



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: November 1, 2024
Subject: Grant/Limited-service positions – JFO #3224

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. ***This item is being held for the Joint Fiscal Committee meeting scheduled for November 6, 2024.***

JFO #3224: \$500,000.00 to the VT Agency of Human Services, Central Office from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid. Funds for the modernization and expansion of Medicaid and CHIPs (Children's Health Insurance Program) school-based services. This grant includes two (2) limited-service positions. One position to AHS, Health Care Assistant Administrator II, which will coordinate with a second Agency of Education position: Education Medicaid Specialist. Both positions are funded through 6/30/2025.
[Received 10/31/2024]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson, sanderson@leg.state.vt.us) if you have questions before the meeting.

**State of Vermont**

Department of Finance & Management
109 State Street, Pavilion Building
Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376
[fax] 802-828-2428

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		These funds are intended to modernize and enhance Vermont's School Based Services program.			
Date:		10/9/2024			
Department:		AHS - Central Office			
Legal Title of Grant:		State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services			
Federal Catalog #:		93.771			
Grant/Donor Name and Address:		US Department of Health and Human Services Center for Medicare and Medicaid Services Office of Acquisitions and Grant Management 7500 Security Blvd, Mail stop B3-30-03 Baltimore, MD, 21244-1850			
Grant Period:		From:		To:	
		7/1/2024		6/30/2027	
Grant/Donation		\$500,000			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$500,000	\$	\$	\$	
Position Information:		# Positions	Explanation/Comments		
		2	1 Health Care Assistance Administrator II (AHS) 1 Education Medicaid Specialist (AOE)		
Additional Comments:		The positions will be entered with an end date of 6/30/25 as that's the current end date for the funding. If additional funding is released through this grant, which is expected, the position end date is expected to align with the grant end date of 6/30/2027.			
Department of Finance & Management		Adam Greshin		Digitally signed by Adam Greshin Date: 2024.10.09 DocuSigned by: (Initial)	
Secretary of Administration		Sarah Clark		(Initial)	
Sent To Joint Fiscal Office				Date	



STATE OF VERMONT		
FINANCE & MANAGEMENT GRANT REVIEW FORM		



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:		Agency of Human Services		
2. Department:		Central Office		
3. Program:		Medicaid		
4. Legal Title of Grant:		State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services		
5. Federal Catalog #:		93.771		
6. Grant/Donor Name and Address: U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services Office of Acquisitions and Grants Management 7500 Security Blvd, Mail Stop B3-30-03 Baltimore, MD 21244-1850				
7. Grant Period:		From:	7/1/2024	To: 6/30/2027
8. Purpose of Grant: Grant funds will be used to support the development of a comprehensive policy approach, methodology development, and payment rates aligned with a redesigned School Based Services (SBS) program model to be inclusive of all Medicaid-covered services provided in the school setting.				
9. Impact on existing program if grant is not Accepted: Vermont will not be able to modernize and enhance the Vermont SBS program, and would not be leveraging additional Medicaid funds.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2025	FY	FY	
Personal Services	\$497,020	\$	\$	
Operating Expenses	\$2,980	\$	\$	
Grants	\$	\$	\$	
Total	\$500,000	\$	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$500,000	\$	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$500,000	\$	\$	
Appropriation No: 3400001000 Amount: \$500,000				
\$				

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$500,000

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? ☒ Yes ☐ No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Kristin McClure Agreed by: km (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Health Care Assistance Administrator II (AHS)
	1	Education Medicaid Specialist (AOE)
Total Positions	2	

12a. Equipment and space for these positions:

☒ Is presently available. ☒ Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature:

Kristin McClure

Date: 9/18/2024

Title: Deputy Secretary

Signature:

Date:

Title:

14. SECRETARY OF ADMINISTRATION

☒ SC

Approved:

(Secretary or designee signature)

DocuSigned by:

Sarah Clark

Date: 10/13/2024 | 5:34

04AB832CD55C438...

