Massachusetts School Based Medicaid and School Nurses: an educational activity to support student health and success in school

Northeastern University
Bouvé College of Health Sciences
School of Nursing, School Health Academy

Thursday May 4th, 2023
4:00 – 5:15 pm ET

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Nursing Continuing Professional Development (NCPD)

✓ANCC provider
None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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✓1.25 contact hours after participating fully in this educational activity & completing the online evaluation within 2 weeks

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Resources & Handouts

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NEUSHA Online Program Price List

PRESENTATION HANDOUTS

Massachusetts School Based Medicaid May 4, 2023

Presentation Handout

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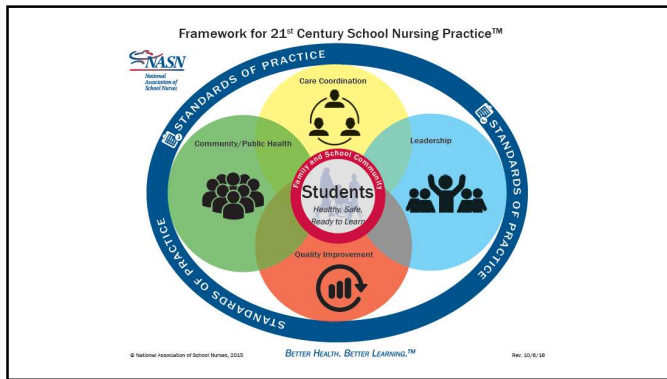
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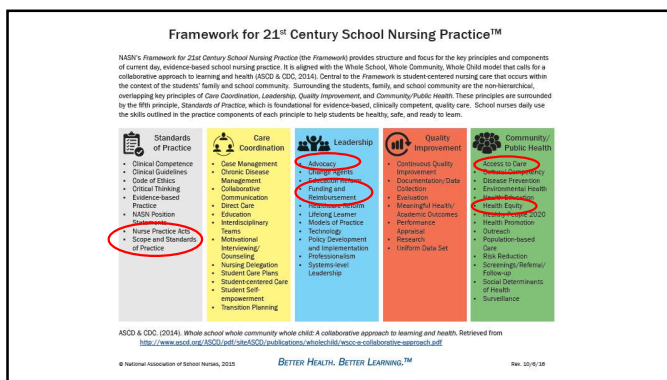
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School Nursing Scope & Standards

- Advances equitable access to school health services, interventions, health promotion programs, enrollment in research, health and academic education, and other opportunities
  (Standard 9.11 Respectful and Equitable Practice. P. 77)

- Assesses student care needs and available resources to achieve desired outcomes
  (Standard 17.1 Resource Stewardship, p.94)

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Outcomes - 80% participants will be able to:

✓ Define **direct** services.

✓ Define **indirect** services.

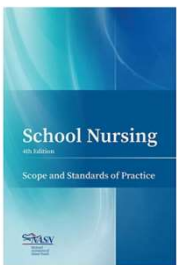✓ Identify Medicaid's five requirements that have to be met for the **direct** services you provide to be considered **reimbursable.**

✓ Provide a quality response when documenting work activities when completing assigned moments for the **Random Moment Time Study**

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Presenters

Emily Hall, MBA   **Margot Tracy, MPH**

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A note on the scope of this educational activity...

❖ This educational activity was co-designed with MassHealth and UMass to help school nurses understand how SBMP requirements for reimbursement apply to their work.

❖ It is not a statement on LEA policy, nor what constitutes good practice for school nurses.

❖ MassHealth-SBMP provides guidance on **requirements** that LEAs must meet if they **seek federal Medicaid reimbursement** for healthcare services provided to Medicaid-enrolled students.

❖ Some of your work activities are outside the parameters for Medicaid reimbursement— and that's ok! They are still important and part of what makes a great school nurse.

❖ **School nurses go above and beyond to serve their students.** Your value goes well beyond what can be claimed in Medicaid dollars.

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Direct Services

As a school nurse participating in SBMP, you are engaged in **Direct** and **Indirect** Health Services every day.

