



30 East Broad Street Columbus, Ohio 43215-3414  
jfs.ohio.gov

February 8, 2008

Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Centers for Medicare and Medicaid Services (CMS), Region V  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

Dear Ms. Lee:

Enclosed is Ohio's request for proposed State Plan Amendment (SPA) #05-020 for the Ohio Medicaid School Program. The request consists of:

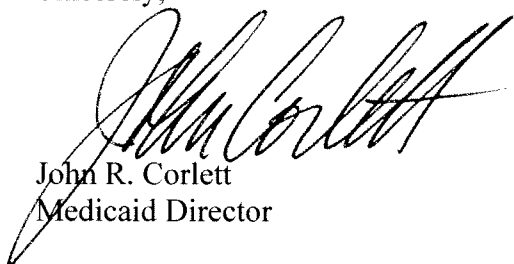
1. Attachment 3.1-A for Item 6, "Other Practitioners' Services, Nursing Services" [SPA #05-020],
2. Attachment 3.1-A for Item 11, "Physical Therapy and related services" [SPA #05-020],
3. Attachment 3.1-A for Item 13, "Other diagnostic, screening, preventive, and rehabilitative services" section d.1(a) "Mental Health Services Delivered Through Schools" [SPA #05-020], and
4. Attachment 4.19-B "Cost-Based Reimbursement for IDEA Services Provided in Schools" for services indicated in #1-3 above SPA #05-020 (which also includes reimbursement for SPA #05-027 "Case Management Services To Children Age 3 To 21 With a Disability (Delivered Through Participating Schools)").

These SPA attachments are to replace the proposals submitted under SPA #05-007 and SPA #05-020 that as of the date of this submission is pending reconsideration by CMS. Please note Attachment 4.19-B, "Cost-Based Reimbursement for IDEA Services Provided in Schools" now also includes reimbursement for SPA #05-027, "Case Management Services To Children Age 3 To 21 With a Disability (Delivered Through Participating Schools)" for which the RAI was withdrawn and the CMS timeline for review and comment stopped. The response to the TCM RAI and SPA #05-027, Attachment 3.1-A for Item 19, "Case Management Services To Children Age 3 To 21 With a Disability" is being submitted concurrently under separate cover. This new submission is intended to preserve claiming for services authorized by the new State Plan Amendment to the maximum extent allowable for claims back to the date of the original intended effective date (7/1/05).

The Ohio Administrative Code (OAC) rules that will implement the provisions of this SPA will be sent under separate cover. It is our understanding that CMS will, at a later date, negotiate with us the requirements and process for processing the previous claims (effective as early as 7/1/05).

We look forward to hearing from your staff to undertake whatever activities are necessary to gain approval of the SPA and implement this valuable program on behalf of the children of Ohio. If you have any questions, please contact me at (614) 466-4443 or Yolanda Talley at (614) 644-7130.

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Corlett", written in a cursive style. The signature is positioned above the printed name and title.

John R. Corlett  
Medicaid Director

cc: Becky Jackson, OHP/BHPP  
Erika Robbins, ODJFS/OHP  
Yolanda Talley, OHP/BCA  
Debra Moscardino, OHP/BCA  
Paolo DeMaria, ODE  
Linda Tavener, CMS/CO  
Mara Siler-Price, CMS/RO  
Carolyn D. Brown, CMS/RO  
Dave Shaner, CMS/RO

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>05 - 020</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2005</b>	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       **AMENDMENT**

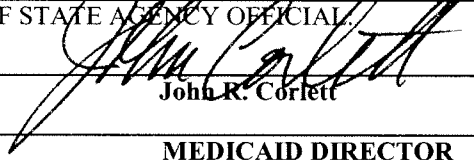
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: <b>42CFR430.12, 42CFR440.130</b>	7. FEDERAL BUDGET IMPACT: a. FFY                      2008                      \$ 38.25M b. FFY                      2009                      \$ 51M
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Pre-print pages 2 and 3, Item 6. " <u>Other Practitioners' Services</u> (Continued), <u>Nursing Services</u> " Page 1 of 1.  Attachment 3.1-A, Pre-print page 4, Item 11, a,b,c. "Physical Therapy and related services" Pages 1 through 3.  Attachment 3.1-A, Pre-print pages 5 and 6, Item 13. " <u>Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.</u> (Continued) d. Rehabilitative services. (Continued) 1.(a) Mental Health Services delivered through Medicaid School Program Providers" Page 1 through 3  Attachment 4.19-B, (Filed at end), Reference Attachments 3.1-A, ITEMS 6, 11, 13, 19 and 24, Pages 1 through 4, "Cost-Based Reimbursement for IDEA Services Provided in Schools"	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 3.1-A, Pre-print page 4, Item 11, a,b,c. "Physical Therapy and related services" Pages 1 through 2.</b>

