

Update on IL School-Based Medicaid Revenue Programs Including Cost Settlement Model



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Introductions

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*IAASE Medicaid Committee Chair
Senior Medicaid Advisor, Embrace®*



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*Prior Director of Accounting, Bloomington Public
Schools District 87*



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Agenda

Medicaid Overview

Medicaid Administrative Claiming Program

Medicaid Fee-for-Service Claiming Program

Medicaid IL State Plan Amendment Changes-Expansion & Cost Settlement

Bloomington District Sample Financials

Maximizing Medicaid Revenue

This material is presented as a general overview of School-Based Medicaid information and concepts. For official information please reference the HFS & PCG websites.



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PCG CLAIMING SYSTEM
Illinois School-Based Health Services (SBHS) Program
FY24 : Jan-Mar 2024

Home Users Staff Pool Calendar Moments Reports

Quarterly Milestone Summary

Quarterly Start Process

Quarterly Claim Process

Certify Financials

PCG Message

Hello Illinois School-Based Health Services (SBHS) Administrative Program Coordinators:

Welcome to the PCG Claiming System!

Scroll Down on Main Screen to Access Resources Section

ilmac@pcgclaimingsystem.zendesk.com | 833-976-1847 | www.publicconsultinggroup.com

Resources

Available Filters

- SPA Approval Information Session Slides
- PCG Claiming System Cost Reporting User Guide
- FY23 Annual Cost Report Training PPT
- FY23 Annual Cost Report Training Presentation
- CMS List of Direct Medical Service Materials and Supplies
- IL SBHS Desk Review Guide
- Desk Review Overview
- Jul-Dec 2023 Quarterly Financial Refresher Training Recording
- Jul-Dec 2023 Quarterly Financial Refresher PPT
- Jul-Jul 2023 Quarterly Financial Refresher Training Recording
- Jul-Jul 2023 Quarterly Financial Refresher Training PPT
- Quarterly Financial FAQs

<https://hfs.illinois.gov/>

Illinois Department of Healthcare & Family Services



Elizabeth M. Whitehorn, Director | Select Language | Search

- Home
- My Healthcare
- Medical Providers
- Child Support Services
- HFS OIG
- Info Center
- About Us

HFS > Medical Programs > SBHS

- SBHS
- Cost Calculation for Medicaid SBHS
- E-mail Notifications
- Frequently Asked Questions

School Based Health Services Home

The foundation for the relationship between Medicaid and education was established by the Medicare Catastrophic Coverage Act (Public Law 100-360), as amended in 1988. Medicaid pays for costs of direct, medically necessary services provided to eligible children who have disabilities in accordance with the Individuals with Disabilities Education Act (IDEA). Illinois has actively supported this relationship since 1992, through the School-Based Health Services program (SBHS).



School-Based Medicaid Overview

Understanding the Two Medicaid
Programs in IL Schools



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Medicaid Revenue Programs



Administrative Outreach

- Quarterly Staff Pool Lists & Financials
- Quarterly Payments

PCG STAFF POOLS

District-wide Expenditures

Costs included to calculate payment rates for quarterly payments

LEA Student Counts

Number of eligible students district-wide

Random Moment Time Sampling- *RMTS

- District responses generate claims for Quarterly Admin payments
- Required minimum of 85% participation for each quarter

OTHER PERSONNEL

DIRECT SERVICE PERSONNEL

Speech
Social Worker
Psychologist
Nurse
OT/PT
Counselor

OTHER DIRECT SERVICE PERSONNEL (Paraprofessionals)

Fee-for-Service

Staff **MUST** be in the correct Staff Pool List prior to submitting claims for services

Only staff that is directly hired by the LEA/JA are entered into the PCG Staff Pool List

Documentation of services provided directly to students

Meet all Medicaid requirements—*consent, referrals, doctor scripts*

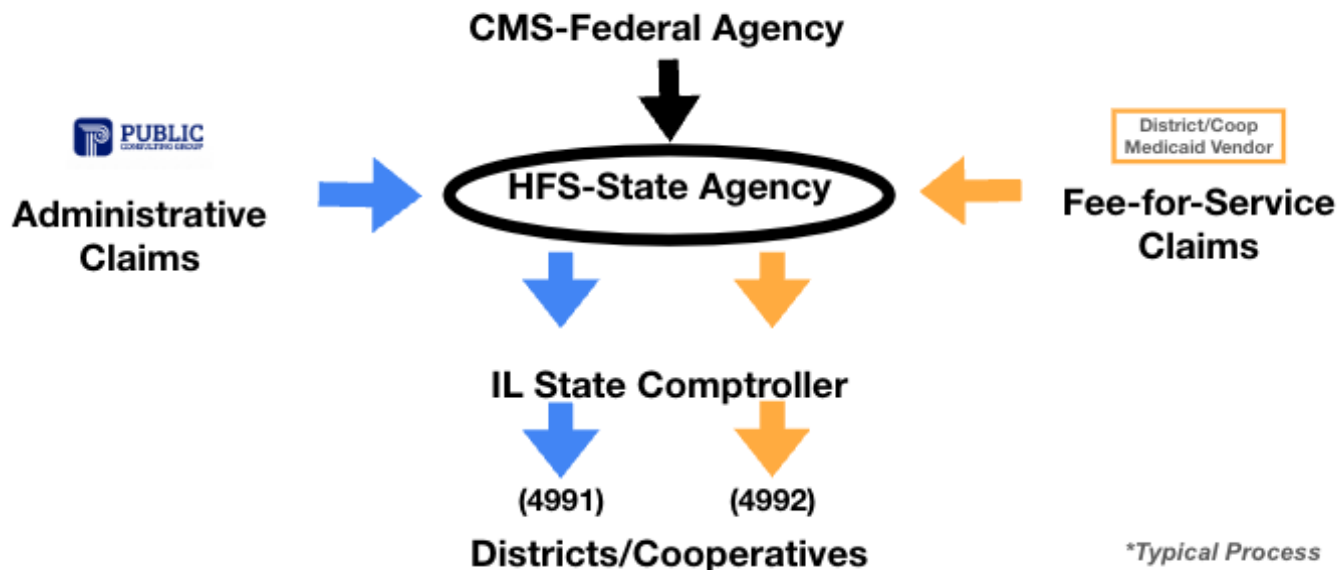
Service data submitted to HFS for claim processing

