

The Columbia County Board of Education makes applications for resources available to the school system through state and federal agencies. Medicaid is a jointly funded federal-state health insurance program for persons with low income and/or disabilities. Reimbursement to the Board of Education is allowed under the Medicaid Program for services administered to students with special needs under the Individuals With Disabilities Education Act (IDEA). A required memorandum of understanding must be co-signed annually by the Superintendent of Schools, and a representative of the Department of Community Health. The Medicaid Program's purposes are to assure that Medicaid eligible children, who are enrolled in the Columbia County School Special Services program, receive needed health care, and to provide reimbursement funding to improve the departments/areas that participate in the program, as assigned by the superintendent.

The health related services include audiology, nursing, nutrition, physical therapy, occupational therapy, counseling services, speech therapy, special education services coordination and specialized transportation. These services must be listed in the student's current Individual Education Plan (IEP). The IEP must be signed by the parent/guardian and there must be a signed parental consent for billing. This consent form is part of the IEP packet.

Medicaid claims transmitted by 2:00 p.m. on Thursdays, are paid on the following Monday. These funds are set up as a direct deposit into a CCBOE account. The remittance advice, Medicaid's Explanation of Benefits, is sent to Special Services so that claims can be reconciled and refiled if necessary. Also, the Remittance Advice will assist Special Services in the event of an audit.

The public consulting group, CISSO, is an administrative support agency brought in by the state to oversee the Children's Intervention Services Program.

Attached are blank forms to be used for participation in the Medicaid Reimbursement Program:

- Memorandum of Understanding (*Attachment A*)**
- Speech-Language Pathology Medicaid Log (*Form 1*)**
- Medication Administration Record (*Form 2*)**
- Transportation Log (*Form 3*)**
- Page 1 of Individualized Education Program (IEP) (*Form 4*)**
- Page 6 of Individualized Education Program (IEP) (*form 5*)**
- Medicaid/Peachcare Parental Consent Form (*Form 6*)**

ADOPTED: 10-28-02 (NEW)

REVISED:

Columbia County Board of Education

APPENDIX A

MEMORANDUM OF UNDERSTANDING

Memorandum of Understanding Between Georgia Department of Community Health, Division of Medical Assistance and Local Education Agencies:

This memorandum of understanding is between the Georgia Department of Community Health and Local Education Agencies (the LEA).

The Medicare Catastrophic Coverage Act of 1988 contains provisions permitting Medicaid reimbursement to be available to qualified providers for certain health related services provided to Medicaid-eligible children in special education. The Act became effective in January 1989. As a result, Local Education Agencies and school districts have been able to present claims to Medicaid for covered medical, health and health-related services.

Local school districts provide the state share using existing state and local education allocations to receive the federal share. To the extent school districts already provide these services, no new state or local funding is required to receive the additional federal funding.

Purpose: The purpose of this memorandum is to outline the roles and responsibilities of the Local Education Agencies (LEAs), in their pursuit of Medicaid reimbursement for school-based health services; DMA, in its administration of the Medicaid program pursuant to the State Plan for Medicaid; and the Revenue Maximization Contractor, Copeland Glenn Southeast, (CGS) and sub- contractors, including Public Consulting Group (PC G), in its implementation of the requirements of this program, State RFP 0422-020-024028. PCG will function as the State's Children Intervention School Services Office (CISSO).

The roles and responsibilities are as follows:

The LEA agrees that:

1. It will only bill for Medicaid reimbursable services, delineated in the policy and procedures manual for Children Intervention School Services (CISS), provided by health care providers who meet DCH requirements;
2. The DCH requirements must be met at the time services are rendered to a Medicaid eligible child, who meets the criteria set forth in the Individuals with Disabilities Education Act (IDEA);
3. It will file administrative claims for only those eligible activities that are related to, or in support of, services that are included in the State's Title XIX/Medicaid State Plan and in accordance with the approved administrative claiming protocol for Georgia Local Education Agencies, approved by CMS;
4. It will maintain the necessary documentation required for health related services/activities as defined by DCH policy manuals and procedures, and agreements;
5. It will provide DCH with the information necessary to request federal funds;