10. SUBJECT OF AMENDMENT:  
**NURSING SERVICES DELIVERED THROUGH MEDICAID SCHOOL PROGRAM PROVIDERS**  
**PHYSICAL THERAPY AND RELATED SERVICES**  
**MENTAL HEALTH SERVICES DELIVERED THROUGH MEDICAID SCHOOL PROGRAM PROVIDERS**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       **OTHER, AS SPECIFIED:**  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      **Governor has delegated signature authority**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      **to ODJFS Director. Director has delegated**  
**signature authority to Medicaid Director**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>Becky Jackson</b> <b>OHP/Bureau of Health Plan Policy</b> <b>Ohio Department of Job and Family Services</b> <b>P.O BOX 182709</b> <b>Columbus, Ohio 43218</b>
13. TYPED NAME: <b>John R. Corlett</b>	
14. TITLE: <b>MEDICAID DIRECTOR</b>	
15. DATE SUBMITTED: <b>2/12/08</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED:
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

6. **Medical care and any other types of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)**

d. **Other Practitioners' Services.** (Continued)

**Nursing Services Delivered Through A Medicaid School Program Provider**

Nursing services described here are available when provided through a Medicaid school program provider. Reimbursement for nursing services may require that the services be prescribed by a Medicaid authorized prescriber, who is either a physician, podiatrist, or dentist, licensed by the state and working within his or her scope of practice as defined by Ohio law. Services must be delivered by a licensed registered nurse or licensed practical nurse working within their scope and practice as defined in Ohio law. Such services may include, but are not limited to, tube feeds, bowel and bladder care, catheterizations, dressing changes, and medication administration. Nursing services are also available out side of a Medicaid school program provider as a part of physician services, home health services, ambulatory care center/clinic services, outpatient hospital services, nursing facility services and private duty nursing services.

In order to receive reimbursement for nursing services the Medicaid school program provider must document the service in a child's individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA) prior to the provision of the service. Services may also include the initial assessment conducted by a licensed registered nurse or licensed practical nurse as a part of the multi-factored evaluation team, and for subsequent assessments and reviews conducted in accordance with IDEA.

Coverage of nursing services provided by a licensed nurse must meet conditions of medical necessity established by the department.

**11. Physical Therapy and related services.**

a. Physical Therapy

Reimbursement for physical therapy services requires that the services be prescribed by a Medicaid authorized prescriber, who is either a physician, podiatrist, or dentist, licensed by the state and working within his or her scope of practice as defined by Ohio law. A prescription by a Medicaid authorized prescriber will not be required as a condition for Medicaid reimbursement for services delivered by a Medicaid School Program (MSP) provider, as defined in OAC, if the services are authorized by a licensed practitioner of the healing arts and indicated in an individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA).

At a minimum, a qualified physical therapist will be a licensed physical therapist, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, a qualified physical therapist assistant will be a licensed physical therapist assistant, licensed in accordance with Ohio law, who has completed a two-year program of education. The licensed physical therapist assistant can provide physical therapy only under the supervision of a qualified physical therapist who will conduct face-to-face client evaluations initially and periodically thereafter.

Independent practitioners of physical therapy must also be certified under the Medicare program and must maintain an independent practice as defined and determined under Medicare.

Physical therapy services must be for a reasonable amount, frequency, and duration.

A physician or licensed physical therapist must develop and forward to the Medicaid authorized prescriber a plan of care for the patient that must be based on the evaluation of the patient. The plan of care must include specific therapeutic procedures to be used, specific functional goals, the prescription for services, and updates to the plan of care. For the MSP provider, the plan of care will be included in the individualized education program (IEP) and maintained by the MSP provider.

A physician, licensed physical therapist, or licensed physical therapist assistant working within his or her scope of practice as defined by state law must furnish the physical therapy services in accordance with the patient’s plan of care that has been approved by the Medicaid authorized prescriber or in accordance with the IEP.

Limitations

In non-institutional settings, other than schools, a maximum of thirty dates of service are allowed per twelve month period for physical therapy services. In accordance with

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EPSDT, children may receive more than 30 therapy visits, when medically necessary and approved through the prior authorization process.

Maintenance services are non-covered services.

b. Occupational Therapy

Medicaid-authorized providers of occupational therapy services include MSP providers and outpatient hospitals.

