

## School Finance Hot Topics – December 7, 2018

### FINGERPRINTING UPDATE

After the Fall ASBO Conference, several districts had follow-up questions regarding the new process for paying for fingerprinting since there are multiple reasons for which county boards of education may be paying for that service. Per discussion with representatives from Morpho Trust / IDEMIA, county boards of education will have one account with their company but be able to have No Charge Authorization Codes (NCACs) for multiple service types. The NCAC coupon codes are specific to the type of fingerprinting service being ordered. For example, a county board may need NCAC codes for each of the services in the chart below:

Service Code	Service Name
228NK9	Department of Education Teacher Certification
228NTN	Department of Education Bus Driver
228QN5	State Reference Check w/o Facility Number
228QVG	WV CARES

The NCAC coupon codes are NOT transferrable between services. County boards of education will need to pay close attention to the NCAC codes they are assigning to individuals being sent for fingerprinting to ensure that the code corresponds to the service type needed. The fingerprinting results are sent to different agencies depending on the service type and the results cannot be shared once they are received by that agency. For example, if the NCAC code used results in WVCARES receiving the results that should have been delivered to WVDE for certification purposes, WVCARES cannot send the results to WVDE. The fingerprinting must be repeated.

If an employee signs up for one of type of fingerprinting service and tries to use an NCAC coupon code for a different service type, the NCAC code will not be accepted. This is an additional control to make sure that the account holder is paying for and the applicant is receiving the correct service.

County boards of education needing multiple sets of NCAC codes to pay for the various types of fingerprinting on behalf of their employees can contact Brenda Fletcher at [Brenda.Fletcher@us.idemia.com](mailto:Brenda.Fletcher@us.idemia.com). Brenda is also the contact for those county boards of education that do not have a P-Card and need to have an invoice-backed NCAC account.

See Attachment #1 for a training document regarding the WVCARES system that some county boards of education may choose to utilize to comply with the new federal Head Start / Pre-K fingerprinting requirement that was discussed at Fall ASBO. WVCARES does charge an administrative fee on top of the fingerprinting fee.

## **CPRB ANNUAL RECONCILIATION PROCESS (2017-18)**

The West Virginia Consolidated Public Retirement Board (CPRB) will be performing an Annual Reconciliation for the 2017-18 year in the near future. Details about the process for the 2017-18 year are currently being finalized and instructions will be shared with county boards of education in the near future.

## **TITLE I – SUPPLEMENT NOT SUPPLANT GUIDANCE**

See attachment #2 for information from Laura Pauley (WVDE Office of Federal Programs) regarding the Title I Supplement Not Supplant (SNS) requirement. All county boards of education must have a written methodology that reflects how resources (staffing and funding) are distributed to schools without consideration of the school's Title I, Part A funding. This written methodology must be in place by June 30, 2019. County boards must also be able to demonstrate compliance with the written methodology for the 2018-19 school year by that same date.

If you have questions regarding the SNS requirement, please contact Laura Pauley directly at [lepauley@k12.wv.us](mailto:lepauley@k12.wv.us).

## **MEDICAID UPDATE**

### ***Upcoming Changes to Advance Notices and Response Window***

See Attachment #3 for a copy of correspondence from the Centers for Medicare and Medicaid Services (CMS) to the WV Department of Health and Human Resources (DHHR) regarding the Implementation Guide. To summarize, this letter from CMS eliminates the temporary waiver previously granted to CMS that allowed for the 24-hour advance notification of a random moment and a three-day response window for Random Moment Time Study (RMTS) participants to respond to any moments. The letter indicates that those must be changed to the normal CMS standards (no advance notice and a 48 hour response window) by no later than May 1, 2019. Because May 1, 2019 is in the middle of a quarter, the change will be implemented effective April 1, 2019 to coincide with the beginning of the April – June 2019 quarter.

Public Consulting Group (PCG), West Virginia Department of Education (WVDE) and DHHR are developing a proposed model for the timing of the reminders that RMTS participants will be sent now that there will be a shorter response window. The current timing will no longer work with the condensed timeframe. County special education directors may be consulted for feedback during this process.

Once the timeframes are shortened, it will be critical that RMTS participants respond within the new window and that the state still achieves an overall 85% response rate in each cost pool. As a reminder, if the statewide response rate isn't at the 85% level, negative responses are added until the 85% level is reached. Those negative responses will reduce the Direct Medical Percentages on the Annual Medicaid Cost Report and ultimately reduce the overall amount of Medicaid funding provided to county boards of education. In addition, if individual county boards of education do not have a county-wide response rate of at least 85%, there is the potential for sanctions to that individual county.

### ***Required Training for all RMTS Participants***

All county board of education staff who are included on the RMTS roster will be required to undergo training before April 1, 2018. A draft of the updated training materials have been provided by PCG to WVDE and DHHR for review. Once that review process is complete and the training materials are finalized, they will be provided to county boards of education. Each county board of education will be required to provide the training to all staff included on the RMTS rosters and maintain documentation that the training was completed (ex: signed form by each participant that certifies they completed the training). In addition, any time there is a new staff member added to the RMTS roster, they are also required to complete training prior to the start of their participation in the program and completion of the training must be documented and retained by the county.

The CMS-approved "Time Study Implementation Guide and School Based Health Services Process Guide for Direct Services and Medicaid Administrative Claiming" (Implementation Guide) indicates that this training for RMTS participants should be an annual training. County boards of education will need to plan accordingly and document completion of the training each year.

### ***FY18 IEP Ratios***

See Attachment #4 for a copy of the IEP Ratios 18 schedule. The first three pages of this schedule was provided to PCG to populate the FY18 Medicaid Annual Cost Report. The data source for the schedule is the MED.EDG application in WOW, which is completed and certified by the county special education directors annually in conjunction with the December 1<sup>st</sup> Child Count process.

As the Office of School Finance prepared the schedule for the 2017-18 year using the data provided to us, we noted some fairly significant fluctuations compared to the 2016-17 IEP Ratio data. Pages 4-12 of the file are comparisons between the two fiscal years. The comparisons reflect the differences between the numerators of each ratio, the denominator of each ratio, and the calculated percentage. We have highlighted county boards of education in yellow that had significant variances between the two years. Typically these variances were greater than 10% or where the numerator/denominator had large fluctuations even if the percentage itself remained fairly constant between years.

County boards of education that are highlighted in yellow may receive desk review questions from PCG during the desk review process for the FY18 Medicaid Annual Cost Reports. We do not know what specific criteria that PCG uses to determine the desk review questions related to the IEP ratios, but we wanted to give treasurers sufficient time to investigate the changes in the data with their special education directors before the desk reviews are released in early 2019.

### ***Medicaid Billing Contractor Costs***

Please see Attachment #5, which is a memo from PCG explaining why they asked county boards of education to remove the RESA billing services costs from the quarterly cost reports for the October – December 2016 and the January – March 2017 quarters. There was a change in the interpretation of federal guidance related to how administrative contractor costs should be reported. Although county boards of education had followed the previously provided instructions on how to report the costs, PCG believes that costs reported in that manner could be disallowed by CMS since they are not specifically associated with an individual included in the RMTS. The language in the West Virginia State Plan Amendment (SPA) for School Based Health Services regarding contractors not being required to participate in the RMTS refers only to direct service contractors.

Although not all county boards of education reported RESA billing costs during the two quarters currently being processed for MAC claims, all county boards of education who included those costs on the remaining cost reports submitted after March 2017 through the present will have to correct those quarters as PCG and DHHR attempt to get caught up on processing the MAC claims. Unfortunately, removing these costs from the quarterly cost reports means that county

boards of education will not receive MAC funding for those costs for quarters up through the current quarter.

