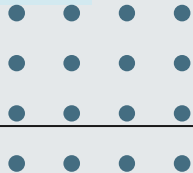




Medicaid Momentum:

Revamping Medicaid billing in schools

April 30, 2024



National Alliance for Medicaid in Education

Vision: We envision the day when public policy promotes student health and wellness as essential to learning.

Mission: NAME champions collaboration, integrity, and growth for school-based Medicaid.

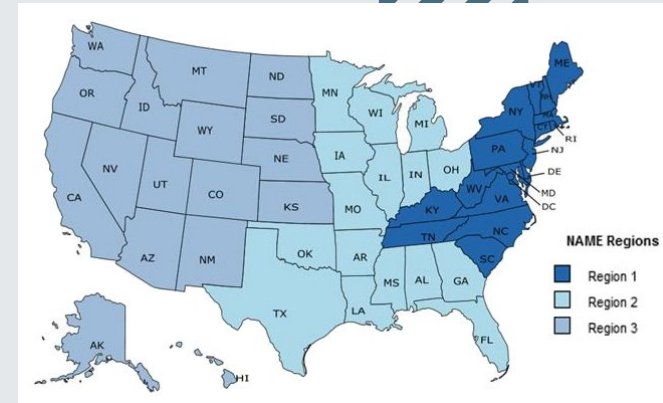
Goals (2022-2025)

- Offer consistent and relevant professional learning opportunities for membership
- Strengthen relationships with strategic partners and other national organizations that share our vision
- Maintain a stable infrastructure that promotes financial growth
- Develop and implement a recruitment and retention plan for members



National Alliance for Medicaid in Education

- Over 500 Members
- 2 Types of members: Voting and Associate Members
- An Executive Director, who serves as a de-facto member of the Board of Directors.
- Nine representatives elected from three geographical regions (three Medicaid, three SEA and three LEA representatives from each region) and three at-large representatives (each representing a Medicaid agency, a State Education Agency and a Local Education Agency).
- Five officers: an elected President, President-Elect and Immediate Past President plus a Secretary and Treasurer appointed by the Board of Directors.
- Annual Conference



National Alliance for Medicaid in Education

**22nd ANNUAL
CONFERENCE**

NAME 
National Alliance for Medicaid in Education, Inc.

**SAVE THE DATE:
OCTOBER 15-18, 2024
DENVER, COLORADO!**



**MEDICAID MAGIC
IN THE
MILE HIGH CITY**



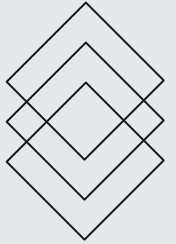
Dan Tsai, Deputy Director for Medicaid and CHIP Services, the Centers for Medicare and Medicaid

“If we could help provide Medicaid-funded support so you can get kids and youth more access to mental health services, whether they’re in crisis or earlier on, without a question, that’ll be a win.”



40,000,000 REASONS

About half of the children in the United States are now insured through Medicaid or the Children's Health Insurance Program.



Medicaid 101

- SBS reimbursement began 1988
- 3rd or 4th largest federal funding stream for education
- 2014: introduction of 'free care' (expansion)
- June 25, 2022: Bipartisan Safer Communities Act – BSCA
- 2023: Superguide, Redetermination, TAC Opening
- Increased access to services for students by decreasing fiscal responsibility to state/local tax payer.
- Each state should have an interagency agreement that includes collaboration across agencies