A prescription by a Medicaid authorized prescriber will not be required as a condition for Medicaid reimbursement of occupational therapy services delivered by a Medicaid School Program (MSP) provider, as defined in OAC, if the services are authorized by a licensed practitioner of the healing arts and indicated in an individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA).

At a minimum, a qualified occupational therapist will be a licensed occupational therapist, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, a qualified occupational therapy assistant will be a licensed occupational therapy assistant, licensed in accordance with Ohio law, who has completed a two-year program of education. The licensed occupational therapy assistant can provide occupational therapy only under the supervision of a qualified occupational therapist who will conduct face-to-face client evaluations initially and periodically thereafter.

Occupational therapy services must be for a reasonable amount, frequency, and duration. Each period of treatment must begin with an evaluation and end with a progress summary/progress report. If an additional treatment period is indicated, then the period of treatment must end with a re-evaluation. The development of a maintenance plan is covered, but maintenance services are not covered.

For the MSP provider, the plan of care will be included in the individualized education program (IEP) and maintained by the MSP provider.

The MSP provider must furnish the occupational therapy services in accordance with the IEP.

c. Services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist).

Services are covered if provided by a Medicaid School Program (MSP) provider or eligible providers of physician services. This includes physicians, employees of a

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physician working under the supervision of the physician, or clinics (both fee-for-service or cost-based clinics).

Reimbursement for speech language pathology and audiology services requires that the services be prescribed by a doctor of medicine or osteopathy working within his or her scope of practice as defined by Ohio law.

A prescription by a Medicaid authorized prescriber will not be required as a condition for Medicaid reimbursement for services delivered by a MSP provider, as defined in OAC, if the services are authorized by a licensed practitioner of the healing arts and indicated in an individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA).

At a minimum, a qualified speech-language pathologist (SLP) will be a licensed SLP, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, a qualified audiologist will be a licensed audiologist, licensed in accordance with Ohio law, who meets the provider qualifications outlined in 42 CFR 440.110.

At a minimum, qualified speech-language pathology and audiology (SLPA) aides will be licensed SLPA aides, licensed in accordance with Ohio law, who have completed training requirements as outlined in the approved application and specific to assigned tasks. The licensed speech-language pathologist or audiologist who signs the application for the aide shall supervise that particular aide. The aide may provide services only under the supervision of the speech-language pathology or audiology supervisor of record for that applicant who will conduct face-to-face client evaluations initially and periodically thereafter.

Speech-language pathology and audiology services must be for a reasonable amount, frequency, and duration. Each period of treatment must begin with an evaluation and end with a progress summary/progress report. If an additional treatment period is indicated, then the period of treatment must end with a re-evaluation. The development of a maintenance plan is covered, but maintenance services are not covered.

For the MSP provider, the plan of care will be included in the individualized education program (IEP) and maintained by the MSP provider.

The MSP provider must furnish the speech-language pathology or audiology services in accordance with the IEP.

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**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)****d. Rehabilitative services.** (Continued)**1.(a) MENTAL HEALTH SERVICES DELIVERED THROUGH A MEDICAID SCHOOL PROGRAM PROVIDER**

Counseling, social work and psychology/school psychology services described here are available when provided through a Medicaid school program provider when the service is recommended by a licensed counselor, social worker, or psychologist/school psychologist acting within the scope of his or her practice as defined in Ohio law. These services will be provided in compliance with 42 CFR 440.130. Counseling, social work and psychology/school psychology (mental health) services are also available through the community mental health system.

In order to be reimbursed for the provision of counseling, social work and psychology/school psychology services provided through a Medicaid school program provider the service must be documented in a child's individualized education program (IEP) developed in accordance with the Individuals with Disabilities Education Act (IDEA) prior to the provision of the service. Services may include, but are not limited to behavioral health counseling and therapy, mental health assessment, interactive psychotherapy, individual psychotherapy and family therapy when services are provided to or for the Medicaid eligible child to maximize the reduction of a mental disability and to restore the child to his best possible functional level. Services may also include the initial assessment conducted by a licensed counselor, psychologist/school psychologist or social worker as a part of the multi-factored evaluation team and for subsequent assessments and reviews conducted in accordance with IDEA.

Qualified practitioner who can deliver the services:

Licensed clinical counselor who holds a current, valid license to practice issued under Ohio Revised Code, and who holds a graduate degree in counseling from an accredited educational institution, completes a minimum of ninety quarter hours of graduate credit in counselor training, and has had 2 years post-graduate or 1 year post-doctorate supervised experience in counseling.