Voucher/interim payments received for direct service claims submitted

Medicaid Vendor



Flow of Funding



**Typical Process*



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Medicaid: Administrative Claiming



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ADMINISTRATIVE OUTREACH: PROCESS OVERVIEW

PCG Data Entry

Staff RMTS

Quarterly Claim
Calculation

Quarterly
Certification & Claim
Payment

Staff Pool Lists

Complete RMTS
Responses

View Claim Calculation
in PCG

Quarterly Certification
of State Expenditures
by School District

Quarterly Financials

*-2 Schools Days To
Complete*

*-Required Minimum 85%
Participation*



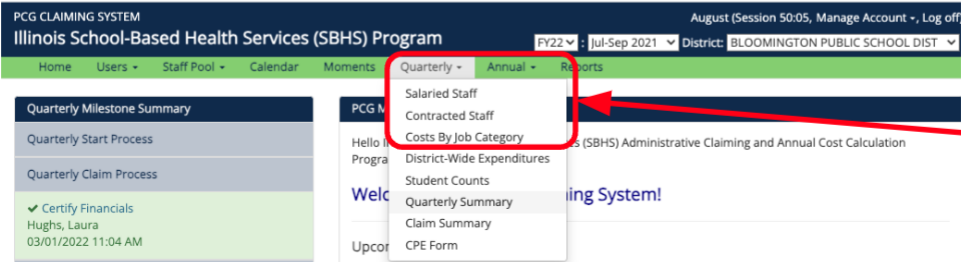
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Administrative Claiming-Data Entry

Districts/Coops enter Direct Service Staff into the PCG Staff Pool prior to the quarterly deadline.



Districts/Coops enter salary & benefit data into the PCG system prior to the quarterly deadline.



Administrative Claiming: Random Moment Time Sampling

➔ Staff Respond to RMTS Emails



Random Moment Time Study
At-A-Glance for Illinois

What is the Random Moment Time Study (RMTS)?

The RMTS is the federally accepted method of documenting the amount of staff time spent on direct service and administrative outreach activities.

What is the purpose of the RMTS?

The RMTS is a program requirement that helps schools receive federal reimbursement for time spent on allowable related activities.

What is my role in the RMTS?

Your role is to respond to all moments you have been selected for in a timely manner.

How did I get selected to complete an RMTS survey?

Your district's RMTS coordinator identified you as a person who performs activities related to Medicaid and health-related services as part of your job.

How long does it take to complete an RMTS survey?

The survey is five questions and can usually be completed in less than five minutes.

How should I respond to the RMTS survey questions?

- Provide truthful and thorough responses. There are no wrong answers but remember to answer completely and accurately. Do not include student names.
- The survey is asking about one minute in time. When answering your RMTS survey, provide specific information about that sixty second period.

RMTS responses generate revenue claims for districts and coops.

District Staff have two school days to respond to the RMTS email received from ILMAC.

District/Cooperatives are required to keep at least an 85% participation rate throughout the school year.




Quarterly Time Study (RMTS): Payment Calculation

PCG CLAIMING SYSTEM
Illinois School-Based Health Services (SBHS) Program

FY23 ▾ : ✓ Jul-Sep 2022
Oct-Dec 2022
Jan-Mar 2023
Apr-Jun 2023

Home Users ▾ Staff Pool ▾ Calendar Moments **Quarterly ▾** Annual ▾ Repd

- Salaried Staff
- Contracted Staff
- Costs By Job Category
- District-Wide Expenditures
- Student Counts
- Quarterly Summary
- Claim Summary
- CPE Form



Claim Summary

✓ ✓ ✓ ✓ ✓ ✓ ✓ (Filed)

Claim Calculation Summary

\$3,211.08



The claim calculation summary outlines the total net amount per FFP rate. Equations:

$50\% \text{ FFP} = ((17\% \text{ FFP Gross Claim Amount} + 50\% \text{ FFP Gross Claim Amount}) * \text{Indirect Cost Rate} + \text{Gross Claim Amount} + \text{Fixed Fee}) * 50\%$
 $75\% \text{ FFP} = \text{Gross Claim Amount} * 75\%$

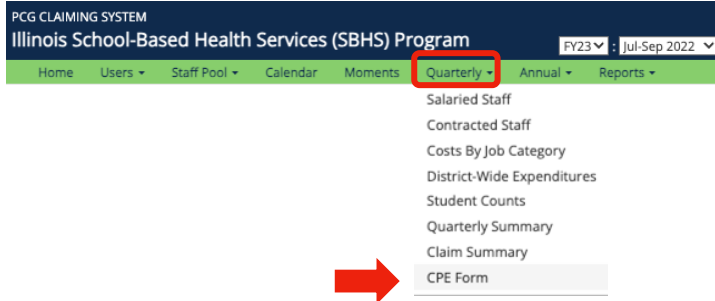
The Gross Claim Amount is the sum of the "Gross Claim Amount" column from each cost pool summary for that particular FFP rate.