15. ACTION BY GOVERNOR

☒

Check One Box:
Accepted

(Governor's signature)

☐

Rejected

Date:

10/29/24

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

☐

Request Memo

☐

Dept. project approval (if applicable)

☒

Notice of Award

☐

Grant Agreement

☒

Grant Budget

☐

Notice of Donation (if any)

☐

Grant (Project) Timeline (if applicable)

☐

Request for Extension (if applicable)

☐

Form AA-1PN attached (if applicable)

End Form AA-1

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

(*) The term “grant” refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).
--

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Services Secretary's Office, Agency of Education Date: 8/15/2024

Name and Phone (of the person completing this request): AHS - Tracy O'Connell 236-2919; AOE - Jessica Robinson, 828-3727

Request is for:

- ☒ Positions funded and attached to a new grant.
☐ Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Dept. of Health & Human Services Centers for Medicare & Medicaid Services - State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Health Care Assistant Administrator II	(1)	AHS, Division of Medicaid Policy	7/1/24-06/30/25
Education Medicaid Specialist	(1)	AOE, Education Medicaid Unit	7/1/24-06/30/25
(project end date of 06/30/27 for both positions if additional funding is released)			

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This position is critical to the State's oversight of the School Based Services (SBS) Implementation Program. The SBS Implementation Program seeks to expand access to care, improve administrative efficiencies and maximize allowable Federal Medicaid reimbursement.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 92 V.S.A. Sec. 5(b)).

DocuSigned by: 9/18/2024

Signature of Agency or Department Head David Fuller Date _____

Digitally signed by David Fuller

Date: 2024.09.30 14:46:36 -04'00'

Approved/Denied by Department of Human Resources Date _____

Adam Greshin

Digitally signed by Adam

Greshin

Date: 2024.10.09 16:16:53 -04'00'

Approved/Denied by Department of Finance and Management Date _____

Sarah Clark

10/13/2024 | 5:34:45 EDT

Approved/Denied by Secretary of Administration Date _____

Approved/Denied by Governor (required as amended by 2019 Leg. Session) Date 10/29/24

Comments:

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only

Notice of Action # _____ Action Taken: _____ New Job Title _____ Current Class Code _____ New Class Code _____ Current Pay Grade _____ New Pay Grade _____ Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____ New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____ Classification Analyst _____ Date _____ Comments: _____ Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____	Date Received (Stamp) Effective Date: _____ Date Processed: _____
---	---

Position Information:Incumbent: **Vacant or New Position**Position Number: Current Job/Class Title: Agency/Department/Unit: GUC: Pay Group: Work Station: Zip Code: Position Type: ☐ Permanent ☒ Limited Service (end date) Funding Source: ☐ Core ☐ Sponsored ☐ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) Supervisor's Name, Title and Phone Number: **Check the type of request (new or vacant position) and complete the appropriate section.**☒ **New Position(s):**

- a. REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:
- b. Position authorized by:

☒ Joint Fiscal Office – JFO # Approval Date: ☐ Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session) ☐ Other (explain) -- Provide statutory citation if appropriate. ☐ **Vacant Position:**a. Position Number: b. Date position became vacant: c. Current Job/Class Code: Current Job/Class Title: d. **REQUIRED:** Requested (existing) Job/Class Code: Requested (existing) Job/Class Title: e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes ☐ No ☐ If Yes, please provide detailed information: **For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No ☒

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department: 4

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

- ☒ Organizational charts are **required** and must indicate where the position reports.
- ☐ Class specification (optional).
- ☒ For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- ☐ Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

DocuSigned by:

Chris McConnell

77DB7BD7018C4FA

9/9/2024

Personnel Administrator's Signature (**required**)*

Date

Signed by:

4E1B34338E35473...