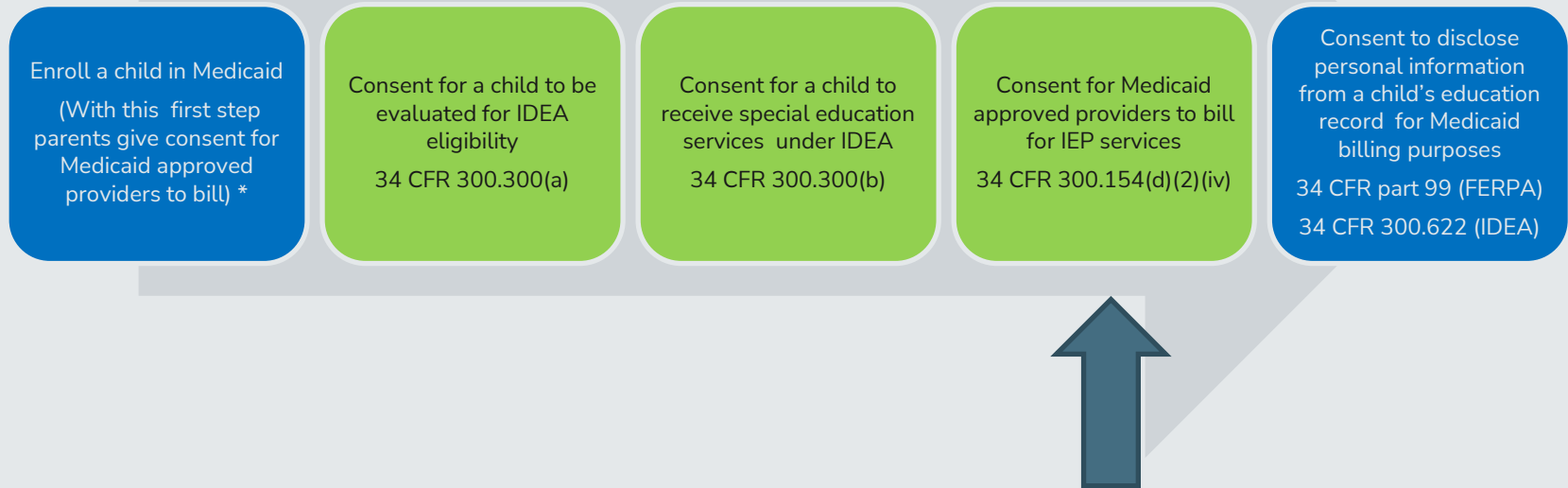
Medicaid's Financing Structure

- Medicaid is a federal-state partnership. The federal government provides broad guidelines within which each State must operate. States are responsible for implementing the programs on the ground. Typically, Medicaid's costs are shared by the state and federal government*
- States make decisions about administration, eligibility, services, coverage, and beneficiary protections—and HHS approves the decisions
- Program decisions are in a written Medicaid State Plan. One way to modify Medicaid is to make changes through State Plan Amendments (SPA)

* School based Medicaid is funded in most states by having the school districts provide the non-federal share or “match” to obtain reimbursement rather than the state appropriating funds. Some states additionally retain a portion of the federal funds received in order to offset their overhead and administrative expenses.



Current Written Parental Consent Requirements to Bill Medicaid for IDEA Students



- Medicaid regulations do not require Medicaid agencies or providers (such as schools) to obtain consent from the beneficiary or family member prior to exchanging the individual's information for a purpose directly connected to the administration of the State plan, which includes billing Medicaid for providing services to the beneficiaries. 42 CFR 431.306.
- **Blue:** applies to ALL Medicaid enrolled children
- **Green:** applies to students with disabilities under IDEA

Medicaid Parental Consent Requirement

Current requirements for kids with IEPs

- Consent to bill Medicaid as part of Medicaid enrollment
- Consent to bill Medicaid for IEP services
- Consent for FERPA necessary to bill Medicaid

Current requirement for kids without IEPs

- Consent to bill Medicaid as part of Medicaid enrollment
- Consent for FERPA necessary to bill Medicaid

Proposed New Policy for kids with IEPs

- Consent to bill Medicaid as part of Medicaid enrollment
- Consent for FERPA necessary to bill Medicaid

The Proposed Rule Does NOT CHANGE

- Consent required for evaluation under IDEA
- Consent required for IEP services
- Requirement that IEP services are delivered at no cost to the child's family
- Requirement that IEP services cannot diminish other Medicaid-reimbursable services
- Medicaid's position as payor of first resort for IEP and IFSP services
- Consent obligations under the Family Educational Records and Privacy Act (FERPA)





Unpacking the New Claiming Guide



Introduced in May 2023...



Delivering Services in School Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

- Clarifies how payments can be made to school-based providers under Medicaid and CHIP
- Discusses strategies and tools to reduce administrative burden and simplify billing for LEAs, including rural and small LEAs;
- Provides examples of best practices and approved methods that State Medicaid agencies and LEAs have used to pay for Medicaid covered services;
- Gives examples of the types of providers that can participate in Medicaid and furnish covered services within school settings, and;
- Provides guidance to enroll qualified providers.