Direct services are the interventions you provide to students. Examples include, but are not limited to:

➤ Performing a skilled nursing service, such as catheterizations, tracheostomy care

➤ Performing a skilled nursing assessment and treating illness or injury

➤ Early Periodic Screening Diagnosis and Treatment (EPSDT) screening for vision, hearing, and behavioral health, including SBIRT

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Indirect Services

As a school nurse participating in SBMP, you are engaged in **Direct** and **Indirect** Health Services every day.

Indirect Services are the administrative activities that support direct services. Examples include, but are not limited to:

➤ Performing activities related to public health guidance, e.g. contact tracing, monitoring immunization status, etc.

➤ Collaborating with other health care providers to coordinate students' health care services

➤ Program planning to improve school-based medical/ behavioral health programs and services

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In other words…..

Much of your day is spent doing activities eligible for Medicaid reimbursement.

* for more detailed information, see SBMP 101 Trainings: https://www.mass.gov/info-details/school-based-medicaid-program-sbmp-trainings and specifically, **Module 8** *LEA Direct Service Provider* and **Module 9** *For LEA RMTS – Participants performing Medicaid Administrative Activities.*

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Why does that matter? Because….

➢**Your understanding of SBMP requirements** will help your LEA maximize the federal reimbursement to which it's entitled for delivering Medicaid covered health services to MassHealth eligible students.

➢Medicaid is one of the **most stable and consistent funding streams** supporting school-based health services, bringing in roughly **$175M of federal matching funds** to Massachusetts LEAs over FY21 and FY22.

➢Medicaid reimbursement that an LEA receives can **help sustain health staff or programming** that **benefits all students**, not just those with MassHealth

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What Makes a Service "Reimbursable"

For a Direct Service, to be considered reimbursable, the following requirements must be met:

1. Delivered by a qualified provider
2. The qualified provider participates in RMTS
3. Service is authorized
4. Service is documented
5. Service meets MassHealth's <u>Medical Necessity</u> standard

★ Must meet **ALL** criteria

★ The same requirements apply whether or not the service is related to a student receiving special education services

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Direct services are reimbursable when requirements are met

School Nurses

RMTS Participation
Provider participates in the Random Moment Time Study

Qualified Provider
Licensed Practical Nurse, Registered Nurse through MA Board of Registration in Nursing

- Consult LEA leadership for your district's specific policy on interim claiming
- For complete information on requirements, including exceptions to authorization and minimum documentation requirements, see the *SBMP Direct Service Claiming (DSC) Guide*

Service Documentation
- Provider maintains adequate documentation to support RMTS responses (direct and indirect services) and any interim billing the LEA submits to MassHealth
- Service documentation meets school nurse practice standards and MassHealth minimum data elements
- Service documentation is signed by the provider (e-signature is acceptable when standards are met)

Interim Billing
LEA may submit claim for service to MassHealth when all requirements are met.

Service Authorization
The evidence or record that a qualified provider has determined a service is necessary and appropriate—For most nursing services, the qualified practitioner who can authorize nursing care is a physician (MD), physician assistant (PA) or nurse practitioner (APRN).

Meets Medical Necessity
Qualified provider determines that the service is:
- Within scope of practice
- Reasonable within professionally recognized standards of practice
- Skilled, requiring the qualified provider's level of training and licensure to safely and effectively deliver

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Understanding Requirements

1. Delivered by a qualified provider
2. The qualified provider participates in RMTS
3. Service is authorized
4. Service is documented
5. Service meets MassHealth's Medical Necessity standard

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Qualified Provider

MassHealth recognizes the following as school nurses licensed by the MA Board of Registration in Nursing:

- ★ Registered Nurse
- ★ Licensed Practical Nurse

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Understanding Requirements

1. Delivered by a qualified provider
2. The qualified provider participates in RMTS
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RMTS Participant

We will spend much more time on RMTS later in this presentation, but in short:

★ All staff for whom an LEA seeks reimbursement for providing health care services (i.e., the cost of employing or contracting health services staff)must participate in the RMTS.

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Understanding Requirements

1. Delivered by a qualified provider
2. The qualified provider participates in RMTS
3. Service is authorized
4. Service is documented
5. Service meets MassHealth's Medical Necessity standard

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Service Authorization-Definition

Service authorization refers to the **evidence** or **record** that a qualified practitioner has determined that a service is **necessary and appropriate**. For most nursing services, the qualified practitioner who can authorize nursing care is a physician (MD), physician assistant (PA) or nurse practitioner (APRN).

