

Medicaid Direct-Service Underperforming Formula

PHASE I - 0.00 billing (Release January)

PHASE II – Low billing based on the following formula and/or 0.00 billing for Speech Therapy (Release February)

Spec. Count (#) - the # of students identified as requiring special education services reported to the ADE.

Sped Count Reduced (#) – Special education count is reduced by 50%, in consideration that not all special education students will require Medicaid related therapy services for IEP purposes.

Medicaid County Rate % - the percent of students who are Medicaid eligible based on the DHS report provided to the ADE.

Projected # of Billable Sped Students receiving services (ie Billable Sped Students) (#) – the number of students projected to have a special education designation, qualify for Medicaid services, and require a related therapy service for IEP purposes.

Projected Monthly Billing = the amount that is projected the district should bill for Medicaid billable services.

\$29.02 = 1 unit of therapy service (15 minutes)

\$58.04 = 2 units of service (based on minimum maintenance of services for IEP purposes)

Quarter I & II = August 1wk/September 4wks/October 4 wks/November 3 wks/December 2 wks = 3.5 Months

LOW PERFORMING FORMULA

Sped Count / Sped Count Reduced = Sped Students receiving services

Sped Students receiving services x Medicaid County Rate (%) = Billable Sped Students

Billable Sped Students x 2 Units of Service = Projected Monthly Billing (\$)

Projected Monthly Billing x 3.5 = **Target Billing Performance**