	50 % FFP	75 % FFP	TOTALS
Gross Claim Amount	\$5,585.85	\$3.79	\$5,589.64
Rev Costs	\$0.00	\$0.00	
Insurance	\$0.00	\$0.00	
Rental Costs	\$0.00	\$0.00	
Interest	\$0.00	\$0.00	
Indirect Costs (14.86 %)	\$830.62		\$830.62
Total Gross Claim Amount	\$6,416.47	\$3.79	\$6,420.26
FFP Rate	50 %	75 %	
Total Net Amount	\$3,208.23	\$2.84	\$3,211.08
State Costs Withheld (4 %)			\$128.44
Amount Owed to Provider			\$3,082.64

\$3,082.64



Quarterly Certification of State Expenditures by School District



Quarterly CPE Form



Sign Date: 12/12/2022 10:49 AM
Sign User:

Illinois School-Based Health Services (SBHS) Program

Quarterly Certification of State Expenditures by School District

LEA Name: BLOOMINGDALE SCH DIST 13

LEA ID:

Reporting Period :7/22 - 9/22

Instructions

This statement of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act (the Act), and in accordance with all procedures, instruction and guidance issued by the single state agency and in effect during the state fiscal year. Please review Items #1 - #7 under Section 1 and sign and date below. This form must be submitted with your claim.

Section 1

1. Total Expenditures	\$ 227,575.00
2.Total Gross Claim/Computable Medicaid Expenditures	\$ 6,420.26
3. Total Net Claim (Item #2 x FFP Rate)	\$ 3,211.08
4. State Admin Assessment (Item #3 x 4%)	\$ -178.44
5. Net Reimbursement to LEA (Item #3 - Item #4)	\$ 3,082.64

Certification Statement

1. All expenditures presented should be in accordance with federal and the requirements with the intergovernmental agreement with the Illinois Department of Healthcare and Family Services.
2. I have examined this statement, the accompanying supported exhibits, the allocation of expenses and services, and the worksheets for the above indicated reporting period and the best of my knowledge and believe they are true and correct statements prepared from our books and records in accordance with applicable instructions.
3. The expenditures included in this statement are based on the actual recorded expenditures.
4. The required amount of state and/or local funds (Item #1) were available and used to pay for total computable allowable expenditures (Item #2) included in this statement, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures, including that the funds were not Federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs.
5. Federal matching funds are being claimed on this report in accordance with the quarterly cost report instructions provided by the Illinois Department of Healthcare and Family Services effective for the above indicated reporting period.
6. I am the officer authorized by the referenced government agency to submit this form and I have made a good faith effort to assure that all information reported is true and accurate.
7. I understand that this information will be used as a basis for claims for Federal funds, and possibly State funds, and that a falsification and concealment of a material fact may be prosecuted under Federal or State civil or criminal law.



Administrative Claiming: Quarterly Financials

 **Quarterly Payment Amount Calculated in PCG:
HFS Notifies State Comptroller To Pay**

PCG CLAIMING SYSTEM
Illinois School-Based Health Services (SBHS) Program

Home Users Staff Pool Calendar Moments Quarterly Annual Reports

Claim Summary

Claim Calculation Summary

The claim calculation summary outlines the total net amount per FFP rate. Equations:
50% FFP = ((75% FFP Gross Claim Amount + 50% FFP Gross Claim Amount) * Indirect Cost Rate)
75% FFP = Gross Claim Amount * 75%
The Gross Claim Amount is the sum of the "Gross Claim Amount" column from each cost pool summary.

	50 % FFP	75 % FFP	TOTALS
Gross Claim Amount	\$87,848.58	\$0.00	\$87,848.58
Rev Costs	\$0.00	\$0.00	
Insurance	\$24.22	\$0.00	
Rental Costs	\$194.10	\$0.00	
Interest	\$3,110.10	\$0.00	
Indirect Costs (14.76 %)	\$13,457.73		\$13,457.73
Total Gross Claim Amount	\$104,634.73	\$0.00	
FFP Rate	50 %	75 %	
Total Net Amount	\$52,317.36	\$0.00	
State Costs Withheld (4 %)			
Amount Owed to Provider		\$50,224.67	

Exclusions

Cost Pool Summary: Direct Service Personnel

SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Financial Reports & Data State Agencies Vendor Services Constituent Services About

VENDOR WARRANT LIST

BLOOMINGTON PUBLIC SCHOOL

RETURN HOME VENDOR SUMMARY CONTRACT SEARCH PAYMENTS SEARCH PAYMENTS ISSUED PENDING PAYMENTS PAYMENTS NOTIFICATIONS

Download to Excel Advanced Download Options

Warrant/EFT#	Addr Ind	Zip Code	Issue Date	Payment Amount	Voucher Number	Paid Date
AC3035905	F	61701-4028	06/27/22	\$30,182.99	22105F230	07/07/22
AC2993691	A	61701	06/13/22	\$43,122.19	2P0042740	06/29/22
AC2724529	F	61701-4028	03/25/22	\$31,236.54	22049F127	04/06/22
AC1970312	F	61701-4028	03/17/22	\$15,043.18	21351E517	04/04/22
AC2443799	F	61701-4028	01/28/22		21323E726	02/10/22
AC1985643	F	61701-4028	07/27/21		21232F597	10/07/21
AC1974595	F	61701-4028	09/22/21		11197E195	09/30/21
AC1906158	A	61701	08/31/21	\$50,224.67	1P0038225	09/10/21

Click here for assistance with this screen.

**IL State Comptroller
Vendor Payment Link:**

[https://illinoiscomptroller.gov/
vendor-services/vendor-
payments-new](https://illinoiscomptroller.gov/vendor-services/vendor-payments-new)

*Search for Healthcare & Family
Services—Code 478*



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Administrative Claiming: Year-End Financials



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VENDOR WARRANT LIST

BLOOMINGTON PUBLIC SCHOOLS

-  RETURN HOME
-  VENDOR SUMMARY
-  CONTRACT SEARCH
-  PAYMENTS SEARCH
-  PAYMENTS ISSUED
-  PENDING PAYMENTS

« 1 - 8 of 8 »

Warrant/EFT#	Addr Ind	Zip Code	Issue Date	Payment Amount
AC3035905	F	61701-4028	06/27/22	\$30,182.99
AC2982151	A	61701	06/13/22	\$43,122.19
AC2724529	F	61701-4028	03/25/22	\$31,236.54
AC23704219	F	61701-4028	03/17/22	\$15,063.18
AC2443799	F	61701-4028	01/28/22	\$13,180.72
AC1985643	F	61701-4028	09/27/21	\$729.88
AC1974595	F	61701-4028	09/22/21	\$54,786.04
AC1906158	A	61701	08/31/21	\$50,224.67