6. It will maintain the confidentiality of client records and eligibility information received from DCH and its agents, and uses that information only in the administration, and coordination of health related service/activities pursuant to DCH policy manuals, procedures and agreements;
7. It will certify quarterly to the DCH the provision of the non-federal share for health related services/activities;
8. It will submit to an audit of all records related to the claims for which they receive Medicaid reimbursement at least once every two (2) years, or at intervals deemed appropriate by DCH;
9. It will reimburse DCH for Medicaid claims for services provided that do not meet DCH requirements, and for administrative claims deemed to be inappropriate.
10. It will reimburse DCH for disallowances identified through audit, with interest if applicable, as defined in the DCH policy manuals.
11. It will consult with DCH on issues arising out of this agreement;
12. It will conduct all functions recognizing the authority of DCH in the administration of state plan issues;
13. It will share policy updates with its health care providers to ensure they are aware of the policies and procedures; and
14. It understands that the Contractor, in particular PCG, will serve as the State's Agent to perform the functions outlined below for the Contractor.
15. It agrees that the Contractor will assist the school district in identifying Medicaid eligible members, submitting and/or reconciling Medicaid claims, and obtaining technical assistance in securing reimbursement for eligible services provided to eligible children.
16. The LEA has the fiscal liability for paying back disallowed claims.
17. The LEA has the legal obligation to provide access to records to appropriate state and federal agencies (including but not limited to DCH, CMS, OIG, and GAO).
18. The LEA will comply with all federal and state laws, regulations, and guidelines regarding Medicaid reimbursement.

DCH agrees that:

1. The Individual Education Plan (IEP), for eligible clients age 3 to 21, as specified under IDEA will not serve as the basis for the provision of services that, if covered, are appropriate for payment under Title XIX and in accordance to the applicable state and federal requirements for each documented service;
2. Other Medicaid covered services may be provided by the LEA's in accordance with DCH policy and procedures;
3. It will provide policy and procedures, training, and technical assistance to LEAs through the CISSO.
4. It will provide the LEA with regular program updates, including changes in the function of the CISSO;
5. It will process all claims (direct and administrative) and make payments directly to the Georgia Department of Education (DOE), the participating LEAs' designated representative payee for Medicaid services and related administrative claims, for disbursement to the LEA. DOE will not retain any withholding costs.
6. It will assist LEAs, through the CISSO, in identifying Medicaid eligible students within their programs; and

7. It will assist, through the CISSO, in identifying Medicaid eligible student programs; and
8. It agrees to provide, through the CIS SO, oversight for all services and activities reimbursed to the LEA, including but not limited to desk and on-site audits.

The Children Intervention School Services Office (CISSO) will:

1. Review, revise, finalize, submit and resolve federal school-based reimbursement issues as it relates to all claims and payments;
2. Assist in the development of uniform procedures, protocols, and standard statistical methodologies among the CISS program;
3. Develop and implement its quality control and assurance components, establish that the LEAs are complying with all CMS and state requirements and regulations, and report outcomes to DCH for final review;
4. Obtain policy question resolution from DCH;
5. Create/revise a comprehensive project implementation program; and
6. Assist with Medicaid enrollment;

The LEA agrees that the DCH Provider Policies and Procedures manuals and other DCH policy informational materials, such as Banner Page Messages and Provider letters/bulletins, will be the official transmittal of DCH so they are informed of Medicaid services and record keeping policies.

The LEAs will certify that they have sufficient state/local funds available for the required State match for any and all federal revenue reimbursed. They further agree that DOE is simply issuing checks and that DOE is not responsible for determining or verifying reimbursement accounts or for any delay in payment. The LEA accepts that DOE is not liable for any disallowances, penalties, interest or other responsibilities regarding Medicaid reimbursement claims (as referenced in the Interagency Agreement between DCH and DOE.)

The CISSO will also maintain records identifying the source of funds used for the State match in order to validate the certification of funds process, and ensure that an adequate amount of State and local funds are expended to obtain federal match.

In order to offset the costs for administering the Medicaid Program for the LEAs and DCH, both parties hereby agree that the State may withhold sixteen percent (16%) of the Title XIX/Medicaid FFP above the established baseline, received by the LEA, to cover the cost to administer and enhance the CISS program, pursuant to the State's contract under State RFP 0422-020-024028.

This Memorandum of Understanding remains in effect until either party terminates the agreement with 30 days written notice.

Signature of Local Education Official:

Typed Name: _____

County Code: _____ Date: _____

Signature of Department of Community Health:

Typed Name: _____

Date: _____

COLUMBIA COUNTY SCHOOL SYSTEM
SPEECH-LANGUAGE PATHOLOGY MEDICAID LOG

STUDENT NAME: _____ MEDICAID #: _____ DOB: _____

THERAPIST NAME: _____ SCHOOL: _____ DIAGNOSIS CODE: _____

DATE OF SERVICE: _____ MINUTES: _____ TRAVEL: _____ CPT CODE: _____ # IN GROUP: _____

NOTES: _____

DATE OF SERVICE: _____ MINUTES: _____ TRAVEL: _____ CPT CODE: _____ # IN GROUP: _____

NOTES: _____

DATE OF SERVICE: _____ MINUTES: _____ TRAVEL: _____ CPT CODE: _____ # IN GROUP: _____

NOTES: _____

DATE OF SERVICE: _____ MINUTES: _____ TRAVEL: _____ CPT CODE: _____ # IN GROUP: _____

NOTES: _____

MONTHLY PROGRESS NOTE: _____

(Progress toward IEP goals)