The Centers for Medicare and Medicaid Services (CMS)

Delivering Services in School- Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

2023



Who is eligible for Medicaid reimbursable services in schools?

Students with IEPs or IFSPs

- The individualized medical-health services that IDEA-eligible children with disabilities receive in accordance with their IEP or IFSP may be covered by Medicaid.
- An LEA that operates programs for children from 0 - 3, for example the Head Start program, may provide Medicaid SBS that are on a child's IFSP.
- Medicaid-covered services in a student's IEP must be delivered at no cost to the child's family and Medicaid is the payer of first resort.
- Medicaid will pay for health-related services included in an IEP or IFSP if they are Medicaid-covered services, including those that are medically necessary under the EPSDT benefit for EPSDT recipients.



Who is eligible for Medicaid reimbursable services in schools?

Students with 504 Plans

- Medicaid is not the payer of first resort for services to students covered solely by Section 504 plan.
- LEAs may bill for related services students receive under Section 504 only once they bill any outside legally liable third parties.
- Students with disabilities who are covered by both IDEA and Section 504 and whose services are incorporated into the IEP may be treated the same as IDEA services. Medicaid is the payer of first resort in these cases.
- Medicaid is the payer of first resort for students who possess both an IEP and 504 Plan.



Who is eligible for Medicaid reimbursable services in schools?

Any student who qualifies for Medicaid

- Medicaid-covered services may be delivered to all Medicaid-enrolled students in school settings, and not just those with an IEP or Section 504 plan.
- This is an important distinction between the program pre-2013 and the program today.
- Services which are not included in a student's IEP or 504 Plan may also be covered, including mental health and SUD services and nursing services, such as medication monitoring and counseling.
- A state has the choice to cover additional services to students outside the IEP.
- Currently, about 25 states have expanded access to Medicaid-reimbursable services to students without IEPs.



What are examples of school -based Medicaid services?

- For SWD: evaluations that result in placement and reevaluations, IEP related services (if provided by a qualified Medicaid provider)
- Nursing care services;
- Tobacco cessation;
- Crisis intervention and stabilization;

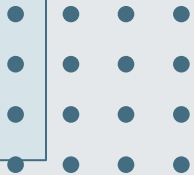
- Outpatient mental health and SUD services; and
- PT, OT, and services for individuals with speech, hearing, and language disorder
- Translation/Interpretation services



Who can deliver Medicaid -reimbursable services?

- SBS providers must be qualified providers of those services in order to receive payment.
- States must meet the freedom of choice provider requirement.

Examples: Physical Therapist, Occupational Therapist, Speech/Language Pathologist, Licensed Clinical Social Worker, Licensed Psychologist, Licensed Nurse, Nurse Practitioner





Flexibilities in the new SBS guide



Provider Flexibilities

“CMS strongly encourages States to make available the broadest array of qualified providers for Medicaid-covered physical health, mental health, and SUD services to children both inside and outside of school settings.”

Allows states to establish provider qualifications for school-based providers that differ from the qualifications of non-school-based providers of the same Medicaid services, as long as states’ provider qualifications are not unique to Medicaid-covered services.

Prior CMS guidance made it difficult for states to rely on ED provider qualifications or to establish different provider qualifications for school-based and non-school-based providers of the same Medicaid services.

States are encouraged to review existing state licensure, certification, and other applicable state requirements, including credentialing criteria, for SBS providers to identify ways to streamline their participation in Medicaid



New Billing Flexibilities



CMS recognizes the administrative burden on schools seeking reimbursement.

CMS is now allowing states to immediately take advantage of these new flexibilities regarding school-based Medicaid billing, documentation, and claiming.

States may select from the options described in the Super Guide.

LEAs are encouraged to their state agencies in reference to these options.

