

# **Garrard County Schools**

## **MEDICAID QUALITY ASSURANCE PROCEDURES**

## I. PURPOSE

The purpose of the Quality Assurance Program is to monitor and evaluate the quality and documentation of Medicaid covered services.

## II. STAFF QUALIFICATIONS

The District Medicaid Coordinator shall ascertain the qualification of all persons in the district who will be responsible for the provision of services covered by Medicaid.

The District Medicaid Coordinator shall annually collect all certifications and licenses for all providers, and make sure they are qualified to provide services. A complete list of all providers with expiration dates of certification/licenses will be kept on file in the coordinator's office and checked annually for expiration. When a certificate, license, or registration expires, the coordinator will notify the practitioner that a new one is required for the continuation of services. If the practitioner does not provide a new one, the coordinator will submit an amended application, removing that person from the provider list. The district will not submit claims for providers not holding a current certification or license.

Any time a new provider is added to the list, the coordinator shall obtain a copy of the certification or license and submit an amended application.

## III. INDIVIDUAL EDUCATION PLAN

The School-Based Admissions and Release Committee shall develop an individualized education plan consistent with the requirement of IDEA 707 KAR, and LEA approved policies and procedures. The need for school based health services is established and documented through the completed IEP, ARC records, multidisciplinary evaluations, tests, physician's reports, or other documents as necessary.

School-based health services are evaluative, diagnostic, preventive, rehabilitative treatment services provided to Medicaid eligible children who are being provided an appropriate education as described in Individual Education Plans (IEP'S).

School-based health services are covered services included in an IEP developed according to requirements under the Individuals with Disabilities Education Act (IDEA) and Kentucky Administration Regulations. The IEP and other documents support the medical necessity for the school-based health services included in the IEP. A school based health service is considered **medically necessary** when the following four (4) conditions are met:

1. It addresses a medical or mental disability;
2. It assists the child in benefiting from special education;
3. It is included in the child's IEP as developed by the Admissions and Release Committee (ARC);
4. It is provided in accordance with the IEP.

#### **IV. PARENT NOTIFICATION/PERMISSION**

Medicaid reimbursement for school-based health services is dependent upon:

1. The child receives special education and related services (covered services) in accordance with the IEP as required under the Individuals with Disabilities Education Act (IDEA).
2. The child is under 21 years of age (eligible through the month of their twenty-first birthday).
3. The child is currently eligible for Medicaid.
4. The child's parents do not deny the LEA access to Medicaid.
5. Parent notification and permission:
  - At the initial development of the IEP, or at the annual review of the IEP, the ARC Chairperson or Designee informs the parents of:
    - a. The school district's desire to use the Medicaid card for billing services
    - b. The services cannot be denied upon refusal of use of the card
    - c. Secures parental permission to release information
5. The district notifies parents annually of their intention to bill Medicaid for services.

#### **V. COLLABORATION WITH HEALTH PROVIDERS INCLUDING PHYSICIAN INVOLVEMENT**

1. School District health care providers may include physicians, public health center, and comprehensive health care centers.
2. The parent may involve community health care providers/physicians as they feel appropriate. With parental permission, school officials and/or School Based Health Services providers will collaborate with community health providers in providing an integrated and preventative health service delivery system for the benefit of the child and the child's family.
3. Other types of involvement may include:
  - 1) Medical evaluations/history
  - 2) Orders of medications/administer medication, approval of child's involvement in programs such as PE.
  - 3) Recommended health aide or school nurse.
  - 4) Indirect/phone contact or consultation.

#### **VI. RECORDKEEPING**

1. Service logs are prepared by the practitioner and must collaborate with IEP's. Services are specific and provide effective treatment for the child's condition in accordance with accepted standards of medical practice. Accepted standards of medical practice include the requirement that the amount, frequency and duration of the services must be reasonable. Service logs are either kept electronically or forwarded to the Medicaid Coordinator.
2. Confidentiality will be maintained according to Family Educational Rights Privacy Act (FERPA) as explained in the parentally signed consent form. Consent will be kept on file in the student's Due Process Folder.
3. Evaluations used to develop IEP's will be kept on file in the practitioner's office and/or in the student's Due Process folder.

## **VII. MONITORING/PEER REVIEW**

Monitoring and assurance of compliance is done primarily through peer review yearly, and secondarily by the Medicaid Coordinator.

Annually, the peer review committee will meet and review at minimum, 10% of the number of students billed to Medicaid. Service logs are compared with IEP's, ARC summaries, evaluations, and program notes, as well as, class schedules to validate services have been provided as determined by the ARC and within the scope of practice of the provider. The District Medicaid Coordinator then collects the peer review forms and determines compliance issues using the above procedures.