**The memo contains instructions for how to handle these contracted costs moving forward to ensure that county boards of education can claim the costs and receive MAC reimbursement.** Even though the individuals performing the Medicaid billing may not be employees of the county board of education, they should be included on the quarterly roster in the Administrative cost pool moving forward. For example, all eight county boards of education who are using EPIC to perform their Medicaid billing would report the Medicaid Billing Specialist employed by EPIC on the roster and then claim the amounts paid to EPIC for those services on the quarterly cost report. In situations where a county board of education is employing an individual to perform Medicaid billing services on behalf of multiple county boards, all county boards served by that individual would include the individual on their rosters and then claim the cost paid to the other county board of education. The county board of education that employs that individual would simply reduce the salary and benefit costs reported on their cost report by the amounts billed to other county boards of education.

RMTS Rosters for the January – March 2019 quarter were due Tuesday, December 4, 2018. Special Educator Directors were sent guidance from Terry Riley regarding adding these individuals to the rosters on November 26, 2018. Please confirm with your Special Education Director that the Medicaid billing specialists were added to the RMTS Roster.

### ***MAC Claims: April – June 2016 Quarter***

The MAC Claims for the April – June 2016 Quarter were paid at the end of June 2018. For that quarter, the RESA Billing costs remained on the quarterly cost report and were therefore included in the paid claim amounts. Based on the latest interpretation of the federal guidelines as described in the previous section, PCG will be calculating the overpayment for the April – June 2016 Quarter that each county board of education will need to repay. The estimated timeline for completion of that analysis is late January 2019. Once the amounts are known, county boards of education will be provided instructions on how to repay the funds to DHHR.

### ***MAC Claims: October – December 2016 and January – March 2017***

It is imperative that all county boards of education comply with the Monday, December 10, 2018 deadline for returning the CPE Forms (to PCG) and the Invoices (to DHHR) for the October – December 2016 and January – March 2017 quarterly Medicaid cost reports. Failure to complete the forms by the deadline could result in delays in the claim for your county. The October-December 2016 claims must be paid by the WWSAO by no later than December 31, 2018 or the federal funding for the claims will be lost. See Attachment #6 for a copy of the

email distributed by the Office of School Finance with instructions for the Invoice process for the MAC Claims. The attachment includes a sample invoice for completion.

# WVCARES WV Clearance for Access: Registry and Employment Screening

Meghan Shears  
Director, WVCARES  
September 18, 2018  
2018 Department of Education Provider Training



## Who has to be entered?

- W.Va. Code § 16-49-1
- Direct Access Personnel - an individual who has direct access by virtue of ownership, employment, engagement or agreement with a covered provider or covered contractor. Direct access personnel does not include volunteers or students performing irregular or supervised functions or contractors performing repairs, deliveries, installations or similar services for the covered provider. The secretary shall determine by legislative rule whether the position in question involves direct access.
- Direct Access - physical contact with a resident, member, beneficiary or client of a covered provider, or access to their property, personally identifiable information, protected health information or financial information.



# Fees

- WVCARES Administrative Fee - \$20.00 per new application
- New application is a brand new applicant or,
- New application for a current employee who is being reprinted
- Fingerprint Fee - \$34.50
- Agencies/facilities are currently responsible for this cost.
- Fees go to the West Virginia State Police and Idemia, formerly MorphoTrust as their vendor.
- Applicants who have already received an eligible determination through WVCARES **will not** need to be reprinted until their 5 year eligibility expires. New agencies must submit an application to connect to the current determination and receive a clearance letter.  
**Agency will only pay the administrative fee as a fingerprint submission is already attached to the applicant file.**

# Sharing of Information

- Pursuant to W.Va. Code § 16-49-9(c) and Criminal Justice Information Services security policy, WVCARES **cannot** share or disclose information received on a criminal history report even to the applicant.
- Applicants may pay for and receive their own reports by going to MorphoTrust (\$32.50 – State report only).
- Hard cards will have to be obtained and submitted to the FBI (\$12.50 for printing and \$18.00 to FBI).
- Wait time for federal reports could be up to **6 months**.

# Disqualifying Offenses – 69 CSR 10.2.10

- State or federal health and social services program-related crimes (both misdemeanor and felony convictions)
  - Example – Welfare fraud, Worker’s Compensation fraud, and Social Security fraud
- Patient abuse or neglect
- Health care fraud
- Felony drug crimes
- Crimes against care-dependent or vulnerable individuals (both misdemeanor and felony convictions)
- Felony crimes against the person
- Felony crimes against property

## Disqualifying Offenses (cont'd)

- Sexual offenses (both misdemeanor and felony convictions)
- Felony crimes against chastity, morality, and decency
  - Pandering or solicitation
- Felony crimes against public justice
  - Bribery
  - Failure to pay dependent support
- Felony driving offenses
- Felony crimes against the peace
  - False reports concerning bombs
  - Threats of terrorist acts

# WVCARES Rule

- 69 CSR 10.5.3
- If the Secretary's review of an applicant's criminal history record information reveals a pending charge that has not received a final disposition, the following shall apply:
  - If the pending charge is a disqualifying misdemeanor offense, and the applicant has not had a conviction for a disqualifying offense in the last seven years, the Secretary shall provide written notice to the covered provider or covered contractor advising that the applicant is eligible for work.
  - If the pending charge is a disqualifying felony offense, the Secretary shall provide written notice to the covered provider or covered contractor advising that the applicant is ineligible for work, unless a variance has been requested or granted.
  - Once a final disposition has been made on the pending charge, the Secretary shall review the criminal history record information de novo in accordance with the provisions of this rule and W. Va. Code § 16-49-1 et seq.

# Quick Tips

- Check your notifications! As an application is processed, WVCARES notifies you of its status, rejections, and action you may need to take to resolve an issue.
- Using an incorrect facility number cancels the automation ability of the WVCARES system and will affect the time frame in which you receive the eligibility letter for an applicant.
- Use the correctly spelled legal name of the applicant, and his or her correct date of birth. Fingerprint submissions cannot be properly matched to a facility with incorrect information.
- The applicant must be prescreened (application completed and necessary documentation, including the self-disclosure form, uploaded) prior to fingerprinting pursuant to W. Va. Code § 16-49-1 *et seq.*
- New hires cannot be provisionally hired until an applicant is prescreened and is verified with a receipt from Idemia or a notice from WVCARES that fingerprints have been submitted.
- The provisional hire option is reserved for new hires only. **Do not** provisionally hire current employees.
- If you are regularly receiving notifications regarding fingerprint submissions and you have outstanding applications, follow up with Idemia prior to contacting WVCARES.

# Quick Tips (cont'd)

## General Background Check Tips

- WVCARES background checks are based on fingerprints, not social security numbers or names alone. Therefore, submissions cannot be mistaken for someone else. Even twins have unique fingerprints.
- Results received by WVCARES are chronological records of the earliest interactions individuals have with law enforcement or the court system up to the present day.
- Unless expunged by a court order, arrests/charges/convictions **are not** automatically deleted from the background results. Applicants/employees should not assume that criminal events have “fallen off” the background check.

## Self-Disclosure Forms

- Falsification of the self-disclosure form constitutes a disqualifying offense.
- The self-disclosure form must be filled out prior to entering an application into the WVCARES system.
- The form must be signed by both the applicant and a facility/agency representative. A facility/agency representative signs in the box marked “For Office Only.”
- Self-disclosure forms must be uploaded into the WVCARES system. Failure to upload could result in a delay in receiving the fitness determination.

## Tips and Reminders

- Variance requests are not to be uploaded into the system.
- Requests and supporting documentation will only be accepted when submitted to [varianceswvcare@wv.gov](mailto:varianceswvcare@wv.gov).
- WVCARES has 60 days to review requests.
- If you have a question regarding the status of an applicant's determination, you can submit a request for update to [wvcare@wv.gov](mailto:wvcare@wv.gov).
- Please make sure to include the full name and date of birth.
- Do not give out the WVCARES mailing address.
- When sending emails, **utilize the subject line.**
- Example – Locked account
- Variance Request: J. Doe



## Hard Cards

- Turnaround time
- Hard cards have approximately a 30% rejection rate compared to approximately 5% rejection rate for live scan.
- Provisional hire can only be done when documentation has been received for fingerprints submitted.
- This will be a problem for hard cards when the interface with the State Police has been completed.