ILLINOIS STATE BOARD OF EDUCATION
School Business Services Department
100 North First Street, Springfield, Illinois 62777-0001
217/785-8779

**Illinois School District/Joint Agreement
Annual Financial Report *
June 30, 2022**

265	Medicaid Matching Funds - Administrative Outreach	4991	93,347
266	Medicaid Matching Funds - Fee-for-Service Program	4992	141,946



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Medicaid: Fee-for-Service Claiming



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FEE-FOR-SERVICE: PROCESS OVERVIEW

Service Documentation

Therapists provides direct service to students

Documents direct service sessions in the District/Coop Medicaid vendor program

Submit Claim

Medicaid Vendor submits service data to HFS

Service Rate is used to calculate the claims

HFS Verifies Claims

HFS processes all claim data submitted

Federal Match of approximately 50%

Sends Payment information to IL State Comptroller

Claims Paid

IL State Comptroller flows Medicaid funds to Districts/Coops



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School-Based Medicaid: Direct Service Provider Types

Districts and Cooperatives have access to claim Medicaid reimbursement for the direct services that are provided to Medicaid eligible students by Direct Service Providers throughout the school year.

IL State Approved Medicaid Eligible Providers as of July 2023:

- Audiologist
- Licensed Practical Nurse, LPN
- Registered Nurse , RN.
- Occupational Therapist
- Occupational Therapy Assistant, COTA.
- Physical Therapist
- Certified Physical Therapist, CPTA.
- Hearing and Vision Technicians (not teachers)
- Social Worker
- Psychologist
- Speech Language Pathologist
- School Health Aides
- ISBE Licensed Counselors (those with their ISBE PEL in Counseling)
- Orientation and Mobility Specialists
- Registered Behavior Technician(RBT)
- Licensed Marriage and Family Therapists

**Formal list can be found on the PCG website*



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Service Documentation Needs

01

IL State Regulations

- Public Act 101-0515 and Public Act 101-0507
- Illinois School Student Records Act (105 ILCS 10/)

- Parents can request copies of ALL related service logs
- Districts/Coops has 10 school days to comply
- Districts/Coops required to keep copies of related service logs in student temporary file

02

Electronic Copies

- Districts/Coops need 24/7 access to student service records

- Supplying service documentation to legal if needed
- Support for compensatory requests
- Proof service was provided

03

Frequent Changes of Eligibility

- Districts/Coops can generate more revenue

- Many students move on and off Medicaid eligibility throughout the school year
- Logging for ALL students covers for the eligibility changes and may increase Medicaid revenue

04

Change in State Medicaid Plan

- April 18, 2023 the IL State Plan was approved

- The amended State plan included a new financial model—Cost Settlement
- Districts will need documentation for services even if the students are not Medicaid eligible
- Potential to generate additional reimbursement

District/Coop Therapists document the direct services they provide to students in the Medicaid Vendor program. Check with Medicaid Vendor regarding logging for ALL student services.



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Fee-For-Service Rate Calculation

Illinois uses a service “rate methodology” to calculate Fee-for-Service (interim) payments throughout the school year. This is calculated by direct service rates that are based on annual therapy expenses. HFS releases service rates for the individual Districts and Cooperatives.

All of the required compliance items need to be in place prior to submitting direct service claims (consent, referrals, doctor scripts, etc).



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Fee-for-Service Rate Calculation Sample

Speech Rate: \$17.83

Speech Claim

60 minute session

(4) 15 minute units

\$17.83 per unit (4)

=

\$71.32 Total claim
submitted to HFS

Actual Claim Amount

\$71.32 Claim

Apply Federal Match
(Approximately 50%)