9/10/2024

Supervisor's Signature (**required**)*

Date

DocuSigned by:

Kristin McLure

2D24B62BE34A4C5

9/18/2024

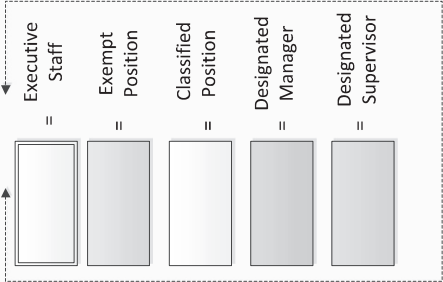
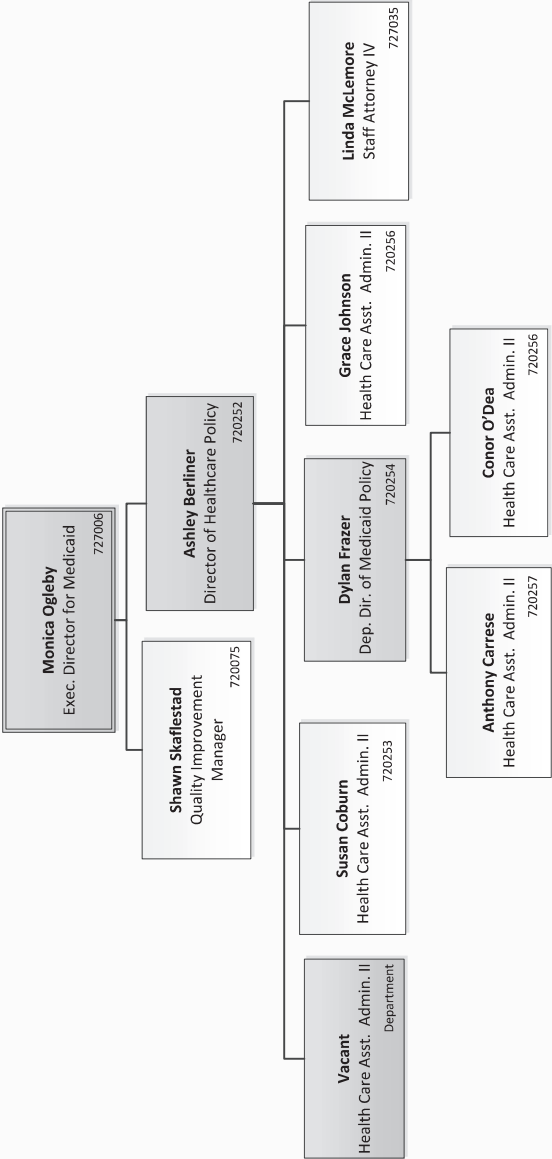
Appointing Authority or Authorized Representative Signature (**required**)*

Date

* Note: Attach additional information or comments if appropriate.

Agency of Human Services
Secretary's Office

Medicaid Policy Group



VERMONT DEPARTMENT OF PERSONNEL

Request for Classification Review Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

**Request for Classification Review
Position Description Form A****For Department of Personnel Use Only**

Notice of Action # _____ Action Taken: _____ New Job Title _____ Current Class Code _____ New Class Code _____ Current Pay Grade _____ New Pay Grade _____ Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____ New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____ Classification Analyst _____ Date _____ Effective Date: _____ Comments: _____ Date Processed: _____ Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____		Date Received (Stamp)
---	--	-----------------------

Incumbent Information:

Employee Name: Employee Number:

Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent: ☐ employee's work location or ☐ other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: AHS Grant Award # is 2M2CMS331910 - Pending JFO designation and approval Request Job/Class Title: Education Medicaid Specialist

Position Type: ☐ Permanent or ☒ Limited / Funding Source: ☐ Core, ☐ Partnership, or ☐ Sponsored

Vacant Position Number: TBD Current Job/Class Title:

Agency/Department/Unit: AOE/Bus Unit 05100/ Dept ID 5100013000 Work Station: Montpelier - National Life, Davis Bldg Zip Code: 05602

Supervisor's Name, Title and Phone Number: Jessica Robinson, Education Medicaid Unit Administrator pos 770236

Type of Request:

☒ **Management:** A management request to review the classification of an existing position, class, or create a new job class.