# Variances

- **Under no circumstance should variance paperwork be uploaded into the WVCARES system.** Variance requests must be e-mailed to [varianceswvcares@wv.gov](mailto:varianceswvcares@wv.gov).
- Per W.Va. St. R. § 69-10-7, variance requests must be received by the WVCARES office within 30 days of the ineligible determination (date on ineligible letter).
- Variance requests may be submitted at the time of application. If WVCARES subsequently makes an ineligible determination, submitting the variance request at the time of application reduces the length of time an applicant/employee must be removed from duties.
- Applicants/employees who have received an ineligible determination cannot continue to work until a variance request has been received, and the agency/facility has received e-mail documentation from WVCARES that the variance review is in process.
- Applicants are not eligible to return to work as a provisional employee while the variance is being considered if they have a previous/pre-existing determination of ineligibility and/or a denied variance.
- Facilities/agencies are immediately notified of the variance review decision.

## Points of Contact

OHFLAC – (304) 558-0050

WVCARES – (304) 558-2018

- [WVCARES@WV.GOV](mailto:WVCARES@WV.GOV) for general correspondence
  - [AMAPWVCARES@WV.GOV](mailto:AMAPWVCARES@WV.GOV) for Approved Medication Assitive Personnel questions or requests
  - [VARIANCESWVCARES@WV.GOV](mailto:VARIANCESWVCARES@WV.GOV) for variances or correspondence regarding variances
- Idemia – (855) 766-7746
- Idemia billing department – (877) 512-6962

WVCARES website: <https://wvcares.wvdhhr.org>

## Points of Contact (cont'd)

**Meghan S. Shears, AFI**

Director, WVCARES

West Virginia Department of Health and Human Resources

Office of Inspector General

1900 Kanawha Blvd., East

Building 6, Room 817-B

Charleston, WV 25305

Website: <https://www.wvdhhr.org/oig/wvcares.html>

## **Supplement Not Supplant – Title I, Part A**

In general terms, Title I, Part A funds should be in addition to (supplement) and not replace (supplant) state and local funds. ESSA revised the Title I, Part A supplement not supplant (SNS) requirement.

Under ESSA, LEAs must demonstrate that the methodology they use to allocate state and local funds to schools provides each Title I, Part A school with all of the state and local money it would receive if it did not participate in the Title I, Part A program. Under ESSA, LEAs must be able to demonstrate compliance with a written methodology by the end of the 2019 school year.

### **LEA Responsibilities**

LEAs are responsible for documenting that it had a methodology to distribute funding and staffing to schools without taking Title I, Part A funds into account. LEAs will not be submitting their methodology to WVDE for approval however, it will be required to be uploaded with the 2020 ESEA Application. They should have the methodology available for auditing/monitoring purposes. The LEA should be able to show that it has a method for distributing state and local resources to schools prior to allocating federal Title I, Part A funds. Clear documentation will be important for subsequent audits and program reviews.

Note: Adopting the “NCLB Three Presumptions of Supplanting” is not a sufficient methodology for resource distribution under ESSA.

### **Sample Methodology for Distributing State and Local Resources**

WVDE is providing a sample for LEAs to use to document their methodology for distribution of state and federal resources. Please note that ED has not issued non-regulatory guidance or adopted rules for Supplement not Supplant under ESSA. It rescinded the draft rules provided under the Notice of Proposed Rulemaking.

### **Other Considerations**

SNS is one of three fiscal tests:

Maintenance of Effort (MOE) – LEAs must maintain a consistent floor of state and local funding for free public education from year-to-year.

Comparability – state and local funds are used to provide services that, taken as a whole, are comparable between Title I and non-Title schools.

Supplement Not Supplant (SNS) – LEAs must distribute state and local funds to schools without taking into account a school’s participation in the Title I program.

It is a common misconception that if an LEA is in compliance with comparability, then it is automatically in compliance with SNS. Although both of these tests look at how the LEA distributes state and local funds to schools, they are separate tests that measure different things.

**Example 1 – Comparability compliance but not SNS compliance**

- An LEA demonstrates comparability through student/instructional staff ratios, but
- Does not meet SNS because it provides extra state/local money to non-Title I schools for technology purchases, but not to Title I schools because it expects Title I to pay for those technology purchases in those schools.

**Example 2 – SNS compliance but not comparability compliance**

- An LEA meets SNS because it can demonstrate it did not take Title I status into account when distributing its state/local funds to schools, but
- Does not demonstrate comparability because the LEA’s non-Title I schools have lower student/instructional staff ratios than its Title I schools.

The approach (though not the mechanics) of SNS is now more like other fiscal tests, such as MOE and comparability because it is based on funding.

- In other words, how an LEA funds its schools is the inquiry: does the LEA do so in a Title I neutral manner?
- Individual Title I costs are no longer part of an SNS analysis.
- Practical note: SNS was a common reason SEAs denied proposed Title I costs – the conversation over allowability should be different under the revised ESSA SNS requirements.

**ALLOWABILITY**

**At the end of the day, Title I costs must still be allowable under the Title I program.**

- At a minimum this means:
  - Costs still must only benefit eligible students (eligible students = all students in a school-wide program and identified students in a targeted assistance program).

## Supplement Not Supplant Methodology

1. LEAs should only be including allocations of state/local resources – NO FEDERAL FUNDING.
2. Only school-based INSTRUCTIONAL ALLOCATIONS should be included.
  - a. NO Central
  - b. NO Transportation
  - c. NO Maintenance and Operation (landscaping, HVAC, electricity, telephone, plumbing, painting, etc.)
  - d. NO Food Service Workers
  - e. NO Athletic/Extra-curricular Supplements
3. LEAs should not use verbiage such as “As needed,” or “To be determined,” or “At the discretion of.”
4. Allocations/scales between grade spans may differ (i.e. instructional supplies between ES and HS).
5. Dollar amounts **are not** required for personnel allocation descriptions
6. Dollar amounts **are** required for instructional supplies.
7. The Methodology is a “living” document. LEAs may alter as many times as needed as available resources change.

Instructional Allocations	Distribution	Comments
Principal	Usually one per school	
Assistant Principal	Scale usually based on student enrollment to address future growth or reduction of student population	
Teachers <ul style="list-style-type: none"> <li>• By Grade Level (K-12)</li> <li>• By Content Area               <ul style="list-style-type: none"> <li>• CTE, foreign lang., Art, etc.</li> <li>• Elementary Special Area: Art, Music, PE, etc.</li> <li>• PE teachers (MS &amp; HS)</li> <li>• ROTC staff</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Student/Teacher Ratio</li> <li>• Scale usually based on student enrollment</li> <li>• MS &amp; HS possibly by segments offered</li> </ul>	
Band/Choral Director (MS & HS)	Base number + Additional (scale) based on Band/Choral enrollment	
Gifted Teachers	Usually based on scale	
Special Education Teacher	<ul style="list-style-type: none"> <li>• Usually state funding scale</li> <li>• Can be more restrictive than the state scale</li> </ul>	
English Learners	<ul style="list-style-type: none"> <li>• Usually state funding scale</li> </ul>	
Media Specialist	Usually one per school or scale	

## Supplement Not Supplant Methodology

Instructional Allocations	Possible Ways to Distribute Allocation	Comments
Technology Specialists	<ul style="list-style-type: none"> <li>• One per school or Part-time - shared between schools</li> <li>• Scale basis</li> <li>• CANNOT be Centrally-based</li> </ul>	
Academic Coach	<ul style="list-style-type: none"> <li>• One per school or Part-time - shared between schools</li> <li>• Scale basis</li> <li>• CANNOT be Centrally-based</li> </ul>	
Paraprofessional	<ul style="list-style-type: none"> <li>• Ex: one per kindergarten teacher</li> <li>• Scale usually based on student enrollment</li> </ul>	
Instructional Supplies <ul style="list-style-type: none"> <li>• Textbooks</li> <li>• Copy Paper</li> <li>• Toner</li> <li>• Technology</li> <li>• Classroom Supplies</li> </ul>	Usually per pupil/grade level amount or scale <ul style="list-style-type: none"> <li>• Ex. one math textbook per student</li> </ul>	
Professional Learning	<ul style="list-style-type: none"> <li>• Possibly Per Teacher Allocation or scale (1 day/teacher)</li> <li>• \$\$/teacher for contracted services, conferences</li> <li>• Note: if district provides PD through a district-wide model than this is N/A</li> </ul>	
<ul style="list-style-type: none"> <li>• Other Monetary Allocations for District Instructional Needs</li> <li>• EX: IB, AP, Gifted, Band, EL, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Usually PPA or scale</li> </ul>	