\$35.66

Actual claim paid to
District/Coop

Common Claim Issues

Parental Consent

Referrals

Doctor Scripts

Service Documentation

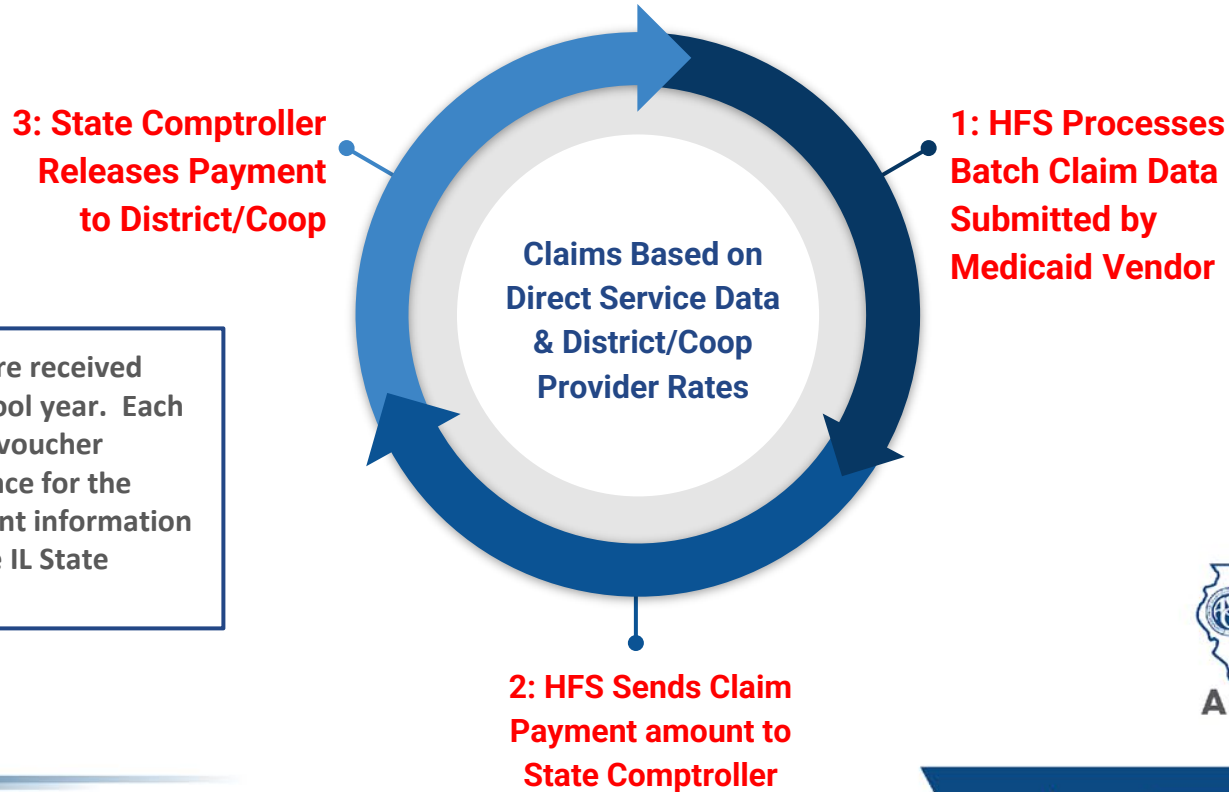


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Fee-for-Service Payments



Interim Payments are received throughout the school year. Each claim has a specific voucher number as a reference for the claims paid. Payment information can be found on the IL State Comptroller site.



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IL Medicaid State Plan Amendment (SPA)

KEY CHANGES

- *Medicaid Expansion
- *Cost Settlement



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Medicaid Expansion

Prior to July 1, 2021, Districts/Coops could only submit Medicaid claims for students that had an IEP.

Illinois State Plan Amendment was approved on April 18, 2023

- The Amendment allows districts/cooperatives to submit **service claims for ALL students who are Medicaid eligible**. *Districts/cooperatives will need to have a **plan** in place in order to start submitting service claims.* Plans may include an IEP, 504 Plans, Individual Health Plans, Physician Orders, Prescriptions—Plan must include:

Scope, frequency and duration of the service (including unit of frequency, *i.e.* 2x30 minutes/week, and start and end dates for the service to be provide)

Clinical rationale/justification for the service(s), following standards of clinical practice for each clinical discipline; should be 1-2 sentences that describe why the service is medically necessary to treat the medical (physical or behavioral health) issue(s) and/or a copy of the assessment outlining the disability

- Added new provider types (i.e. school counselors, O&M, etc.)



Cost Settlement Model



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Annual Cost Settlement Model



Annual Cost Settlement is applied only to the Fee-for-Service Revenue Program



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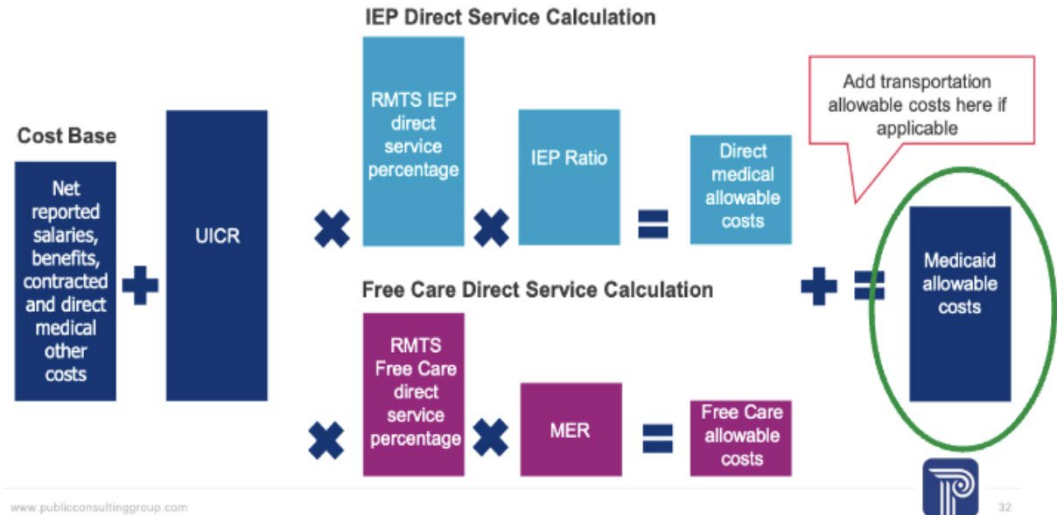
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Annual Cost Settlement Calculation

Cost Settlement is the process to calculate the Annual Costs that districts/coops incur to provide direct medical/behavioral services to Medicaid eligible students (*based on actual expenses*).

Annual Medicaid Allowable Calculation



PCG Cost Settlement Estimation Tool

Cost Settlement For IEP Student Expenses

Cost Settlement For Expansion (Free Care) Expenses

Instructions: You will only need to fill in the yellow boxes. Please refer to the informational presentation for details on each of the items. We have provided a range for the Direct Service Percentage. We recommend you utilize a percentage within that range to obtain an estimate. For example, the IEP Direct medical service percentage for the Direct Service cost pool as a range of 35-40%, if you enter 35% that will give you the most conservative estimate. The percentage will be the same for all providers in that cost pool so you only need to enter that in Cell H5 and it will populate for all categories in the table. The percentage for the Free Care Direct Service Percentage does not account for all aspects of the final settlement such as transportation.

