvement and progress in the general curriculum.</p> <p>Services are provided by qualified staff in accordance with the student’s IEP or</p>

<p>met:</p> <ul style="list-style-type: none"> <li>• <i>Addresses a medical or mental disability;</i></li> <li>• <i>Needed to attain or retain the capability for normal activity, independence or self-care;</i></li> <li>• <i>Is included in the student's IEP/IFSP treatment plan; and</i></li> <li>• <i>Is ordered, in writing, by a physician or other licensed practitioner acting within the scope of his/her practice under State law.</i></li> </ul>	<p>IFSP.</p> <p>Eaton RESA contracts with a physician (Bosworth) to obtain speech prescriptions. OT and PT prescriptions are obtained from the student's physician. When the student's physician is unknown, prescriptions are obtained from Eaton RESA's contracted physician. Personal Care prescriptions are authorized by the appropriate licensed practitioner operating within the scope of their practice (i.e. OT, PT, SLP, social worker, or nurse).</p> <p>Specific procedures for obtaining prescriptions are included in [Appendix B ], attached hereto and incorporated herein.</p>
<p><b>IEP/IFSP Treatment Plan</b>  <i>The IEP/IFSP treatment plan identifies which covered services are to be provided and the service frequency, duration, goals and objectives</i></p>	<p>The IEP/ IFSP includes covered services, service frequency, duration and goals and objectives. Providers receive training regarding billing procedures and are instructed to document the service with a billable procedure code only if the IEP/IFSP includes the service and goals &amp; objectives. Medicaid management reports within TIENET are used to prevent billing for services beyond service frequency and duration. Eaton RESA also provides Medicaid update trainings and has a GOOGLE Q and A for Medicaid related questions.</p>
<p><b>Monitoring Program</b>  <i>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.</i></p>	<p>Eaton RESA conducts [monthly/quarterly] reviews of paid claims. Specific monitoring and review procedures are included in [Appendix A ], attached hereto and incorporated herein. Eaton RESA also conducts monthly audits of local districts and related service staff logging to ensure that the services align with the IEP, scripts are valid and up to date, staff are licensed, and PSSE information is up to date regarding Medicaid.</p> <p>A Google Doc for Medicaid questions is utilized by all staff to ask questions as they arise. These are reviewed by the Medicaid coordinator who will either research the Medicaid Manual for the answer, consult with the State, or consult with CompuClaim.</p>
<p><b>Billings are Reviewed for Accuracy</b></p>	<p>ERESA's service documentation system and billing software include business rules that prevent submission of services that do not meet Medicaid billing requirements. The specific business rules are outlined in [Appendix A], attached hereto and incorporated herein. The Medicaid Coordinator uses Compuclaim to check on the status of billings, check for errors, check for pending claims and why, as well as perform weekly audits on claims.</p>
<p><b>Provider Qualifications</b>  <i>Staff qualifications meet current license, certification and program requirements</i></p>	<p>Prior to updating the Staff Pool List, the Medicaid Coordinator reviews the funding source for staff to ensure service providers are not paid with 100% federal funds. The Medicaid Coordinator also reviews staff licensure/credential information on file with the district's Human Resources Department/Special Education Administrative Assistant to verify provider's licensure/credential is current and meets Medicaid program requirements. LEA coordinators receive training from PCG, the state contractor, regarding updating the staff pool list. The Medicaid coordinator also reviews with LEA coordinators which staff members are appropriate for each list. Staff qualifications are included in the training documents provided to staff (provider-specific tip sheet). The Medicaid Coordinator keeps a compliance verification list (excel spreadsheet)</p>

<p><b>Coordination of Services</b>  <i>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.).</i></p>	<p>which lists all providers and indicates credentials have been verified.</p> <p>In cases where School based services are provided to assist a child with a disability to benefit from special education, and outpatient services are provided to optimize the child’s functional performance in relation to needs in the home or community setting, the school collaborates with the known community providers to coordinate treatment and prevent duplication of services. The collaboration may take the form of phone calls, written communication logs, or participation in team meetings such as the IEP/IFSP meeting.</p>
<p><b>Parent/guardian and Beneficiary Participation</b>  <i>exists outside of the IEP/IFSP team process in evaluating the impact of the SBS program on the educational setting, service quality and outcomes.</i></p>	<p>Medicaid program information is provided to the Parent Advisory Committee (group of parents who have children with special needs). The parent group serves to support other parents of children with special needs. This group meets once a month.</p>
<p><b>Financial Reporting</b>  <i>Districts are not allowed to report any costs that are federal funds, state flow-through funds, or non-federal funds that have been committed as local match for other federal or state funds or programs.</i></p>	<p>ERESA provides LEA Directors of Special Education with the Compliance Verification Form for them to use with their local employees. Local districts have also been given a guidance document (Appendix C) to ensure that the Medicaid Manual rules regarding Financial Reporting are known and followed</p>
<p><b>Provider Training</b></p>	<p>Eaton RESA provides training to providers on an annual basis at the beginning of the school year, when new staff are employed through Eaton RESA, and offered whenever requested through Eaton RESA to the local districts for new staff and updated. LEA’s may choose to also provide their own training to employees. Training content consists of Medicaid billing requirements, compliance, system navigation, and RMTS process. Review trainings are also offered for staff based upon supervisor request. The Eaton RESA website also has video trainings and document resources available to all staff.</p>