**Additional Comments:**



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 Market Street  
Suite 9400  
Philadelphia, Pennsylvania 19107-3143



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT # 092720184028

**October 29, 2018**

Tara L. Buckner, CPA, MBA  
Chief Financial Officer  
WV Department of Health & Human Resources One  
Davis Square, Suite 300  
Charleston, WV 25301

Dear Ms. Buckner:

After consideration of West Virginia's request to continue using a 24-hour notification period for Random Moment Time Study (RMTS) moments, the Centers for Medicare and Medicaid Services (CMS) is granting an additional 6 months, until May 1, 2019, for West Virginia to transition to zero notification in compliance with the Centers for Medicare and Medicaid Services' time study policy.

CMS is extending this temporary exception in order to allow West Virginia time to transition to this new approach and provide better guidance and instruction to RMTS participants. Advance notification of a moment, even with multiple layers of sampling review, introduces the possibility of bias, which can affect the validity of the time study results.

It is for this reason that, in the absence of data supporting otherwise, CMS requests West Virginia to begin providing zero advance notification by May 1, 2019 and continue to include only responses to moments that are returned within 48 hours. If the state has any issues coming into compliance with this policy, please provide documentation with your concerns to CMS by April 2019.

Sincerely,

Francis T. McCullough  
Associate Regional Administrator

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
IEP RATIOS FOR THE MEDICAID ANNUAL COST REPORT  
FOR THE 2017-18 SCHOOL YEAR**

County	Number of Medicaid Eligible Students with TCM Services in IEP	Total Number of Students with TCM Services in IEP	TCM IEP Ratio
Barbour	137	206	66.50%
Berkeley	1,884	3,145	59.90%
Boone	326	457	71.33%
Braxton	121	161	75.16%
Brooke	352	606	58.09%
Cabell	853	1,260	67.70%
Calhoun	56	74	75.68%
Clay	128	159	80.50%
Doddridge	104	149	69.80%
Fayette	370	496	74.60%
Gilmer	56	80	70.00%
Grant	118	178	66.29%
Greenbrier	287	408	70.34%
Hampshire	237	315	75.24%
Hancock	369	584	63.18%
Hardy	142	182	78.02%
Harrison	748	1,118	66.91%
Jackson	405	598	67.73%
Jefferson	355	776	45.75%
Kanawha	1,820	2,487	73.18%
Lewis	165	222	74.32%
Lincoln	310	384	80.73%
Logan	352	496	70.97%
Marion	482	729	66.12%
Marshall	254	366	69.40%
Mason	441	533	82.74%
McDowell	188	213	88.26%
Mercer	678	844	80.33%
Mineral	325	536	60.63%
Mingo	192	276	69.57%
Monongalia	451	736	61.28%
Monroe	92	162	56.79%
Morgan	164	240	68.33%
Nicholas	221	291	75.95%
Ohio	361	585	61.71%
Pendleton	54	77	70.13%
Pleasants	75	105	71.43%
Pocahontas	43	69	62.32%
Preston	261	389	67.10%
Putnam	550	1,006	54.67%
Raleigh	798	1,091	73.14%
Randolph	317	460	68.91%
Ritchie	100	126	79.37%
Roane	139	190	73.16%
Summers	75	109	68.81%
Taylor	170	273	62.27%
Tucker	56	84	66.67%
Tyler	77	124	62.10%
Upshur	324	404	80.20%
Wayne	516	714	72.27%
Webster	60	70	85.71%
Wetzel	256	312	82.05%
Wirt	75	104	72.12%
Wood	711	1,540	46.17%
Wyoming	254	324	78.40%
WVDE - ODTP	3	6	50.00%
WVSDB	88	108	81.48%
<b>Total</b>	<b>18,546</b>	<b>27,737</b>	<b>66.86%</b>

OSF  
11/29/18  
IEP Ratios 18

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
IEP RATIOS FOR THE MEDICAID ANNUAL COST REPORT  
FOR THE 2017-18 SCHOOL YEAR**

County	Number of Medicaid Eligible Students with Direct Services in IEP	Total Number of Students with Direct Services in IEP	Direct Service IEP Ratio
Barbour	120	186	64.52%
Berkeley	945	1,659	56.96%
Boone	283	412	68.69%
Braxton	113	150	75.33%
Brooke	267	473	56.45%
Cabell	696	1,082	64.33%
Calhoun	47	65	72.31%
Clay	124	154	80.52%
Doddridge	64	108	59.26%
Fayette	357	478	74.69%
Gilmer	52	75	69.33%
Grant	94	142	66.20%
Greenbrier	249	356	69.94%
Hampshire	218	294	74.15%
Hancock	292	478	61.09%
Hardy	132	168	78.57%
Harrison	566	911	62.13%
Jackson	379	555	68.29%
Jefferson	317	710	44.65%
Kanawha	1,439	2,054	70.06%
Lewis	159	215	73.95%
Lincoln	277	347	79.83%
Logan	279	404	69.06%
Marion	415	646	64.24%
Marshall	219	327	66.97%
Mason	209	296	70.61%
McDowell	164	186	88.17%
Mercer	561	709	79.13%
Mineral	276	463	59.61%
Mingo	180	262	68.70%
Monongalia	359	608	59.05%
Monroe	86	146	58.90%
Morgan	140	212	66.04%
Nicholas	205	269	76.21%
Ohio	305	519	58.77%
Pendleton	47	68	69.12%
Pleasants	67	97	69.07%
Pocahontas	37	61	60.66%
Preston	251	376	66.76%
Putnam	426	834	51.08%
Raleigh	703	980	71.73%
Randolph	236	349	67.62%
Ritchie	96	122	78.69%
Roane	104	146	71.23%
Summers	67	98	68.37%
Taylor	153	251	60.96%
Tucker	47	72	65.28%
Tyler	65	107	60.75%
Upshur	254	325	78.15%
Wayne	459	645	71.16%
Webster	46	54	85.19%
Wetzel	217	269	80.67%
Wirt	64	92	69.57%
Wood	618	1,380	44.78%
Wyoming	236	301	78.41%
WVDE - ODTP	3	5	60.00%
WVSDB	65	79	82.28%
<b>Total</b>	<b>14,849</b>	<b>22,830</b>	<b>65.04%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
IEP RATIOS FOR THE MEDICAID ANNUAL COST REPORT  
FOR THE 2017-18 SCHOOL YEAR**