On the next few slides, we'll review what this evidence, or authorization, looks like in different scenarios.
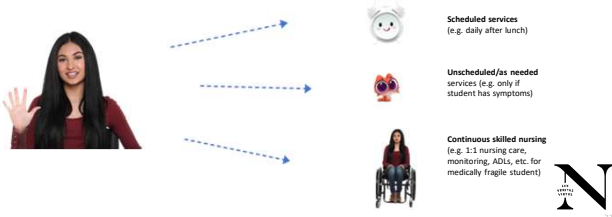
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Service Authorization-Scenario 1
Student has IHCP (could be referenced in IEP or not related to IEP)

Services authorized by a qualified practitioner (MD, PA, APRN) per Medicaid program guidelines:
Service provided to a student related to a known health issue, pursuant to an IHCP that was developed based on a physician's, physician assistant's, or nurse practitioner's order.

Scheduled services
(e.g. daily after lunch)

Unscheduled/as needed
services (e.g. only if student has symptoms)

Continuous skilled nursing
(e.g. 1:1 nursing care, monitoring, ADLs, etc. for medically fragile student)

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Service Authorization-Scenario 2
Student does not have an IHCP

The service was **UNPLANNED** for a student without a care plan or physician order. Therefore, I utilized a skilled nursing assessment and provided nursing intervention(s) according to standard practice.

In this scenario, your nursing documentation of the **skilled nursing assessment** performed is the **evidence** that the service was necessary and appropriate.
★ Regardless of whether the result of your assessment determined that intervention(s) were needed or not.

If interventions requiring a prescriber order are needed based on your assessment, then your school physician's non-child specific "standing orders" guide your interventions.

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Service Authorization-Scenario 3
Early Periodic Screening Diagnosis and Treatment (EPSDT) Screenings are automatically considered authorized services

❖ Vision
❖ Hearing
❖ Mental/Behavioral Health (this includes SBIRT)

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Understanding Requirements

1. Delivered by a qualified provider
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Service Documentation

- School nurses document the specific skilled treatments or interventions provided to students during each encounter–e.g., many of you do this in **SNAP**

- These signed clinical treatment notes document that the treatment provided is consistent with the IHCP or standing orders, achieving specific clinical treatment goals.

- Service documentation substantiates that the previously described requirements for reimbursement are met.

- Your LEA is responsible for ensuring that practitioners complete sufficient clinical documentation for all covered services provided to students for whom the LEA seeks reimbursement.

- **Seek guidance from your clinical leadership and/or Medicaid coordinator** regarding your LEA's internal procedures for meeting all Medicaid requirements, including documentation, as well as procedures for billing direct services.

- Please note that the interim claim record, i.e., LEA billing form, does not count as service documentation.

Service Documentation

Service documentation may be in the format of the LEA's choosing and at a minimum must include the following elements into Plans of Care and subsequent documentation of services.

- Student name
- Student date of birth
- Student's MassHealth ID, if known, and State Assigned Student Identifier (SASID)
- School district name and school name (if different)
- Date(s) service(s) were provided
- Time of service and duration of service in minutes
- Individual or group indicator

- IEP or non-IEP indicator
- Diagnosis and/or presenting signs and symptoms and/or relevant ICD code
- Telehealth information
- Activity/Procedure note
- Printed name, legible signature, and signature date of the practitioner and legible, printed name, signature, and signature date of supervising provider, where applicable. The practitioner's type of license and license number must be listed

Why does MassHealth require ICD-10 codes on claims?

➢ It is a federal requirement that any provider seeking Medicaid reimbursement **must include an ICD 10 codes on claim submission**.

➢ This is not unique to MassHealth, nor is it outside your scope of practice.

➢ The ICD 10 Code is a necessary translation for claiming purposes–it indicates **WHY** the service is needed.

Suggested resource for ICD-10 codes:
https://www.icd10data.com/

➢ **Entering an ICD-10 codes does not necessarily mean you made a formal diagnosis.**

➢ Many ICD 10 Codes identify presenting *signs and symptoms* that indicate support is needed.