☐ **Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

AUDITING (NEW)

At the time of last review file audits were being completed through positions at DVHA; the program was undergoing a federal audit and the capacity for file auditing was in question. Now all School-Based Health Services File Audits are conducted by the Education Medicaid Specialist Positions. DVHA no longer has positions who are completing this programmatic responsibility.

All file audits are completed by Education Medicaid Specialists at the AOE. This role is in addition to the historical roles and responsibilities of the field reps.

Each supervisory union (SU) is required to have a minimum of 24 file audits completed per each billing year (July 1 – June 30), unless the supervisory union has fewer than 24 students that are being billed to Medicaid.

File audits are performed at the SU location and on paid claims only.

Each file audit consists of reviewing 3 full months of active current year billed Level of Care claims, checking for Release of Information, consent forms, accuracy of student information, physician authorizations, physician authorization service dates, physician enrollment in VT Medicaid, signature dates, IEP services, IEP service dates, IEP amendments, IEP service changes, provider paperwork, school calendar accuracy, provider licensing and exclusions, signatures and dates on all provider paperwork, Level of Care (LOC) forms, accuracy of LOC to provider paperwork to name a few. Each file audit is checked for about 1,000 different details and performed using a checklist and tracked using an audit tool and errors entered and maintained in an AOE audit database.

On average, each Specialist completes a minimum of 288 file audits every year (5 Specialists X 12 SUs per Rep X 24 Audits = 288).

The Specialist will audit every student file when the student's claim has been billed as a Level of Care 4 (when 3 or more LOC 4 claims have been billed during the fiscal year). This is in addition to the 24 required audits, if they have been completed.

The supervisory union or school Medicaid clerk will be provided a list of all issues

identified during a file audit within 10 days of the audit by the Education Medicaid Specialist.

The Specialist will follow-up on all errors to ensure the appropriate corrections have been made.

The Education Medicaid Specialist will actively participate, attend, and facilitate a percentage of group audits each year. The percentage of group audits attended varies depending on the number of SU's being chosen for group audits and the geographic location of those SU's.

SU's chosen for group audits are based upon a risk assessment from the prior year audit database.

PROGRAM EXPERTISE (EXPANDED)

Education Medicaid Specialists are expected to provide guidance, training, and troubleshooting services in the following areas:

Federal program compliance

Federal and state regulations

Billing software

Student eligibility and claims tracking

Claims processing, tracking of claims, and the resolution of any denied or suspended claims

Review of Remittance Advice reports for an SU on a weekly basis and providing guidance on how to read, interpret, and follow up in regard to denied and suspended claims

Resubmission of claims that need to be voided or adjusted based on Remittance Advice information

Tracking and management of eligible students and services to maximize claims billing

Collaborate with state and local school service providers, case managers, Superintendents, special education directors and any other necessary personnel to promote, enhance, and implement the Medicaid federal reimbursement of services provided within school districts

Facilitate Medicaid clerk user group meetings

Submit weekly and monthly data reports required by AOE and EDS (DXC)

PROGRAM MANUAL (EXPANDED)

Education Medicaid Specialists are now tasked with taking on a more active role in determining necessary program updates, changes, and interpreting suggestions from the field. The program manual is a reference for SU staff and serves as a Medicaid guide with the goal of promoting comprehension for complex Medicaid Program requirements.

This includes:

Requesting regular feedback from clerks for program and process improvements

Actively participating in discussions around program changes and regulations

Communicating suggestions to the Unit Administrator

Discussing and creating any additions to the program manual

Facilitating understanding of any changes with Medicaid Clerks

SUPERVISORY UNION VISITS (EXPANDED)

Each Education Medicaid Specialist has 10-12 Supervisory Unions and each SU is visited by the Specialist every month.