Ex: Roster Billing, PCPM, Fee Schedule Rates that Exceed the Community Rate (FFS), Option to not submit bills for each service



New Data and Documentation Flexibilities

- De-identified Data: Schools may use masked data for Medicaid Enrollment Ratios (MERs). Minimum documentation continues to be required and states/schools must seek out best practices directly from CMS.
- Utilization of a General Allocation Ratio: Number of Medicaid-enrolled students/total number of students
- Utilization of Time Study Moments as a One-step Allocation Methodology: RMTS activity codes for both the deliver of medical services and Medicaid allowable activities.



Third Party Liability Flexibility

- This flexibility eases administrative burden at schools.
- It allows states to suspend or terminate efforts to seek reimbursement from a liable third party if they determine that the recovery would not be cost-effective pursuant to IDEA and 504 plans.
- States may exempt certain items or services from TPL requirements. An example could be for the submission of a claim that would always result in a denial.



Time -Study Flexibilities

Time Study Error Rate

This flexibility allows states to increase the error rate in time study implementation plans from +/- two percent to +/- five percent. This change will allow states to conduct unified time studies with far fewer moments, which also eases administrative burden.

Time Study Notification and Response Period

This flexibility allows states to submit a time study Administrative Claiming/Implementation Plan that includes up to a two-day notification window and up to a two-day response period for queried moments in their time study methodology for school-based providers, instead of a zero-day notification window and two-day response window

Clarification

Staff substitutions permitted for vacancies that are filled or existing positions updated with replacement staff. New positions created after the selection if completed for a time study will be included in the next interval.



Telehealth

- State Medicaid/CHIP agencies have the flexibility to cover Medicaid- and CHIP-covered services delivered through telehealth, including in school-based settings. In order for a medical service performed to be payable, the provider furnishing such services must be enrolled in the Medicaid or CHIP program and bill Medicaid or CHIP for the service.
- States may choose the types of services that are covered when delivered through telehealth.
- States should review the range of providers for services in schools.
- States are not generally required to submit a SPA to telehealth as a covered service. A SPA would need to be submitted if they wish to pay for it differently than F2F services or to remove any limitations.

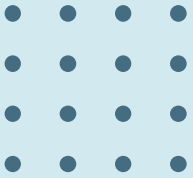


Next Steps and Timeline

- States will review options, timing, policy and regulatory environments.
- If states are not in compliance, state must submit a new SPA or new Administrative Claiming Implementation Plan, as soon as possible, but no later than June 2026.
- Additional Informational Bulletins (CIBs) will provide further clarity
- State grant awards expected in Summer 2024