➢ As a school nurse, you should identify the ICD 10 Codes that best explain the **need for services.**

➢ It's also acceptable to use an ICD 10 code from a student's community provider if appropriate to the situation.

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Understanding Requirements

1. Delivered by a qualified provider
2. The qualified provider participates in RMTS
3. Service is authorized
4. Service is documented
5. Service meets MassHealth's Medical Necessity standard

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What is Medical Necessity?

Each state Medicaid agency sets its definition of Medical Necessity, i.e. the requirements that must be met for a service or treatment (physical or behavioral health) to be covered, i.e., reimbursed.

> **130 CMR 450.204 MassHealth Definition of Medical Necessity***
> *The service must be reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity.*

In addition, the medically necessary service must be of *"a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality"*. (See 130 CMR 450.204(1)(B), Professionally Recognized Standards Requirement.)

*For more information, see page 12 of School-Based Medicaid Program Direct-Service Claiming (DSC) Program Guide.

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What does this mean for a school nurse?

The Medicaid Medical Necessity Standard has 3 primary components:

1. Services provided must be within your **scope of practice** for an RN, LPN or APRN

2. Services must be considered reasonable by professionally recognized **standards of practice** for an RN, LPN or APRN

3. Services provided must require the **skill level of licensed nurse**
   - The student's condition requires the treatment/intervention of a level of complexity and sophistication that can only be safely and effectively performed by a licensed nurse

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Medical Necessity (Returning to Scenario 2)
Student does not have an IHCP

The service was **UNPLANNED** for a student without a care plan or physician order. Therefore, I utilized a skilled nursing assessment and provided nursing intervention(s) according to standard practice.

But is this service "medically necessary"? Check the 3 components:
1. Is it within my scope of practice?
2. Is it reasonable within standards of nursing practice?
3. Is it skilled? →The Skilled Nursing Assessment elevates the service to meet the medical necessity standard.

Services that do not meet Medical Necessity standard for Medicaid are still **IMPORTANT! And they're part of being a great school nurse!** While they are outside the parameters for Medicaid reimbursement, they are still valuable supports for kids.

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Understanding Requirements

1. Delivered by a qualified provider
2. The qualified provider participates in RMTS
3. Service is authorized
4. Service is documented
5. Service meets MassHealth's Medical Necessity standard

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RMTS Drives Reimbursement

Did you know that school nurses are participating in a massive group project?

★ SBMP reimburses each LEA based on their **actual cost** of providing Direct Services or Administrative (Indirect) Services, i.e., **the cost of employing school health staff.**

★ SBMP calculates that reimbursement using the **statewide** Random Moment Time Study (RMTS).

★ All participating school nurses across the state are grouped together in the RMTS.

★ MassHealth randomly 'surveys' school nurses to determine what we were working on at these 'snapshots' in time.

★ The results are pooled together to determine the portion of your **LEA's cost to employ school nurses** that is **eligible for Medicaid reimbursement**.

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How does the RMTS Work*?

The RMTS is snapshot of your day

❑ MassHealth samples a small number of school staff each quarter to determine at the state level **how much time** school staff spend doing **Medicaid reimbursable activities** (direct and indirect services)

❑ By asking what you're doing during a randomly assigned working moment, MassHealth can predict (within a 95% confidence level) how your time is spent all day, every day.

❑ This information helps determine what portion of LEA cost of employing health staffing is eligible for Medicaid program reimbursement.

❑ **You may only get 1-2 moments a quarter (it takes about 5 minutes)**

Category of Work Activity
Educational
Medicaid Administrative Activity
Reimbursable Direct Services
Non-Reimbursable Direct Services
Other General Work Activity
Not Working – Paid Time Off

*For more information on the RMTS Methodology, see SBMP 101 Module 1: Introduction

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RMTS Tips

➔ Apply your understanding of the reimbursable service requirements to your moment responses

➔ If you were providing a direct service (or preparing to provide a service, or documenting service delivery) at the time of a random moment, ask yourself:

- Was I doing something health or education related?
- Was this service medically necessary? (did it require my skilled intervention)
- Was this service authorized by a qualified practitioner? (YOU)
- Was the service within your scope of clinical practice? (skilled service)
- Was this service pursuant to an IEP or not? (does not change whether it is reimbursable)