At each visit one or more of the following tasks are completed:

Schedule appointments and subsequent visits with the Medicaid clerks

Conduct file reviews for completeness accuracy, and compliance

Make caseload updates

Check student eligibility

Perform training on the proper way to complete billing forms and other necessary paperwork

Assist clerks with creation of an internal system for the distribution, gathering, and correction of all paperwork

Troubleshoot paperwork flow problems and make suggestions for data gathering improvements

Assist Medicaid clerks with the tracking of state placed students

Help clerks with submission of justification letter of missing state placed student Medicaid claims if necessary

Assist with implementation, use and training of the electronic billing system maintained by EDS (DXC)

Ensure all computer system updates are done in a timely manner

Assist with updating computers to ensure file retention and accuracy

Collaborate and communicate with EDS (DXC) on the payment of claims and the claims processing procedures

TECHNICAL SUPPORT (EXPANDED)

Provide technical assistance and training to school districts, in assigned geographic regions on the program requirement for the Medicaid School-Based Health Services Program.

Work with SU IT staff to install all DXC software updates.

Collaborate with Special Education Software vendors (DocuSped/GoalView) (NEW).

Discuss software updates, form revisions, and give feedback about potential changes.

Test the software when new forms or features are applied.

Verify system integrity and test prior to implementation at the SU level.

Mediate and communicate with 3rd party vendors who are working with SU's for the billing of Medicaid claims.

Ensure communication and record keeping between vendors is done on time, accurately, and as requested.

As technology continues to advance the Education Medicaid Specialists will continue to

play a large part in the testing of new technological resources.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

he Medicaid specialist will interact, monitor, guide and collaborate with a variety of contacts including the following:

The AOE Medicaid Team

Other Medicaid Specialists: weekly sharing of information, calendars, school closings, monthly meetings, troubleshooting etc.

The Medicaid Unit Administrator is forwarded a caseload weekly for each SU. Provide calendars, provider list, and other updates monthly. Respond to any correspondence regarding claim information etc. Database information is sent quarterly.

State of Vermont Employees/agency: AOE, Licensing, IT. Interaction within other departments to check status on Licensing, merger information, upgrades etc.

DVHA as program requirements necessitate.

DXC; the billing agency handling all claims for the program. Following up on provider numbers, aiding with SU claim inquiries, troubleshooting denied and suspended claims.

The Medicaid Specialist will train, collaborate, and guide the following contacts:

Medicaid clerks, 3rd party vendors, and independent school representatives; provide training on software, provide guidance on Medicaid process for billing, monitor and update caseload changes, calendar changes, provider changes. Interaction and follow up when reviewing R/A files weekly, and ensuring all updates are current and documented.

Managing a continuous flow of information.

Special Education Directors: Interaction regarding the Medicaid clerks workflow, billing and suggestions.

Special Education providers, paraprofessionals and case managers; Provide training to ensure all forms are done correctly. Monitor LEIE/SAM to check for providers excluded from billing for federal grant monies and to ensure they are in good standing. Interact during training to answer any questions.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

The Medicaid Specialist is required to be technologically savvy and have knowledge of the following databases and systems:

Microsoft Access

Microsoft Excel and Microsoft Office Suite
 Goalview – Education Management System
 DocuSpEd - Education Management System
 MMIS - Medicaid Management Information System
 LEIE - Legal Entity Identifier
 SAM - System for Award Management; Office of Inspector General
 DXC Medicaid Billing Database
 ICD codes – International Classification of Diseases
 HCFA form – Health Care Financing Administration form
 IEP (Individualized Education Plan) Interpretation
 Technological savvy to perform all above system and database updates and upgrades at AOE and at all supervisory union locations
 Skill to understand, interpret and communicate state and federal requirements as laid out in the School-Based Health Services Program Manual

4. Do you supervise?

In this question “supervise” means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

no

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

The Medicaid Specialist has responsibilities that function on a cyclical basis. The Medicaid Specialist works independently a majority of the time.