IEP Service Settlement Calculation												
Direct Service Cost Pool Service Types	Salaries, Benefits, and Contractual Costs for Providers	Material & Supply Costs for the Provision of Service	Net	Unrestricted Indirect Cost Rate	Allowable Indirect Costs	Total Allowable Costs	IEP Direct Medical Service Percentage (Range 35% - 40%)	IEP Ratio	FMAP	Total Medicaid Allowable Costs	Interim Claims	Net Due District
Audiology Services	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	38%	0.88	57.00%	\$ -	\$ -	\$ -
Licensed Clinical Professional Social Workers	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	38%	88%	57.00%	\$ -	\$ -	\$ -
Medical Social Workers	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	38%	88%	57.00%	\$ -	\$ -	\$ -
Occupational Therapy Services (OTs and COTAs)	\$ 421,078.82	\$ 421,078.82	\$ 421,078.82	10.00%	\$ 42,107.88	\$ 463,186.70	38%	88%	57.00%	\$ 88,287.09	\$ -	\$ -
Orientation and Mobility Specialists	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	38%	88%	57.00%	\$ -	\$ -	\$ -
Physical Therapy Services (PTs and PTAs)	\$ 163,515.58	\$ 163,515.58	\$ 163,515.58	10.00%	\$ 16,351.56	\$ 179,867.14	38%	88%	57.00%	\$ 34,284.12	\$ -	\$ -
Psychological Services (School Psychologists, Licensed Clinical Psychologists and Psych Interns)	\$ 989,868.32	\$ 989,868.32	\$ 989,868.32	10.00%	\$ 98,986.83	\$ 1,088,855.15	38%	88%	57.00%	\$ 207,544.50	\$ -	\$ -
Registered Behavior Technicians	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	38%	88%	57.00%	\$ -	\$ -	\$ -
School Health Services (RNs and LPNs)	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	38%	88%	57.00%	\$ -	\$ -	\$ -
Speech Pathology Services (Speech Paths and SPhs)	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	38%	88%	57.00%	\$ -	\$ -	\$ -
Total	\$ -	\$ 1,574,462.72	\$ 1,574,462.72		\$ 157,446.27	\$ 1,731,908.99				\$ 330,115.71	\$ -	\$ 330,115.71
Other Direct Service Cost Pool Service Types												
School Health Aide	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	15%	88%	57.00%	\$ -	\$ -	\$ -
IEP Service Total										\$ 330,115.71	\$ -	\$ 330,115.71
Free Care Service Calculations												
Direct Service Cost Pool Service Types	Salaries, Benefits, and Contractual Costs for Providers	Material & Supply Costs for the Provision of Service	Net	Unrestricted Indirect Cost Rate	Allowable Indirect Costs	Total Allowable Costs	Free Care Direct Medical Service Percentage (Range 2.3% - 4%)	District MER	FMAP	Total Medicaid Allowable Costs	Interim Claims	Net Due District
Audiology Services	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	5%	49%	57.00%	\$ -	\$ -	\$ -
Licensed Clinical Professional Social Workers	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	5%	49%	57.00%	\$ -	\$ -	\$ -
Medical Social Workers	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	5%	49%	57.00%	\$ -	\$ -	\$ -
Occupational Therapy Services (OTs and COTAs)	\$ 421,078.82	\$ 421,078.82	\$ 421,078.82	10.00%	\$ 42,107.88	\$ 463,186.70	5%	49%	57.00%	\$ 6,468.44	\$ -	\$ -
Orientation and Mobility Specialists	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	5%	49%	57.00%	\$ -	\$ -	\$ -
Physical Therapy Services (PTs and PTAs)	\$ 163,515.58	\$ 163,515.58	\$ 163,515.58	10.00%	\$ 16,351.56	\$ 179,867.14	5%	49%	57.00%	\$ 2,511.84	\$ -	\$ -
Psychological Services (School Psychologists, Licensed Clinical Psychologists and Psych Interns)	\$ 989,868.32	\$ 989,868.32	\$ 989,868.32	10.00%	\$ 98,986.83	\$ 1,088,855.15	5%	49%	57.00%	\$ 15,205.54	\$ -	\$ -
Registered Behavior Technicians	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	5%	49%	57.00%	\$ -	\$ -	\$ -
School Health Services (RNs and LPNs)	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	5%	49%	57.00%	\$ -	\$ -	\$ -
Speech Pathology Services (Speech Paths and SPhs)	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	5%	49%	57.00%	\$ -	\$ -	\$ -
Total	\$ 1,574,462.72	\$ -	\$ 1,574,462.72		\$ 157,446.27	\$ 1,731,908.99				\$ 24,186.11	\$ -	\$ 24,186.11
Other Direct Service Cost Pool Service Types												
School Health Aide	\$ -	\$ -	\$ -	10.00%	\$ -	\$ -	2.3%	49%	57.00%	\$ -	\$ -	\$ -
Free Care Service Total										\$ 24,186.11	\$ -	\$ 24,186.11
Total Estimated Cost and Settlement										\$ 354,301.82	\$ 113,162.92	\$ 241,138.90

\$330,115.71

\$24,186.11



FY22 ANNUAL COST REPORT IN PCG

PCG CLAIMING SYSTEM
 Illinois School-Based Health Services (SBHS) Program

FY22 Jul-Sep 2021

Home Users - Staff Pool - Calendar Moments Quarterly - Annual - Reports -

- Salaried Staff
- Contracted Staff
- Costs By Job Category
- Direct Medical Services Other Costs
- Transportation Salaried Staff
- Transportation Other Costs
- Direct Medical Equipment Depreciation
- Transportation Equipment Depreciation
- General and Statistical Information
- Interim Payments
- Cost Report
- Cost Settlement
- CPE Form