County	Number of Medicaid Eligible Students with Personal Care in IEP	Total Number of Students with Personal Care in IEP	Personal Care IEP Ratio
Barbour	2	2	100.00%
Berkeley	134	181	74.03%
Boone	49	55	89.09%
Braxton	-	-	0.00%
Brooke	10	15	66.67%
Cabell	34	40	85.00%
Calhoun	-	-	0.00%
Clay	4	4	100.00%
Doddridge	6	6	100.00%
Fayette	13	14	92.86%
Gilmer	3	4	75.00%
Grant	17	20	85.00%
Greenbrier	50	56	89.29%
Hampshire	10	11	90.91%
Hancock	65	74	87.84%
Hardy	11	12	91.67%
Harrison	61	68	89.71%
Jackson	16	16	100.00%
Jefferson	18	31	58.06%
Kanawha	28	34	82.35%
Lewis	18	20	90.00%
Lincoln	34	38	89.47%
Logan	1	1	100.00%
Marion	59	74	79.73%
Marshall	21	29	72.41%
Mason	32	37	86.49%
McDowell	5	5	100.00%
Mercer	55	60	91.67%
Mineral	11	13	84.62%
Mingo	2	2	100.00%
Monongalia	139	192	72.40%
Monroe	2	2	100.00%
Morgan	12	19	63.16%
Nicholas	6	8	75.00%
Ohio	7	10	70.00%
Pendleton	6	6	100.00%
Pleasants	-	-	0.00%
Pocahontas	2	2	100.00%
Preston	30	30	100.00%
Putnam	3	3	100.00%
Raleigh	83	88	94.32%
Randolph	32	43	74.42%
Ritchie	3	4	75.00%
Roane	10	11	90.91%
Summers	5	6	83.33%
Taylor	20	24	83.33%
Tucker	-	-	0.00%
Tyler	4	4	100.00%
Upshur	28	31	90.32%
Wayne	36	37	97.30%
Webster	6	10	60.00%
Wetzel	23	27	85.19%
Wirt	3	3	100.00%
Wood	64	100	64.00%
Wyoming	10	10	100.00%
WVDE - ODTP	-	-	0.00%
WVSDB	5	6	0.00%
<b>Total</b>	<b>1,308</b>	<b>1,598</b>	<b>81.85%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF TCM IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	2017-18 Number of Medicaid Eligible Students with TCM Services in IEP	2017-18 Total Number of Students with TCM Services in IEP	2017-18 TCM IEP Ratio
Barbour	137	206	66.50%
Berkeley	1,884	3,145	59.90%
Boone	326	457	71.33%
Braxton	121	161	75.16%
Brooke	352	606	58.09%
Cabell	853	1,260	67.70%
Calhoun	56	74	75.68%
Clay	128	159	80.50%
Doddridge	104	149	69.80%
Fayette	370	496	74.60%
Gilmer	56	80	70.00%
Grant	118	178	66.29%
Greenbrier	287	408	70.34%
Hampshire	237	315	75.24%
Hancock	369	584	63.18%
Hardy	142	182	78.02%
Harrison	748	1,118	66.91%
Jackson	405	598	67.73%
Jefferson	355	776	45.75%
Kanawha	1,820	2,487	73.18%
Lewis	165	222	74.32%
Lincoln	310	384	80.73%
Logan	352	496	70.97%
Marion	482	729	66.12%
Marshall	254	366	69.40%
Mason	441	533	82.74%
McDowell	188	213	88.26%
Mercer	678	844	80.33%
Mineral	325	536	60.63%
Mingo	192	276	69.57%
Monongalia	451	736	61.28%
Monroe	92	162	56.79%
Morgan	164	240	68.33%
Nicholas	221	291	75.95%
Ohio	361	585	61.71%
Pendleton	54	77	70.13%
Pleasants	75	105	71.43%
Pocahontas	43	69	62.32%
Preston	261	389	67.10%
Putnam	550	1,006	54.67%
Raleigh	798	1,091	73.14%
Randolph	317	460	68.91%
Ritchie	100	126	79.37%
Roane	139	190	73.16%
Summers	75	109	68.81%
Taylor	170	273	62.27%
Tucker	56	84	66.67%
Tyler	77	124	62.10%
Upshur	324	404	80.20%
Wayne	516	714	72.27%
Webster	60	70	85.71%
Wetzel	256	312	82.05%
Wirt	75	104	72.12%
Wood	711	1,540	46.17%
Wyoming	254	324	78.40%
WVDE - ODTP	3	6	50.00%
WVSDB	88	108	81.48%
<b>Total</b>	<b>18,546</b>	<b>27,737</b>	<b>66.86%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF TCM IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	2016-17 Number of Medicaid Eligible Students with TCM Services in IEP	2016-17 Total Number of Students with TCM Services in IEP	2016-17 TCM IEP Ratio
Barbour	77	202	38.12%
Berkeley	929	1,723	53.92%
Boone	316	440	71.82%
Braxton	81	151	53.64%
Brooke	287	482	59.54%
Cabell	680	1,144	59.44%
Calhoun	42	72	58.33%
Clay	125	174	71.84%
Doddridge	64	108	59.26%
Fayette	336	471	71.34%
Gilmer	48	77	62.34%
Grant	133	197	67.51%
Greenbrier	260	375	69.33%
Hampshire	202	306	66.01%
Hancock	336	542	61.99%
Hardy	115	174	66.09%
Harrison	669	1,121	59.68%
Jackson	318	563	56.48%
Jefferson	304	759	40.05%
Kanawha	1,274	2,156	59.09%
Lewis	151	226	66.81%
Lincoln	236	385	61.30%
Logan	261	421	62.00%
Marion	416	687	60.55%
Marshall	191	335	57.01%
Mason	189	321	58.88%
McDowell	175	212	82.55%
Mercer	658	815	80.74%
Mineral	249	466	53.43%
Mingo	183	283	64.66%
Monongalia	280	557	50.27%
Monroe	71	156	45.51%
Morgan	126	205	61.46%
Nicholas	201	290	69.31%
Ohio	310	608	50.99%
Pendleton	47	70	67.14%
Pleasants	82	130	63.08%
Pocahontas	44	72	61.11%
Preston	160	377	42.44%
Putnam	443	837	52.93%
Raleigh	775	1,077	71.96%
Randolph	278	470	59.15%
Ritchie	95	126	75.40%
Roane	102	146	69.86%
Summers	69	94	73.40%
Taylor	141	244	57.79%
Tucker	41	72	56.94%
Tyler	74	122	60.66%
Upshur	268	355	75.49%
Wayne	449	691	64.98%
Webster	55	68	80.88%
Wetzel	210	292	71.92%
Wirt	68	95	71.58%
Wood	762	1,456	52.34%
Wyoming	197	291	67.70%
WVDE - ODTP	6	10	60.00%
WVSDB	84	103	81.55%
<b>Total</b>	<b>14,743</b>	<b>24,402</b>	<b>60.42%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF TCM IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	Difference in Number of Medicaid Eligible Students with TCM Services in IEP	Difference in Total Number of Students with TCM Services in IEP	Difference in TCM IEP Ratio
Barbour	60	4	28.38%
Berkeley	955	1,422	5.98%
Boone	10	17	-0.49%
Braxton	40	10	21.52%
Brooke	65	124	-1.45%
Cabell	173	116	8.26%
Calhoun	14	2	17.35%
Clay	3	(15)	8.66%
Doddridge	40	41	10.54%
Fayette	34	25	3.26%
Gilmer	8	3	7.66%
Grant	(15)	(19)	-1.22%
Greenbrier	27	33	1.01%
Hampshire	35	9	9.23%
Hancock	33	42	1.19%
Hardy	27	8	11.93%
Harrison	79	(3)	7.23%
Jackson	87	35	11.25%
Jefferson	51	17	5.70%
Kanawha	546	331	14.09%
Lewis	14	(4)	7.51%
Lincoln	74	(1)	19.43%
Logan	91	75	8.97%
Marion	66	42	5.57%
Marshall	63	31	12.39%
Mason	252	212	23.86%
McDowell	13	1	5.71%
Mercer	20	29	-0.41%
Mineral	76	70	7.20%
Mingo	9	(7)	4.91%
Monongalia	171	179	11.01%
Monroe	21	6	11.28%
Morgan	38	35	6.87%
Nicholas	20	1	6.64%
Ohio	51	(23)	10.72%
Pendleton	7	7	2.99%
Pleasants	(7)	(25)	8.35%
Pocahontas	(1)	(3)	1.21%
Preston	101	12	24.66%
Putnam	107	169	1.74%
Raleigh	23	14	1.18%
Randolph	39	(10)	9.76%
Ritchie	5	-	3.97%
Roane	37	44	3.30%
Summers	6	15	-4.59%
Taylor	29	29	4.48%
Tucker	15	12	9.73%
Tyler	3	2	1.44%
Upshur	56	49	4.71%
Wayne	67	23	7.29%
Webster	5	2	4.83%
Wetzel	46	20	10.13%
Wirt	7	9	0.54%
Wood	(51)	84	-6.17%
Wyoming	57	33	10.70%
WVDE - ODTP	(3)	(4)	-10.00%
WVSDB	4	5	-0.07%
<b>Total</b>	<b>3,803</b>	<b>3,335</b>	<b>6.44%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF DIRECT SERVICE IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	2017-18 Number of Medicaid Eligible Students with Direct Services in IEP	2017-18 Total Number of Students with Direct Services in IEP	2017-18 Direct Service IEP Ratio
Barbour	120	186	64.52%
Berkeley	945	1,659	56.96%
Boone	283	412	68.69%
Braxton	113	150	75.33%
Brooke	267	473	56.45%
Cabell	696	1,082	64.33%
Calhoun	47	65	72.31%
Clay	124	154	80.52%
Doddridge	64	108	59.26%
Fayette	357	478	74.69%
Gilmer	52	75	69.33%
Grant	94	142	66.20%
Greenbrier	249	356	69.94%
Hampshire	218	294	74.15%
Hancock	292	478	61.09%
Hardy	132	168	78.57%
Harrison	566	911	62.13%
Jackson	379	555	68.29%
Jefferson	317	710	44.65%
Kanawha	1,439	2,054	70.06%
Lewis	159	215	73.95%
Lincoln	277	347	79.83%
Logan	279	404	69.06%
Marion	415	646	64.24%
Marshall	219	327	66.97%
Mason	209	296	70.61%
McDowell	164	186	88.17%
Mercer	561	709	79.13%
Mineral	276	463	59.61%
Mingo	180	262	68.70%
Monongalia	359	608	59.05%
Monroe	86	146	58.90%
Morgan	140	212	66.04%
Nicholas	205	269	76.21%
Ohio	305	519	58.77%
Pendleton	47	68	69.12%
Pleasants	67	97	69.07%
Pocahontas	37	61	60.66%
Preston	251	376	66.76%
Putnam	426	834	51.08%
Raleigh	703	980	71.73%
Randolph	236	349	67.62%
Ritchie	96	122	78.69%
Roane	104	146	71.23%
Summers	67	98	68.37%
Taylor	153	251	60.96%
Tucker	47	72	65.28%
Tyler	65	107	60.75%
Upshur	254	325	78.15%
Wayne	459	645	71.16%
Webster	46	54	85.19%
Wetzel	217	269	80.67%
Wirt	64	92	69.57%
Wood	618	1,380	44.78%
Wyoming	236	301	78.41%
WVDE - ODTP	3	5	60.00%
WVSDB	65	79	82.28%
<b>Total</b>	<b>14,849</b>	<b>22,830</b>	<b>65.04%</b>