The Education Medicaid Team has a set of deadlines that follows the below guidelines:

Weekly Basis:

Updates of all claim information

Updates to SU's

Updates to Medicaid Unit Administrator

Monthly:

School calendars are shared monthly with all members of the Medicaid team

Monthly meeting with all Education Medicaid Specialists

Contribution to monthly meeting agenda items

Monthly visits to each SU

Quarterly:

Audit database updates

Provider list for each school is shared quarterly or upon request

Worksheet A follow up is reported quarterly

Ensure deadline for all claims billed by each SU is enforced for each SU

Yearly:

Child count is verified twice yearly

Final fiscal year caseload list/Beginning of the Fiscal Year caseload list

Final fiscal year provider list/Beginning of the Fiscal Year provider list

Final fiscal year calendar to be boxed and stored for 7 years at the end of each school year

Final audit database submission, showing required audits done and corrections are done

Updates to Medicaid manuals

Updates to Medicaid program forms

Upon Request Items: (1-2 week turn around items)

3rd Party vendor data

Process feedback

Program feedback

Troubleshooting

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

emittance Advice Review – claim denials are a frequent occurrence. Each denial must be found, recognized, researched, and remedied. Often times this is unravelling a puzzle to determine where the claim needs to be fixed for accurate processing.

Facilitating communication between Medicaid clerks and business office staff. Often there is a break-down in communication of the required information for accurate claim filing. The Medicaid Specialist attempts to facilitate better and more effective communication between all parties involved in the process.

Creating and delivering training through strategies that will reach a variety of knowledge levels and learning styles. The Medicaid Specialist is responsible for teaching and training program participants in all aspects of the School-Based Health Services Program. This requires flexibility within personal teaching and training techniques. The Medicaid Specialist must be able to communicate with and train a variety of people and personalities in a way that all information is presented accurately.

Creative thinking and development of new policies for the program. This requires generating ideas and revisions based on federal program regulations, reasoning skills as to program enhancement and best fit, as well as crafting procedures that ensure successful implementation of changes.

Interpersonal skills that are adaptable to numerous situations. The ability to read a person and interpret their needs and receptiveness to feedback and program suggestions. As this deals with large monetary reimbursements for schools, this can often be a source of stress and anxiety. The Medicaid Specialist must adapt to any situation to ensure positive interactions.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

his program is not mandatory for Supervisory Unions, however the program produces \$28 Million a year revenue to schools, the state, and the education fund resulting from over \$50 million in claims filed.

This is done through the maintenance, updating, and follow-up of information of over 14,000 students on a weekly basis; approximately 2,800 per Education Medicaid Specialist.

The Education Medicaid Specialist has a goal of maximizing Medicaid claims filed for each assigned Supervisory Union to bring dollars to SUs and the State.

This program funds itself, as well as numerous other positions within the Agency of Education in addition to a transfer of nearly \$10M to the Education Fund.

During FY16, this program increased the transfer to the Education Fund by 26% and was able to grant more than \$1.5 million more back to schools.

This benefits intervention and prevention programs within Vermont school districts, positively impacts tax payers, and pays for Vermont State Employee Positions within the AOE, AHS, and others.

In May of 2017, Rebecca Holcomb credited the Medicaid Field Unit with these accomplishments and stated "This team is one of the best I've seen in my 12 Years of State Services (5.10.17, Stand Up Meeting, AOE)."

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Traveling with a personal vehicle	65%
Mental Stress and pressures	50%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
Traveling in bad weather (snow, sleet, rain)	50%
xposure to lockdowns at schools. Potentially violent students. School illnesses and building hazards such as cuts or falls. Exposure to old buildings with potenital contaminants, rodents, and varying temperatures. No access to workspace; stand at a cabinet to perform job tasks at SU.	50%

Damage to personal vehicles, windshields, parking lot dings, dents, and highway travel dangers	50%
--	-----

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
File Boxes and Folder	Up to 40lb	daily

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
Driving	50%
Walking, Bending, standing, reaching, Filing	50%

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

This position is extremely fast paced, detail oriented and continuously growing and evolving. The Education Medicaid Specialists are facing constant deadlines and timely filing constraints. Education Medicaid Specialists are unique in the sense that they have a broad but refined skill set. Not only are they expected to be sticklers for data driven details but they must also enforce state and federal regulations firmly and with tact. They do this while building and maintaining efficient and positive relationships with SU staff.