Direct Service Total Costs Summary

Service Type	Staff Costs	Direct Medical Other Costs	Direct Medical Other Costs Offsets	Depreciation for Reporting Period	Net Direct Costs	Unrestricted Indirect Cost Rate	Indirect Costs	Net Direct Costs Plus Indirect Costs	Direct Medical Percentage	Application of DMP	IEP Ratio	Application of IEP Ratio	Medicaid Allowable Costs
Audiology Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	0%	\$0.00	0%	\$0.00	\$0.00
Occupational Therapy Services	\$106,921.82	\$2,135.34	\$2,126.25	\$0.00	\$106,930.91	0%	\$0.00	\$106,930.91	0%	\$0.00	0%	\$0.00	\$0.00
Physical Therapy Services	\$78,790.58	\$0.00	\$0.00	\$0.00	\$78,790.58	0%	\$0.00	\$78,790.58	0%	\$0.00	0%	\$0.00	\$0.00
Psychological Counseling Services	\$881,602.37	\$0.00	\$0.00	\$0.00	\$881,602.37	0%	\$0.00	\$881,602.37	0%	\$0.00	0%	\$0.00	\$0.00
Nursing Services	\$475,001.04	\$1,951.62	\$1,870.74	\$0.00	\$475,081.92	0%	\$0.00	\$475,081.92	0%	\$0.00	0%	\$0.00	\$0.00
Speech - Language Pathology Services	\$823,101.88	\$0.00	\$0.00	\$0.00	\$823,101.88	0%	\$0.00	\$823,101.88	0%	\$0.00	0%	\$0.00	\$0.00
Orientation and Mobility Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	0%	\$0.00	0%	\$0.00	\$0.00
Totals	\$2,365,417.69	\$4,086.96	\$3,996.99	\$0.00	\$2,365,507.66		\$0.00	\$2,365,507.66		\$0.00		\$0.00	\$0.00

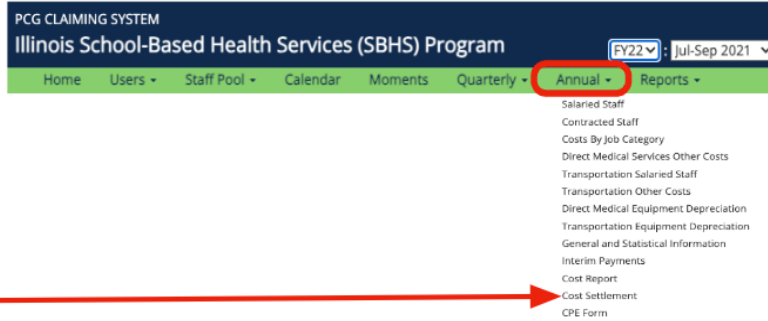
Other Plans of Care Total Costs Summary

Service Type	Staff Costs	Direct Medical Other Costs	Direct Medical Other Costs Offsets	Depreciation for Reporting Period	Net Direct Costs	Unrestricted Indirect Cost Rate	Indirect Costs	Net Direct Costs Plus Indirect Costs	Direct Medical Percentage	Application of DMP	MER	Application of MER Ratio	Allowable Costs
Audiology Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	0%	\$0.00	0%	\$0.00	\$0.00
Occupational Therapy Services	\$106,921.82	\$2,135.34	\$2,126.25	\$0.00	\$106,930.91	0%	\$0.00	\$106,930.91	0%	\$0.00	0%	\$0.00	\$0.00
Physical Therapy Services	\$78,790.58	\$0.00	\$0.00	\$0.00	\$78,790.58	0%	\$0.00	\$78,790.58	0%	\$0.00	0%	\$0.00	\$0.00
Psychological Counseling Services	\$881,602.37	\$0.00	\$0.00	\$0.00	\$881,602.37	0%	\$0.00	\$881,602.37	0%	\$0.00	0%	\$0.00	\$0.00
Nursing Services	\$475,001.04	\$1,951.62	\$1,870.74	\$0.00	\$475,081.92	0%	\$0.00	\$475,081.92	0%	\$0.00	0%	\$0.00	\$0.00
Speech - Language Pathology Services	\$823,101.88	\$0.00	\$0.00	\$0.00	\$823,101.88	0%	\$0.00	\$823,101.88	0%	\$0.00	0%	\$0.00	\$0.00
Orientation and Mobility Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	0%	\$0.00	0%	\$0.00	\$0.00
Totals	\$2,365,417.69	\$4,086.96	\$3,996.99	\$0.00	\$2,365,507.66		\$0.00	\$2,365,507.66		\$0.00		\$0.00	\$0.00



Cost Settlement Calculation Report in PCG

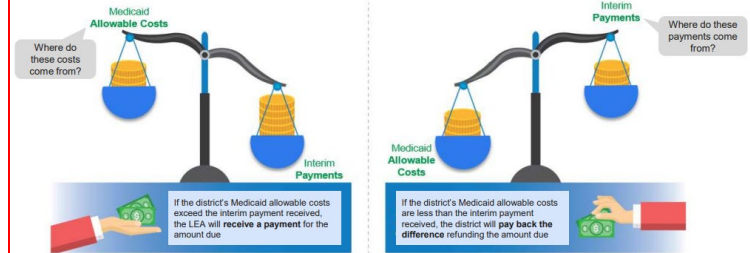
Districts/Cooperatives will be able to see the FY22 Annual Cost Settlement Calculation in the PCG site once all calculations have been completed.



Annual Settlement



Cost Settlement Model



www.publicconsultinggroup.com



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FY22 Bloomington District Medicaid Financials