**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF DIRECT SERVICE IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	2016-17 Number of Medicaid Eligible Students with Direct Services in IEP	2016-17 Total Number of Students with Direct Services in IEP	2016-17 Direct Service IEP Ratio
Barbour	72	195	36.92%
Berkeley	866	1,628	53.19%
Boone	290	409	70.90%
Braxton	78	147	53.06%
Brooke	273	464	58.84%
Cabell	612	1,058	57.84%
Calhoun	40	67	59.70%
Clay	123	169	72.78%
Doddridge	64	106	60.38%
Fayette	326	459	71.02%
Gilmer	47	76	61.84%
Grant	107	156	68.59%
Greenbrier	255	368	69.29%
Hampshire	190	290	65.52%
Hancock	304	500	60.80%
Hardy	117	174	67.24%
Harrison	523	965	54.20%
Jackson	296	528	56.06%
Jefferson	270	714	37.82%
Kanawha	1,190	2,045	58.19%
Lewis	142	214	66.36%
Lincoln	231	376	61.44%
Logan	258	415	62.17%
Marion	380	643	59.10%
Marshall	172	309	55.66%
Mason	181	313	57.83%
McDowell	164	201	81.59%
Mercer	564	709	79.55%
Mineral	230	441	52.15%
Mingo	179	280	63.93%
Monongalia	259	525	49.33%
Monroe	70	150	46.67%
Morgan	116	193	60.10%
Nicholas	192	279	68.82%
Ohio	289	584	49.49%
Pendleton	44	66	66.67%
Pleasants	81	129	62.79%
Pocahontas	41	68	60.29%
Preston	153	363	42.15%
Putnam	415	805	51.55%
Raleigh	678	951	71.29%
Randolph	275	467	58.89%
Ritchie	93	123	75.61%
Roane	99	143	69.23%
Summers	69	93	74.19%
Taylor	136	238	57.14%
Tucker	33	60	55.00%
Tyler	66	118	55.93%
Upshur	240	325	73.85%
Wayne	420	655	64.12%
Webster	53	66	80.30%
Wetzel	180	262	68.70%
Wirt	59	86	68.60%
Wood	719	1,395	51.54%
Wyoming	193	287	67.25%
WVDE - ODTP	1	1	100.00%
WVSDB	71	87	81.61%
<b>Total</b>	<b>13,589</b>	<b>22,938</b>	<b>59.24%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF DIRECT SERVICE IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	Difference in Number of Medicaid Eligible Students with Direct Services in IEP	Difference in Total Number of Students with Direct Services in IEP	Difference in Direct Service IEP Ratio
Barbour	48	(9)	27.60%
Berkeley	79	31	3.77%
Boone	(7)	3	-2.21%
Braxton	35	3	22.27%
Brooke	(6)	9	-2.39%
Cabell	84	24	6.49%
Calhoun	7	(2)	12.61%
Clay	1	(15)	7.74%
Doddridge	-	2	-1.12%
Fayette	31	19	3.67%
Gilmer	5	(1)	7.49%
Grant	(13)	(14)	-2.39%
Greenbrier	(6)	(12)	0.65%
Hampshire	28	4	8.63%
Hancock	(12)	(22)	0.29%
Hardy	15	(6)	11.33%
Harrison	43	(54)	7.93%
Jackson	83	27	12.23%
Jefferson	47	(4)	6.83%
Kanawha	249	9	11.87%
Lewis	17	1	7.59%
Lincoln	46	(29)	18.39%
Logan	21	(11)	6.89%
Marion	35	3	5.14%
Marshall	47	18	11.31%
Mason	28	(17)	12.78%
McDowell	-	(15)	6.58%
Mercer	(3)	-	-0.42%
Mineral	46	22	7.46%
Mingo	1	(18)	4.77%
Monongalia	100	83	9.72%
Monroe	16	(4)	12.23%
Morgan	24	19	5.94%
Nicholas	13	(10)	7.39%
Ohio	16	(65)	9.28%
Pendleton	3	2	2.45%
Pleasants	(14)	(32)	6.28%
Pocahontas	(4)	(7)	0.37%
Preston	98	13	24.61%
Putnam	11	29	-0.47%
Raleigh	25	29	0.44%
Randolph	(39)	(118)	8.73%
Ritchie	3	(1)	3.08%
Roane	5	3	2.00%
Summers	(2)	5	-5.82%
Taylor	17	13	3.82%
Tucker	14	12	10.28%
Tyler	(1)	(11)	4.82%
Upshur	14	-	4.30%
Wayne	39	(10)	7.04%
Webster	(7)	(12)	4.89%
Wetzel	37	7	11.97%
Wirt	5	6	0.97%
Wood	(101)	(15)	-6.76%
Wyoming	43	14	11.16%
WVDE - ODTP	2	4	-40.00%
WVSDB	(6)	(8)	0.67%
<b>Total</b>	<b>1,260</b>	<b>(108)</b>	<b>5.80%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF PERSONAL CARE IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	2017-18 Number of Medicaid Eligible Students with Personal Care in IEP	2017-18 Total Number of Students with Personal Care in IEP	2017-18 Personal Care IEP Ratio
Barbour	2	2	100.00%
Berkeley	134	181	74.03%
Boone	49	55	89.09%
Braxton	-	-	0.00%
Brooke	10	15	66.67%
Cabell	34	40	85.00%
Calhoun	-	-	0.00%
Clay	4	4	100.00%
Doddridge	6	6	100.00%
Fayette	13	14	92.86%
Gilmer	3	4	75.00%
Grant	17	20	85.00%
Greenbrier	50	56	89.29%
Hampshire	10	11	90.91%
Hancock	65	74	87.84%
Hardy	11	12	91.67%
Harrison	61	68	89.71%
Jackson	16	16	100.00%
Jefferson	18	31	58.06%
Kanawha	28	34	82.35%
Lewis	18	20	90.00%
Lincoln	34	38	89.47%
Logan	1	1	100.00%
Marion	59	74	79.73%
Marshall	21	29	72.41%
Mason	32	37	86.49%
McDowell	5	5	100.00%
Mercer	55	60	91.67%
Mineral	11	13	84.62%
Mingo	2	2	100.00%
Monongalia	139	192	72.40%
Monroe	2	2	100.00%
Morgan	12	19	63.16%
Nicholas	6	8	75.00%
Ohio	7	10	70.00%
Pendleton	6	6	100.00%
Pleasants	-	-	0.00%
Pocahontas	2	2	100.00%
Preston	30	30	100.00%
Putnam	3	3	100.00%
Raleigh	83	88	94.32%
Randolph	32	43	74.42%
Ritchie	3	4	75.00%
Roane	10	11	90.91%
Summers	5	6	83.33%
Taylor	20	24	83.33%
Tucker	-	-	0.00%
Tyler	4	4	100.00%
Upshur	28	31	90.32%
Wayne	36	37	97.30%
Webster	6	10	60.00%
Wetzel	23	27	85.19%
Wirt	3	3	100.00%
Wood	64	100	64.00%
Wyoming	10	10	100.00%
WVDE - ODTP	-	-	0.00%
WVSDB	5	6	83.33%
<b>Total</b>	<b>1,308</b>	<b>1,598</b>	<b>81.85%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF PERSONAL CARE IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	2016-17 Number of Medicaid Eligible Students with Personal Care in IEP	2016-17 Total Number of Students with Personal Care in IEP	2016-17 Personal Care IEP Ratio
Barbour	3	3	100.00%
Berkeley	41	45	91.11%
Boone	46	50	92.00%
Braxton	-	-	0.00%
Brooke	10	14	71.43%
Cabell	23	30	76.67%
Calhoun	-	-	0.00%
Clay	5	5	100.00%
Doddridge	2	2	100.00%
Fayette	12	16	75.00%
Gilmer	4	5	80.00%
Grant	14	16	87.50%
Greenbrier	51	54	94.44%
Hampshire	11	14	78.57%
Hancock	66	69	95.65%
Hardy	9	12	75.00%
Harrison	17	18	94.44%
Jackson	9	9	100.00%
Jefferson	8	18	44.44%
Kanawha	23	31	74.19%
Lewis	20	22	90.91%
Lincoln	33	35	94.29%
Logan	-	-	0.00%
Marion	34	46	73.91%
Marshall	22	28	78.57%
Mason	21	25	84.00%
McDowell	-	-	0.00%
Mercer	18	18	100.00%
Mineral	8	13	61.54%
Mingo	5	5	100.00%
Monongalia	103	134	76.87%
Monroe	2	2	100.00%
Morgan	12	17	70.59%
Nicholas	6	8	75.00%
Ohio	5	10	50.00%
Pendleton	7	7	100.00%
Pleasants	-	-	0.00%
Pocahontas	2	2	100.00%
Preston	31	32	96.88%
Putnam	2	2	100.00%
Raleigh	60	68	88.24%
Randolph	33	46	71.74%
Ritchie	4	5	80.00%
Roane	8	8	100.00%
Summers	5	8	62.50%
Taylor	23	27	85.19%
Tucker	-	-	0.00%
Tyler	2	2	100.00%
Upshur	27	29	93.10%
Wayne	20	20	100.00%
Webster	11	13	84.62%
Wetzel	11	12	91.67%
Wirt	2	2	100.00%
Wood	58	93	62.37%
Wyoming	11	11	100.00%
WVDE - ODTP	-	-	0.00%
WVSDB	-	-	0.00%
<b>Total</b>	<b>960</b>	<b>1,161</b>	<b>82.69%</b>