They have the skills to work independently to gather, organize, analyze and interpret large amounts of data as well as the ability to train and answer the questions of a room full of special educators, paraprofessionals, and other SU staff.

They must be able to stay optimistic, while providing support, praise and compassion to everyone in the program. The Education Medicaid Specialist is continuously finding new ways to meet the needs of our clerks. This position needs to be extremely adaptable and able to adjust to changing technology and shifts in program requirements as growth within the state continues.

Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

The most important aspects of this job are attention to the details, creating and nurturing positive and open relationships with schools and the completion of mandatory file and claim audits in accordance with program standards and federal guidelines. Schools and Supervisory Unions rely on the expert advice and guidance of each Education Medicaid Specialist to maintain and grow their programs. This program is voluntary, Supervisory Unions would not get penalized for lack of participation. We have seen revenues grow due to the hardwork and commitment of these team members.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Positive attitude, ability to handle and manage stress, and willingness to become fully invested in the role of Education Medicaid Specialist. This position is constantly juggling various aspects of the program and the employee must be flexible while paying particularly close attention to each detail associated with claims and student files. Attention to detail is essential and vital to program success

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

n/a

4. Suggested Title and/or Pay Grade:

Education Medicaid Compliance Specialist // Pay Grade 24

Jessica Robinson

Digitally signed by Jessica
Robinson
Date: 2024.07.31 15:40:19 -04'00'

Supervisor's Signature (**required**): _____ Date: _____

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

☐ Yes ☒ No If yes, please provide detailed information.

Attachments:

☒ Organizational charts are **required** and must indicate where the position reports.

☒ Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Not anticipated

Suggested Title and/or Pay Grade:

As requested per classification review

Personnel Administrator's Signature (**required**): Rachel Kennedy Date: 9/4/24

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

n/a

Suggested Title and/or Pay Grade:

EDUCATION MEDICAID COMPLIANCE SPECIALIST / PAY GRADE 24

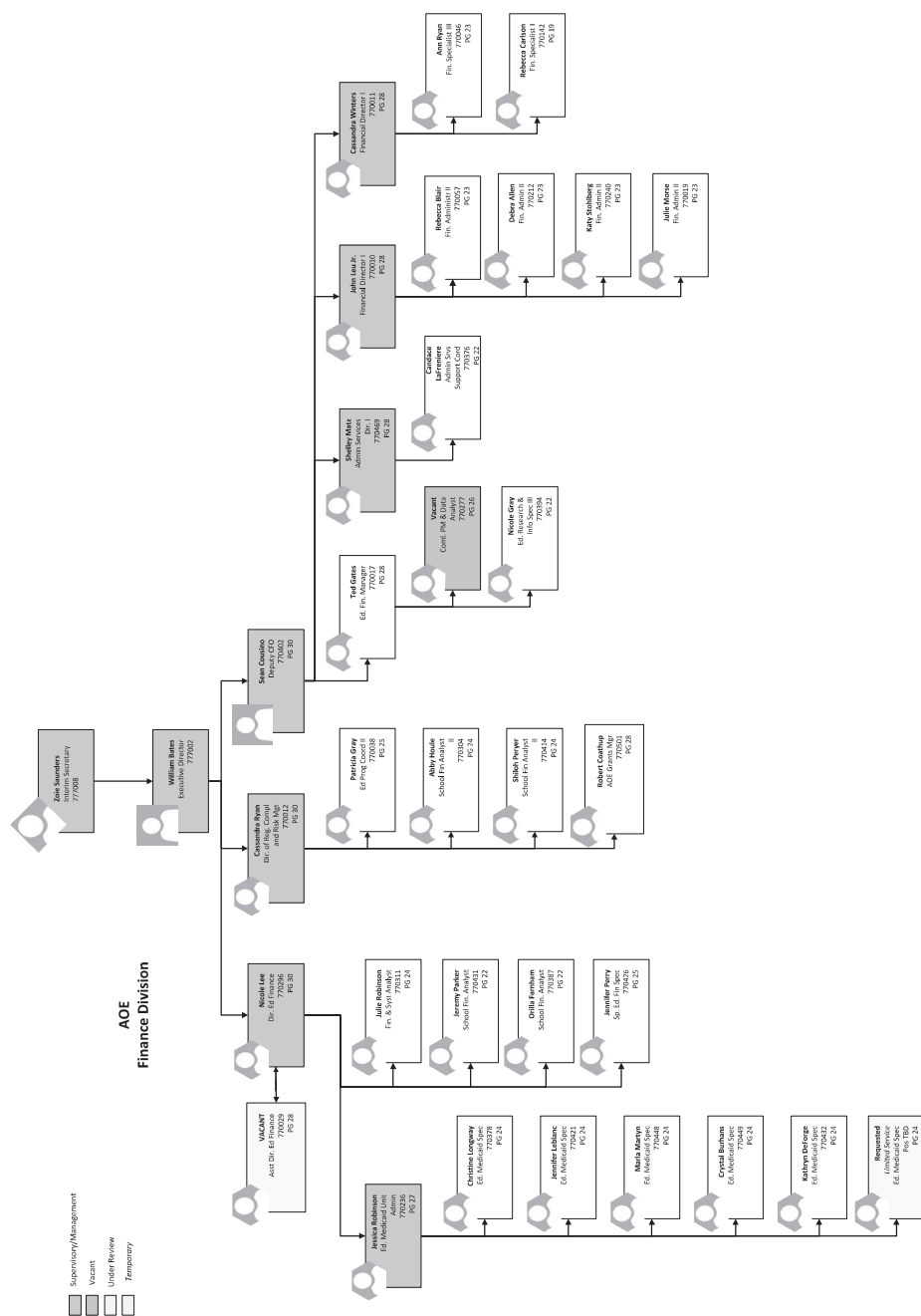
Signed by:

Erin Saunders

8/29/2024

Appointing Authority or Authorized Representative Signature (**required**)

Date



		Year 1	Year 2	Year 3	Total
		(July 24 - June 25)	(July 25 - June 26)	(July 26 - June 27)	
A. Personnel					
	Project Director	\$ -	\$ -	\$ -	\$ -
	Admin Services Manager (AHS)	\$ 66,144.00	\$ 68,128.00	\$ 70,172.00	\$ 204,444.00
	Program Integrity Auditor	\$ -	\$ 75,000.00	\$ 77,250.00	\$ 152,250.00
subtotal		\$ 66,144.00	\$ 143,128.00	\$ 147,422.00	\$ 356,694.00
B. Fringe					
	Project Director	\$ -	\$ -	\$ -	\$ -
	Admin Services Manager (AHS)	\$ 49,431.00	\$ 50,140.00	\$ 50,870.00	\$ 150,441.00
	Program Integrity Auditor	\$ -	\$ 52,593.00	\$ 53,396.00	\$ 105,989.00
subtotal		\$ 49,431.00	\$ 102,733.00	\$ 104,266.00	\$ 256,430.00
E. Supplies (computers, office supplies, cell phones)		\$ 2,980.00	\$ 2,980.00	\$ -	\$ 5,960.00
F. Consultant/Subrecipient/Contractual Costs					
	Agency of Education - Admin Services Manager Position	\$ 118,555.00	\$ 118,268.00	\$ 121,041.00	\$ 357,864.00
	ForHealth Consulting	\$ 100,250.00	\$ 100,250.00	\$ 90,000.00	\$ 290,500.00
	RTMS Contracted Services	\$ -	\$ 100,000.00	\$ 100,000.00	\$ 200,000.00
	State Technical Assistance Center	\$ -	\$ 50,000.00	\$ 150,000.00	\$ 200,000.00
	Electronic Health Record	\$ 162,640.00	\$ 382,641.00	\$ 287,271.00	\$ 832,552.00
subtotal		\$ 381,445.00	\$ 751,159.00	\$ 748,312.00	\$ 1,880,916.00
TOTAL		\$ 500,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 2,500,000.00