SCHOOL-BASED BEHAVIORAL HEALTH SERVICES

PANEL DISCUSSION ON CHALLENGING TOPICS

MAY 2022
Panel

- Randy Queen (Roanoke County Public Schools)
- Daniel Irwin (Richmond City Public Schools)
- Christina Tillery (Henrico County Public Schools)
Panel Discussion Topics

- What does it mean to be a health care provider in a school setting?
- Using health care industry and clinical terms
- Distinguishing between tasks that are “health care” versus those that are not
- The importance (and confusion) about a “plan of care”
- What’s it like to participate in the random moment time sampling process?
Questions for the panel
THE NEXT FEW SLIDES MAY OR MAY NOT BE PART OF THE MAY TRAINING
Make the Connection

- The Medicaid in Schools program is not a “fee-for-service” program. Schools aren’t paid a rate based on providing a specific service.
- Schools aren’t reimbursed based on submitting a claim (billing) DMAS.
- But, schools still must submit a claims to DMAS in order to create a record (within the DMAS system) that a covered service was provided to a Medicaid-enrolled student.
- This type of reimbursement program, referred to as “cost-based” or “cost settlement” is great for schools because it allows school divisions to ultimately receive reimbursement based on actual incurred costs to provide Medicaid-covered services.
“Interim” claims

- Interim claims are submitted by school divisions staff or by company that the school division has a contract with.
- Each school division will have a process in place where you (the provider of the services) will provide the billing staff with information on the service provided (for example, student name, service type, date of service).
The Medicaid in Schools program uses the random moment time study (RMTS) to measure and quantify the amount of time all of the staff (providers) employed by school divisions across the state spend doing work activities that qualify for Medicaid reimbursement.

Therefore, when you answer a moment, the RMTS is determining whether the work activity happening at the time “counts” for reimbursement in the Direct Services program, the Medicaid Administrative program, or neither program.

Based on a statistical analysis, the process results in a valid estimate of the proportion of time staff are spending providing direct services to students.
Q&A