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**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)**

**d. Rehabilitative services. (Continued)**

**1.(a) MENTAL HEALTH SERVICES DELIVERED THROUGH A MEDICAID SCHOOL PROGRAM PROVIDER**

Licensed counselor who holds a current, valid license to practice issued under Ohio Revised Code, and who holds a graduate degree in counseling from an accredited educational institution and complete a minimum of ninety quarter hours of in-graduate or post-graduate credit in counselor training.

Licensed independent social worker who holds a current, valid license to practice issued under Ohio Revised Code, and who holds a master or doctorate degree in social work from an accredited educational institution and complete at least two years of post-master's degree social work experience supervised by an independent social worker.

Licensed social worker who holds a current, valid license to practice issued under Ohio Revised Code, and who holds from an accredited educational institution either a baccalaureate degree in social work, a baccalaureate degree in a program closely related to social work (prior to October 10, 1992 and approved by the committee), a master of social work degree, or a doctorate in social work.

Licensed psychologist who holds a current, valid license to practice psychology issued under Ohio Revised Code, who has received from an educational institution accredited or recognized by national or regional accrediting agencies as maintaining satisfactory standards an earned doctoral degree in psychology, school psychology, or a doctoral degree deemed equivalent by the Ohio State Board of Psychology (the board), and has had at least two years of supervised professional experience in psychological work of a type satisfactory to the board, at least one year of which must be postdoctoral.

Licensed school psychologist who holds a current, valid license to practice school psychology issued under Ohio Revised Code, who has received from an educational institution accredited or recognized by

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**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. (Continued)**

**d. Rehabilitative services. (Continued)**

**1.(a) MENTAL HEALTH SERVICES DELIVERED THROUGH A MEDICAID SCHOOL PROGRAM PROVIDER**

national or regional accrediting agencies as maintaining satisfactory standards, including those approved by the state board of education for the training of school psychologists, at least a master's degree in school psychology, or a degree considered equivalent by the board; has completed at least sixty quarter hours, or the semester hours equivalent, at the graduate level, of accredited study in course work relevant to the study of school psychology.

Coverage of counseling and psychology/school psychology services provided by a licensed counselor, psychologist/school psychologist or social worker must meet conditions of medical necessity established by the department.

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Cost-Based Reimbursement for IDEA Services Provided in Schools

1. The reimbursement for providers, other than Medicaid school program providers, is based on the lesser of the billed charge or the Medicaid maximum for the particular service performed according to the department's procedure code reference file.
2. Effective for dates of service on and after (*date approved by CMS*), reimbursement for direct medical services (salaries, benefits, and contract compensation) provided by a school approved as a Medicaid school program provider of services will be at an interim rate which will be the lesser of the billed charge or the Medicaid maximum for the particular service according to the department's procedure code reference file. The interim rate is the rate for a specific service for a period that is provisional in nature, pending the completion of a cost reconciliation and a cost settlement for that period. Services delivered through a Medicaid school program provider that are allowable for Medicaid reimbursement are:
  - a. Audiology (reference pre-print page 4, item 11)
  - b. Counseling (reference pre-print pages 5 and 6, item 13)
  - c. Nursing (reference pre-print pages 2 and 3 , item 6)
  - d. Occupational Therapy (reference pre-print page 4, item 11)
  - e. Physical Therapy (reference pre-print page 4, item 11)
  - f. Psychology (reference pre-print pages 5 and 6, item 13)
  - g. Social Work (reference pre-print pages 5 and 6, item 13)
  - h. Speech Language Pathology (reference pre-print page 4, item 11)
  - i. Targeted Case Management (reference pre-print page 8, item 19)
  - j. Transportation - Reimbursed per unit of service. The unit of service is based on a one-way trip. (reference pre-print page 9, item 24)
3. Certification of public expenditures: The non-federal share of the cost of the services will be paid by the Medicaid school program provider. The Medicaid school program provider shall certify, via attestation at the time of claiming, the availability of appropriate and sufficient non-federal share of the costs for which claim for reimbursement is made. The single state Medicaid agency (ODJFS) will reimburse the Medicaid school program provider at the interim rate the federal financial participation (FFP) portion of the claim only.
4. Reimbursement for other direct medical services (ex. Travel, materials and supplies), indirect costs, and equipment will be made through the cost report reconciliation process.
5. To determine the Medicaid-allowable direct and indirect costs of providing direct medical services to Medicaid-eligible clients, the following steps are performed:

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Cost-Based Reimbursement for IDEA Services Provided in Schools