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IEP Service Settlement Calculation															
Direct Service Cost Pool Service Types	Salaries, Benefits, and Contractual Costs for Providers	Material & Supply Costs for the Provision of Service	Net	Unrestricted Indirect Cost Rate	Allowable Indirect Costs	Total Allowable Costs	IEP Direct Medical Service Percentage (Range 35% - 40%)	IEP Ratio	FMAP	Total Medicaid Allowable Costs	Interim Claims	Net Due District			
													Audiology Services	\$ -	\$ -
Licensed Clinical Professional Social Workers	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	38%	62%	57,000%	\$ -	\$ -				
Medical Social Workers	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	38%	62%	57,000%	\$ -	\$ -				
Occupational Therapy Services (OTs and COTAs)	\$ 106,921.82	\$ -	\$ 106,921.82	12.51%	\$ 13,375.92	\$ 120,297.74	38%	62%	57,000%	\$ 16,155.02	\$ 16,155.02				
Orientation and Mobility Specialists	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	38%	62%	57,000%	\$ -	\$ -				
Physical Therapy Services (PTs and PTFAs)	\$ 78,790.58	\$ -	\$ 78,790.58	12.51%	\$ 9,856.70	\$ 88,647.28	38%	62%	57,000%	\$ 11,904.62	\$ 11,904.62				
Psychological Services (School Psychologists, Licensed Clinical Psychologists and Psych Interns)	\$ 881,602.37	\$ -	\$ 881,602.37	12.51%	\$ 110,288.46	\$ 991,890.83	38%	62%	57,000%	\$ 133,203.00	\$ 133,203.00				
Registered Behavior Technicians	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	38%	62%	57,000%	\$ -	\$ -				
School Health Services (IRNs and IPNs)	\$ 475,001.04	\$ -	\$ 475,001.04	12.51%	\$ 59,422.63	\$ 534,423.67	38%	62%	57,000%	\$ 71,768.82	\$ 71,768.82				
Speech Pathology Services (Speech Paths and SPAs)	\$ 823,101.88	\$ -	\$ 823,101.88	12.51%	\$ 102,970.05	\$ 926,071.93	38%	62%	57,000%	\$ 124,364.05	\$ 124,364.05				
Total	\$ 2,365,417.69	\$ -	\$ 2,365,417.69		\$ 295,913.75	\$ 2,661,331.44				\$ 357,395.52	\$ 357,395.52				
Other Direct Service Cost Pool Service Types															
School Health Aide	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	15%	62%	57,000%	\$ -	\$ -				
								IEP Service Total		\$ 357,395.52	\$ -	\$ 357,395.52			
Free Care Service Calculations															
Direct Service Cost Pool Service Types	Salaries, Benefits, and Contractual Costs for Providers	Material & Supply Costs for the Provision of Service	Net	Unrestricted Indirect Cost Rate	Allowable Indirect Costs	Total Allowable Costs	Free Care Direct Medical Service Percentage (Range 2.5% - 5%)	District MER	FMAP	Total Medicaid Allowable Costs	Interim Claims	Net Due District			
													Audiology Services	\$ -	\$ -
Licensed Clinical Professional Social Workers	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	5%	50%	57,000%	\$ -	\$ -				
Medical Social Workers	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	5%	50%	57,000%	\$ -	\$ -				
Occupational Therapy Services (OTs and COTAs)	\$ 106,921.82	\$ -	\$ 106,921.82	12.51%	\$ 13,375.92	\$ 120,297.74	5%	50%	57,000%	\$ 1,714.24	\$ 1,714.24				
Orientation and Mobility Specialists	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	5%	50%	57,000%	\$ -	\$ -				
Physical Therapy Services (PTs and PTFAs)	\$ 78,790.58	\$ -	\$ 78,790.58	12.51%	\$ 9,856.70	\$ 88,647.28	5%	50%	57,000%	\$ 1,263.22	\$ 1,263.22				
Psychological Services (School Psychologists, Licensed Clinical Psychologists and Psych Interns)	\$ 881,602.37	\$ -	\$ 881,602.37	12.51%	\$ 110,288.46	\$ 991,890.83	5%	50%	57,000%	\$ 14,134.44	\$ 14,134.44				
Registered Behavior Technicians	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	5%	50%	57,000%	\$ -	\$ -				
School Health Services (IRNs and IPNs)	\$ 475,001.04	\$ -	\$ 475,001.04	12.51%	\$ 59,422.63	\$ 534,423.67	5%	50%	57,000%	\$ 7,615.54	\$ 7,615.54				
Speech Pathology Services (Speech Paths and SPAs)	\$ 823,101.88	\$ -	\$ 823,101.88	12.51%	\$ 102,970.05	\$ 926,071.93	5%	50%	57,000%	\$ 13,196.52	\$ 13,196.52				
Total	\$ 2,365,417.69	\$ -	\$ 2,365,417.69		\$ 295,913.75	\$ 2,661,331.44				\$ 37,923.97	\$ 37,923.97				
Other Direct Service Cost Pool Service Types															
School Health Aide	\$ -	\$ -	\$ -	12.51%	\$ -	\$ -	2.3%	50%	57,000%	\$ -	\$ -				
								Free Care Service Total		\$ 37,923.97	\$ -	\$ 37,923.97			
										Total Medicaid Allowable Costs	\$ 395,319.50	Total Interim Claims	\$ 189,058.38	Net Due District	\$ 206,261.12
Total Estimated Cost and Settlement															

Cost Settlement Estimate Tool

FY22 Cost Settlement Amount: \$395,319.50



Bloomington FY22 Medicaid Overview

<u>Cost Settlement</u> Total Medicaid Allowable Costs \$ 395,319.50	-	<u>Fee-for-Service</u> Payments Received \$ 189,058.38*	=	Potential Net Due District \$ 206,261.12**
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Administrative Outreach
Total:
\$133,086.77*

Overall Annual Cost Settlement:
\$395,319.50

Total Administrative Outreach:
\$133,086.77

TOTAL FY22 POTENTIAL MEDICAID REVENUE:
\$528,406.27

**Revenue received to date*

***Net Due District—payment expected sometime in FY24*



Bloomington District Medicaid Initiatives

- Monitored PCG Quarterly Staff Pool lists for accuracy (*developed coordination with HR*)
- Reduced amount of salary & benefits paid with Federal Grant funds
- Educated Administrators & Staff on importance of RMTS
- Coordinated with Medicaid vendor for support with FY22 Annual Cost Report to capture ALL allowable expenses
- Instructed Staff to log for ALL services they provided to students in the Medicaid vendor program—*provided dedicated time to log*



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Maximizing Medicaid Revenue

PCG Program Management:

Quarterly staff lists and financials entered on time

Random Moment Time Sampling:

Monitor staff participation-ensure timelines are met

Fee-for-Service:

Monitor staff documentation of direct services (*6 month deadline*)

Annual Cost Reports:

Capture all allowable expenses



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Questions and Answers

We thank you for your time!



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