**STATE OF WEST VIRGINIA  
SCHOOL-BASED HEALTH SERVICES  
COMPARISON OF PERSONAL CARE IEP RATIOS  
BETWEEN THE 2016-17 AND 2017-18 YEARS**

County	Difference in Number of Medicaid Eligible Students with Personal Care in IEP	Difference in Total Number of Students with Personal Care in IEP	Difference in Personal Care IEP Ratio
Barbour	(1)	(1)	0.00%
Berkeley	93	136	-17.08%
Boone	3	5	-2.91%
Braxton	-	-	0.00%
Brooke	-	1	-4.76%
Cabell	11	10	8.33%
Calhoun	-	-	0.00%
Clay	(1)	(1)	0.00%
Doddridge	4	4	0.00%
Fayette	1	(2)	17.86%
Gilmer	(1)	(1)	-5.00%
Grant	3	4	-2.50%
Greenbrier	(1)	2	-5.15%
Hampshire	(1)	(3)	12.34%
Hancock	(1)	5	-7.81%
Hardy	2	-	16.67%
Harrison	44	50	-4.73%
Jackson	7	7	0.00%
Jefferson	10	13	13.62%
Kanawha	5	3	8.16%
Lewis	(2)	(2)	-0.91%
Lincoln	1	3	-4.82%
Logan	1	1	100.00%
Marion	25	28	5.82%
Marshall	(1)	1	-6.16%
Mason	11	12	2.49%
McDowell	5	5	100.00%
Mercer	37	42	-8.33%
Mineral	3	-	23.08%
Mingo	(3)	(3)	0.00%
Monongalia	36	58	-4.47%
Monroe	-	-	0.00%
Morgan	-	2	-7.43%
Nicholas	-	-	0.00%
Ohio	2	-	20.00%
Pendleton	(1)	(1)	0.00%
Pleasants	-	-	0.00%
Pocahontas	-	-	0.00%
Preston	(1)	(2)	3.12%
Putnam	1	1	0.00%
Raleigh	23	20	6.08%
Randolph	(1)	(3)	2.68%
Ritchie	(1)	(1)	-5.00%
Roane	2	3	-9.09%
Summers	-	(2)	20.83%
Taylor	(3)	(3)	-1.86%
Tucker	-	-	0.00%
Tyler	2	2	0.00%
Upshur	1	2	-2.78%
Wayne	16	17	-2.70%
Webster	(5)	(3)	-24.62%
Wetzel	12	15	-6.48%
Wirt	1	1	0.00%
Wood	6	7	1.63%
Wyoming	(1)	(1)	0.00%
WVDE - ODTP	-	-	0.00%
WVSDB	5	6	83.33%
<b>Total</b>	<b>348</b>	<b>437</b>	<b>-0.84%</b>



November 26, 2018

Public Focus. Proven Results.™

**Subject:** Revision to Reporting Administrative Contractor Costs on the Quarterly Cost Report

The purpose of this communication is to provide a revision to the guidance previously provided regarding how administrative contracted staff costs are reported. Contracted staff are individuals that a Local Education Agency (LEA) contracts with (either directly or through another entity) to deliver an administrative service or work in an administrative capacity for the LEA supporting special education activities, such as a contractor who performs billing services.

**Please Note:** *this revised guidance does NOT apply to contractors who provide direct services, such as speech therapy, physical therapy, etc. for the LEA.*

Administrative Contractor Costs are allowable on the Medicaid Administrative Claim (MAC)/Quarterly Cost Report. However, until this quarter, County Boards of Education were advised to report costs incurred for payments made to RESAs for Medicaid billing services under: “Other Cost Type: Administrative Services – Billing Services.” Based on recent changes in interpretation of federal guidance, this instruction is being revised.