- a. Direct costs for direct medical services include unallocated payroll costs and other unallocated costs that can be directly charged to direct medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct services personnel listed in the descriptions of the covered Medicaid services delivered by schools, excluding transportation personnel.
- b. Other direct costs include costs directly related to the approved direct services personnel for the delivery of medical services, such as purchased services, capital outlay, travel, materials and supplies. These direct costs are accumulated on the annual cost report, resulting in total direct costs.
- c. Total direct costs for direct medical services are reduced by any federal payments for those costs, resulting in adjusted direct costs for direct medical services.
- d. Adjusted direct costs are then allocated to direct medical services regardless of payer source by applying the direct medical services percentage from the CMS-approved time study, resulting in net direct costs.
- e. A CMS-approved time study methodology is used to determine the percentage of time that medical service personnel spend on direct medical services, including targeted case management, general and administrative time and all other activities to account for 100 percent of time to assure that there is no duplicate claiming. This time study methodology will utilize three mutually exclusive cost pools representing individuals performing administrative activities and direct services. A sufficient number of medical services personnel will be sampled to ensure time study results that will have a confidence level of at least 98 percent within a precision of plus or minus two percent overall. The same single direct medical services time study percentage is applied against costs for all medical disciplines.
- f. Indirect costs are determined by applying the school district's specific unrestricted indirect cost rate to its *net direct costs* as approved by ODE under the authority of USDE, which is the cognizant agency for school districts.
- g. Net direct costs and indirect costs are combined, and the results are multiplied by the ratio of the total number of students with Individualized Education Programs (IEPs) receiving medical services and eligible for Medicaid to the total number of students with IEPs receiving medical services.
- h. To determine the direct and indirect costs of specialized transportation services to Medicaid-eligible students, the following steps are performed:

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### Cost-Based Reimbursement for IDEA Services Provided in Schools

- i. Identification of direct costs for covered specialized transportation services includes: direct payroll costs (salaries and benefits and contract compensation) of bus drivers and mechanics, gasoline and other fuels, other maintenance and repair costs, vehicle insurance, rentals, and vehicle depreciation. Depreciation must be documented by completing the depreciation schedule in the cost report. These direct costs are accumulated on the annual cost report, resulting in total direct transportation costs.
  - ii. Total direct transportation costs are reduced by any federal payments for those costs, resulting in adjusted direct transportation costs.
  - iii. Adjusted direct transportation costs are then allocated to Medicaid by applying the ratio of one-way trips provided pursuant to an IEP to Medicaid beneficiaries over total one-way specialized trips resulting in ***net direct transportation costs***. Trip logs will be maintained daily to record one-way specialized transportation trips.
  - iv. Indirect costs are determined by applying the school district's specific unrestricted indirect cost rate to its ***net direct transportation costs*** as approved by ODE under the authority of USDE, which is the cognizant agency for school districts.
  - v. Net direct costs and indirect costs are combined.
6. Annual Cost Report Process: Each Medicaid school program provider will complete an annual cost report for all services delivered during the previous state fiscal year covering July 1 through June 30. The primary purposes of the cost report are to:
- a. Document the provider's total CMS-approved, Medicaid-allowable scope of costs for delivering Medicaid school services, including direct costs and indirect costs, based on a CMS-approved cost allocation methodology and procedures, and
  - b. Reconcile its interim payments to its total CMS-approved Medicaid-allowable scope of costs based on CMS-approved cost allocation procedures.
7. The Cost Reconciliation Process: The cost reconciliation process will be completed within twelve (12) months of the State fiscal year. The total CMS-approved, Medicaid allowable scope of costs based on CMS-approved cost allocation methodology procedures are compared to the provider's Medicaid interim payments for school services delivered during the reporting period as documented in the Medicaid Management Information System (MMIS), resulting in cost reconciliation.

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Cost-Based Reimbursement for IDEA Services Provided in Schools

For the purposes of cost reconciliation, Ohio will not modify the CMS-approved scope of costs, the CMS-approved cost allocation methodology procedures, or the CMS-approved time study for cost-reporting purposes referenced in this state plan amendment except by CMS approval prior to implementation; however, such approval does not necessarily require the submission of a new state plan amendment.

For claims submitted after the effective date of SPA 05-007 and SPA 05-020; that is July 1, 2005, and prior to the implementation of the CMS-approved time study only, cost reconciliation will be performed in accordance with a methodology developed by the Department and approved by CMS that utilizes the quarterly results of the prospectively approved time study and applies them to prior period claims.

8. Cost Settlement for a Medicaid school program provider: The actual Medicaid share of each Medicaid school programs provider's costs for the year will be compared to the total Medicaid reimbursements to the Medicaid school program provider for that year. Any overpayment determined as a result of the annual reconciliation of cost will be paid and/or collected and reimbursed in accordance with State and federal Medicaid rules. Any underpayment determined as a result of the annual reconciliation of cost will be paid in accordance with State and federal Medicaid rules.