*You do not need to identify any student specifically and **you will never need to consider whether any student is enrolled in MassHealth** when responding to an assigned moment.*

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Day in the Life of a School Nurse

- ❑ 7:30- Enter building/ greet students and staff
- ❑ 7:45- Assess and treat students
- ❑ 8:00 - SST meeting
- ❑ **8:30 - Assess and treat students**
- ❑ 8:45 - Document visits
- ❑ 9:00 - IEP meeting
- ❑ 9:15 - Assess and treat students
- ❑ **9:30 - Phone calls parents, providers, coordinating care, f/u with teachers, staff**
- ❑ 10:30 - Assess and Treat students
- ❑ 1:15 - Lunch, bio break
- ❑ 1:30 - Vision, hearing screening
- ❑ 2:30 - Phone calls parents, providers, coordinating care, f/u with teachers, staff
- ❑ 3:15 - Documenting visits, calls, f/u

Next, we'll talk through a few examples of how to approach responding to a moment.

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RMTS –Tying it All Together

- ➤ We applied our understanding of Reimbursable Requirements to a sampling of typical school nurse situations.
- ➤ We also demonstrated the level of detail in a narrative response that accurately captures your work.
- ➤ The RMTS is the backbone of reimbursement–the quality of your response can make the difference in whether or not a participant describes a reimbursable activity.
- ➤ You are a participant in a massive, statewide group project that can benefit all participating LEAs, including your own.

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Summary
In this educational activity you developed skills to:

- ✓ Define **direct** services.
- ✓ Define **indirect** services.
- ✓ Identify Medicaid's five requirements that have to be met for the **direct** services you provide to be considered **reimbursable.**
- ✓ Provide a quality response when documenting work activities when completing assigned moments for the **Random Moment Time Study**

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SBMP Resources

SBMP Website
All SBMP information, including program guidance, covered services & qualified providers, and announcements, can be found on the program website.

SBMP 101 Training Modules
In addition to recorded trainings you can download transcripts and copies of the presentations. Module **1** provides a general overview for all audiences and Modules **8** and **9** are most relevant to school health providers.

Top 5 Things Providers Should Know
This quick reference guide addresses many of the points covered in this training, including the reasons for including ICD-10 codes.

RMTS Training
- RMTS Quick Reference Guide
- Required training for RMTS Coordinators is available at www.chcf.net/chcfweb/
- Training for RMTS participants that gives an overview of the RMTS and walks through the mechanics of responding to moments is available within the RMTS Moments application, https://cbe-rmts.chcf-umms.org/

Questions? Email: SchoolBasedClaiming@umassmed.edu
or call (800) 535-6741, M–F, 7:30 a.m.–7:30 p.m.

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Direct services are reimbursable when requirements are met

School Nurses

RMTS Participation — provider participates in the Random Moment Time Study

Qualified Provider — Licensed Practical Nurse, Registered Nurse through MA Board of Registration in Nursing

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Meets Medical Necessity — Qualified provider determines that the service is:
- *Within scope of practice*
- Reasonable within professionally recognized standards of practice
- Skilled, requiring the qualified provider's level of training and licensure to safely and effectively deliver

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Administrative Activities (Indirect Services)
MassHealth reimburses for 8 types of activities that Support provision of Direct Services-- captured in the RMTS

- ❑ **Outreach** -- Informing eligible or potentially eligible individuals or families about MassHealth and how to access it.
- ❑ **Application assistance** -- Assisting individuals or families to apply for MassHealth.
- ❑ **Provider Networking/Program Planning/Interagency Coordination**--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.
- ❑ **Individual Care Planning, Monitoring, Coordination and Referral to Covered Services**-- Making referrals to health services, coordinating, or monitoring the delivery of Covered Services.

- ❑ **Transportation** – Arranging for an individual to obtain MassHealth-covered transportation.
- ❑ **Translation/Interpretation** – Arranging or providing when required to access covered services.
- ❑ **Training** – Participating in and coordinating/providing training related to Medicaid topics.
- ❑ **Public Health Guidance** -- Participating in activities that are guided by state or federal public health guidance, including infection control, contact tracing, and immunization tracking

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