SIGNATURE: _____ TITLE: _____

DIAGNOSIS CODES:

- | | |
|------------------------------------|--|
| 3070 STAMMERING AND STUTTERING | 31531 DEVELOPMENTAL LANGUAGE DISORDER-APHASIA, |
| 31539 DEVELPOMENTAL ARTIC DISORDER | EXPRESSIVE LANG DISORDER, MIXED DISORDER, |
| 78449 HOARSENESS, HYPERNASALITY, | WORD DEAFNESS |
| HYPONASALITY, & DYSPHONIA | 7845 DYSARTHRIA, DYSPHASIA & SLURRED SPEECH |
| 78489 APRAXIA | |

- CPT CODES:** 92506 – Speech Evaluation 92507 – Individual Speech Therapy 92508 – Group Speech Therapy
 92567 – Tympanometry 92551 – Hearing Screen 96110 – Developmental Testing (Limited)
 96111 - Developmental Testing (Extended) 96105 – Assessment of Aphasia 92525 – Swallowing Evaluation
 92526 – Swallowing Therapy

**Columbia County Schools
Special Services Department
Individualized Education Program (IEP)**

STUDENT NAME: _____	SCHOOL: _____
DATE OF BIRTH: _____	GRADE: _____
PARENT/GUARDIAN NAME: _____	
ADDRESS: _____	
PHONE NUMBER: _____	

Name: _____, CASE MANAGER Title: LEAD TEACHER

IEP TEAM MEMBERS PRESENT

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. PROGRAM(S) FOR WHICH STUDENT IS ELIGIBLE:

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability- Profound |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Emotional/Behavioral Disorder | <input type="checkbox"/> Significant Developmental Delay |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Intellectual Disability-Mild | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Intellectual Disability-Moderate | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectual Disability-Severe | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Severe Emotional/Behavioral Disorder |

IEP (Check as appropriate)	
<input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Addendum	Date of Annual Meeting (on or before) _____ (1 year from current IEP)

Eligibility	
Current Eligibility dated _____ (date of most recent eligibility report)	expires _____ (3 years from most recent eligibility date*)
<i>*If eligibility expires on or before the date of the next IEP review must address re-evaluation</i>	
<input type="checkbox"/> Eligibility re-established. Next 3 year re-evaluation due (on or before) _____ (Complete if appropriate)	(Date)

Parent/Guardian Signature: _____ IEP Page 1

Date: _____

Form 5 – Procedure DFC – Federal Aid
COLUMBIA COUNTY SCHOOLS
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

XI. EXTENDED SCHOOL YEAR:

Based on a review of educational information, an extended school year program is recommended for ____ days to provide the following services: _____

Based on review of educational information, an extended school year program is not recommended.

Rationale: _____

Not considered during this meeting. Will meet to consider ESY by: _____ (date).

XII. GENERAL EDUCATION: Classes in which the student will participate with non-disabled students and number of segments: _____

Total segments in general education: _____ Segment= _____ (time)

- Physical Education: Regular P.E.
Regular P.E. with modifications (see modifications page ____.)
No P.E. required for this IEP period.
*Adapted P.E. (see page ____ for annual goals and objectives.) ____ Segments per week

XIII. RECOMMENDED SPECIAL EDUCATION SERVICES:

Special Education Program(s)	Delivery Model	Segment(s) Per Week	Initiation of Services	Anticipated Duration	Provider Title	Location	
						Reg.Ed.	Sp.Ed

Segment= _____ (time)

XIV. RECOMMENDED RELATED SERVICES:

- Audiology Orientation & Mobility School Psychology Services
Occupational Therapy Physical Therapy School Counseling
School Social Work Services as required Related Vocational Instruction Other: _____
Assistive Technology Nursing services (administration of treatment, medications, etc.) as prescribed by a physician

Transportation: Regular Special with bus aide or monitor

For your child's safety and the safety of others on the bus, the school district reserves the right to use safety devices.

Related Services & Supplementary Aids & Services	Delivery Model	Segment(s) Per Week	Initiation of Services	Anticipated Duration	Provider Title	Location	
						Reg.Ed.	Sp.Ed

Segments= _____ (time)

*If checked, amount of time must be put under Special Education Programs (XIII).

**If parent does not attend, implementation date shall be at least one week after meeting date to provide opportunity for parental input.