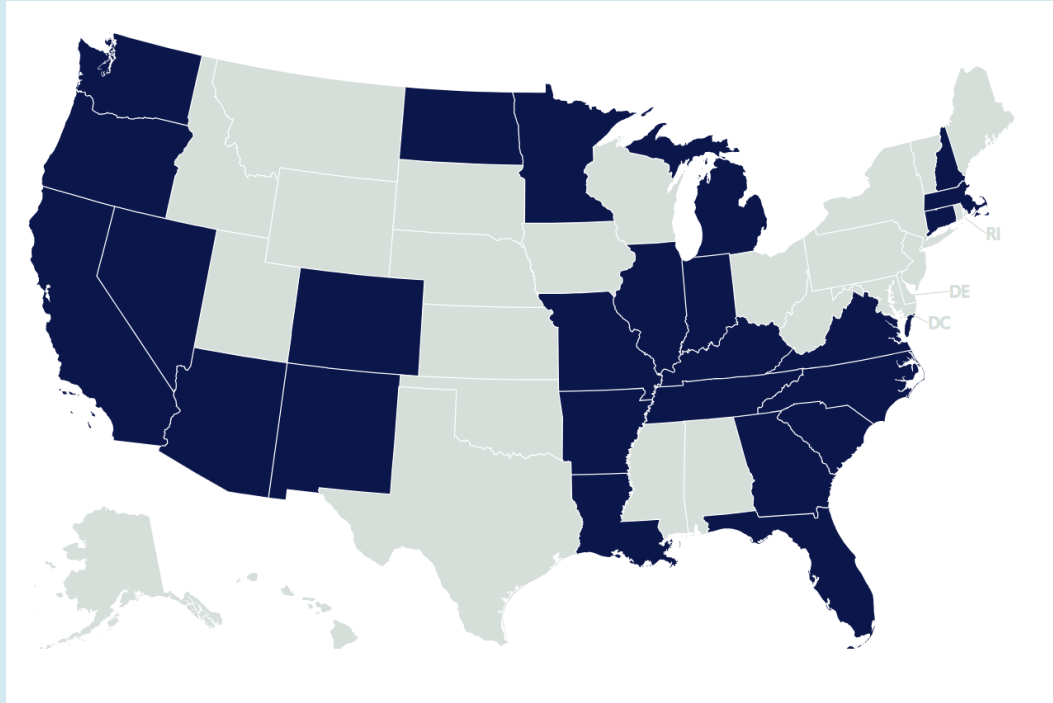
Topics for further clarification

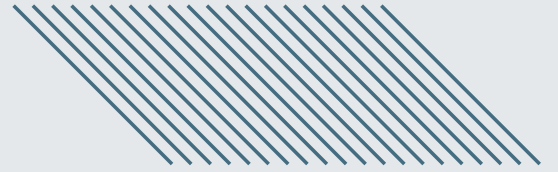


We invite to you write into the chat!

- FERPA
- Maintenance of Effort
- Provider qualifications according to the state guidelines
- When is the compliance date?
- The role of the TA Center and work with states

States Covering Outside the IEP





State Innovations and Examples

State Collaboration: New Mexico



- Cross-agency team among Medicaid agency, SEA, school districts and stakeholders.
- Team approach provides a structure to manage areas of intersection between state agencies and support school district staff with an understanding of different program compliance and training needs.
- Creates greater efficiencies in program management and administration, and awareness of policy initiatives.
- Provides ongoing program improvement to support training for school districts and providers.
- Recognition of shared goals to provide the best level of care and education for all students.



Expanded Coverage and Services for Behavioral Health: Michigan



SPA (State Plan Amendment) approved by CMS August 2019

- Expanded coverage to all Medicaid enrolled students, not just those with IEP
- Added providers including physician's assistants, certified nurse specialists, behavioral health analysts, school social workers and school psychologists as Medicaid eligible providers
- Anticipated to bring in \$14 million new federal funding just for services delivered by school psychologists
- School-based behavioral health providers increased from ~1700 to ~3000 provider
- Built cross-sector provider teams for school-based behavioral care providers
- Piloting health network information for comprehensive student planning and care coordination



Expanding Medicaid for School Nurses: Louisiana and Georgia

- Louisiana was the first state to expand their program, focusing solely on school nursing services. Their financial analysis shows a 35% increase in Medicaid revenue since implementation of the expansion. The program was such a financial success that the state did a second expansion of their program to **all eligible** providers and services.
- In Georgia, expansion to allow for claiming and reimbursement for school nursing services estimated to bring in an additional \$48.6 million in federal revenue to the school-based Medicaid program.



How to Get Started?

- Review your existing program.
- Coordinate with your district, State Education and State Medicaid Agency to determine next steps.
- Identify goals and champions in your state.
- Learn and connect with other states and national partners.
- **These changes will take time. This is a marathon, not a sprint!**



Resources to Get You Started

Guide to Expanding School Medicaid:

<https://healthyschoolscampaign.org/resources/single/a-guide-to-expanding-medicaid-funded-school-health-services/>

State Map and Policies:

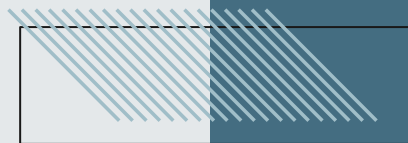
<http://healthystudentspromisingfutures.org/map-school-medicaid-programs/>

State activity tracker of state school Medicaid expansions: bit.ly/freecareupdate

NAME: <https://www.medicaidforeducation.org/>

Additional resources:

healthystudentspromisingfutures.org/resources

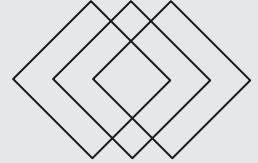


Actionable Steps

- Communicate questions/concerns with your State Department of Education and State Medicaid Agency
- Work through documentation concerns with your vendor(s)
- Encourage stakeholder meetings
- Join the CMS/TAC webinar series
- Join NAME and come to conference



Contact Information



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