**Moving forward: January-March 2019 Quarter**

In order to report administrative costs incurred by contracted staff, the contracted staff will need to be included on the LEA’s Random Moment Time Study (RMTS) staff pool list and therefore be eligible to receive a moment during the time study. This is consistent with other permanent staff whose costs are included in the cost pool. It is necessary to include ALL staff, including contracted staff, in the staff pool in order to ensure the time study is statistically sound. Shifts should be set up for the contracted staff with appropriate begin/end times and days worked that represent the actual schedule of the individual.

**When reporting contractor cost please keep in mind:**

- The name of the individual contractor performing the services, as included on the RMTS roster, will pull into the cost report.
- Unlike reporting salaried staff costs that would include benefits as well as salary, the LEA will instead report the total cost paid for the administrative services performed by the contractor as a “contracted cost.”
- Costs reported may be an hourly cost or a flat monthly fee the contractor charges the LEA. The costs cannot be the result of a contingency fee arrangement.
- Medicaid cost reporting requires including the actual cost incurred within the reporting period associated with the specific contractor. LEAs should report 100% of

their incurred costs. It is permissible for the same individual to be reported on the roster and cost report for multiple LEAs. For example, a billing specialist employed by an Education Services Cooperative that performs billing for eight different LEAs can be included on the quarterly roster and cost report of all eight LEAs. Each LEA will report their actual cost incurred for the services of the billing specialist.

- In situations where an LEA employs a billing specialist that also serves other county boards, all county boards served by the billing specialist would include the individual on their roster and quarterly cost report. The LEA that employs the billing specialist must be sure to reduce the salary and benefit costs reported by any amounts billed to other LEAs for the services of the individual. The other LEAs will report a contracted cost.

### **Previous Quarterly Cost Reports:**

Unfortunately, costs incurred by LEAs for Medicaid billing services and reported as instructed under “Other Cost Type: Administrative Services – Billing Services” will need to be removed or zeroed out. Based on the revised interpretation of federal guidance, we believe costs reported in that manner could be disallowed by CMS since they are not specifically associated with an individual included in the RMTS. The language in the West Virginia State Plan Amendment (SPA) for School Based Health Services regarding contractors not being required to participate in the RMTS refers only to direct service contractors. While we regret that the guidance previously provided no longer is appropriate under the latest interpretation and that LEAs will not receive MAC funding for their Medicaid billing costs in prior quarters, we believe that this interpretation is the safest course for these prior quarters to ensure that the costs are not disallowed. Additionally, steps are being taken to ensure costs associated with the administrative contracted staff will be able to be claimed for future quarters.

Some LEAs have already been contacted regarding removing these Medicaid billing contractor costs on the October-December 2016 and January-March 2017 quarterly cost reports. These costs were reported as “Other Cost Type: Administrative Services – Billing Services” or sometimes reported under the “Other Cost Type: Contracted Services – Billing Services”. As PCG and DHHR continue to process the MAC claims for other prior quarters up through the current quarter, individual LEAs will be contacted to remove the costs that were previously reported under the old guidance.

Some LEAs were also contacted to make other revisions to their quarterly cost reports for those same quarters, including situations where there were other costs (such as travel and training) reported but no staff reported in the corresponding category on the cost report.

If you have questions, please feel free to contact us at [WVSBHS@pcgus.com](mailto:WVSBHS@pcgus.com) or 1-877-908-1745.

## Amy Willard

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**From:** Amy Willard  
**Sent:** Wednesday, December 05, 2018 10:29 AM  
**To:** K12-CFO@listserv.wvnet.edu  
**Cc:** Karen Bailey  
**Subject:** MAC Invoices to be Completed and Submitted to DHHR by Monday, December 10, 2018  
**Attachments:** Sample MAC Invoice.docx  
**Importance:** High

CSBOs,

As we discussed at the Fall ASBO Conference, for all MAC claims, each county board of education will need to submit an invoice to the WV Department of Health and Human Resources (DHHR) for them to submit to the West Virginia State Auditor's Office (WVSAO) to process the payment. While the ultimate goal is for the invoices to generate from the PCG system as part of the CPE form process, that has not yet been programmed into their system, so the process will be manual for the October – December 2016 and January – March 2017 quarters of MAC claims that are currently being processed. Due to the tight timeframes for processing the claims and getting them submitted to the WVSAO for payment, the completed invoices will be due back to DHHR by no later than the end of the day on **Monday, December 10, 2018**.

Please note that you will still be required to complete and sign the CPE form that must be returned to PCG by the same date. Instructions for that process were sent directly by PCG towards the end of the day yesterday. ***Please note that the CPE forms should be returned to PCG via email or fax instead of by using the upload feature in their system.*** Several county boards experienced issues with that yesterday.

Attached is a template for each county board of education to use to complete their invoices to DHHR. Below are some instructions for completing the template:

- One invoice will need to be completed for each quarter, so two invoices will be due back to DHHR
- Fill in all yellow fields and remove any yellow once complete.
- The invoice number field is at the discretion of each county board – use a numbering convention that you will be able to continue into future quarters of MAC Claims. Do not repeat the same invoice number twice. Each quarter must have a unique invoice number.
- The invoice amount should match the second amount from your CPE form that you will also be completing and returning to PCG by the same deadline. The first amount on the CPE form equals the total expenditures reported on the cost report and the second amount is the amount of the calculated MAC Claim.
- Be sure that your address in the body of the invoice matches the address that you use for W-9 purposes and is what is on file in OASIS. The address field is very sensitive with the WVSAO. If you have any questions regarding the address on file for your county (ex: if you had a central office address change recently, etc.), please contact Karen Bailey in the WVDE Office of Internal Operations. [Karen.bailey@k12.wv.us](mailto:Karen.bailey@k12.wv.us)
- The date at the top should match the invoice date in the body of the invoice.
- The Service Dates should correspond with the beginning and ending date of the quarter. One invoice will say 10/1/2016 – 12/31/2016 and the other will have the dates of 1/1/2017 – 3/31/2017.
- Print the invoice on county letterhead.
- Initial by the From field.



Scan and return both completed invoices to DHHR via email. The following three individuals should be included on the email to DHHR:

[Jessica.m.hunter@wv.gov](mailto:Jessica.m.hunter@wv.gov)

[Rachel.elgin@wv.gov](mailto:Rachel.elgin@wv.gov)

[Tara.l.buckner@wv.gov](mailto:Tara.l.buckner@wv.gov)

Again, these invoices are due back to DHHR by no later than **Monday, December 10, 2018**. Failure to complete the invoices within the deadline could result in the Oct-Dec 2016 MAC Claim for your county not being paid by the end of December, which would mean the federal funding for the MAC Claim for that quarter would be lost. It is therefore imperative that you meet the deadlines provided by DHHR.

Please let me know if you have any questions.

Sincerely,

**Amy Willard, CPA MPA**

Executive Director

WVDE Office of School Finance



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wvde.state.wv.us

[f](#) | [t](#) | [YI](#)

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## INVOICE

**DATE:** \_\_\_\_\_

**TO:** Tara L. Buckner, CPA/MBA  
Chief Financial Officer, WV DHHR

**FROM:** \_\_\_\_\_  
Chief School Business Official, \_\_\_\_\_ County Board of Education

**SUBJECT:** Medicaid Eligible Health Related Administrative Claim Costs Reimbursements to Local School Boards

Please issue reimbursement to the \_\_\_\_\_ County Board of Education in the amount reflected below for Medicaid Eligible Health Related Administrative Claim Costs for the period reflected below. This reimbursement is made pursuant to the MOU allowing for the “payment for Medicaid administrative activities being performed in the school setting, including activities performed as part of the SBHS Program’s administration and activities performed through the process of Medicaid Administrative Claiming (MAC).”

Invoice # \_\_\_\_\_

Invoice date: \_\_\_\_\_

Vendor: \_\_\_\_\_ County Board of Education

Vendor Address: \_\_\_\_\_

Amount: \_\_\_\_\_

Service Period: 10/01/2016 – 12/31/2016