

Community Engagement Session SBHS & MAC Coordinators

Medicaid in Schools: Recommendations

Presented by:

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In partnership with:

Washington State
Health Care Authority



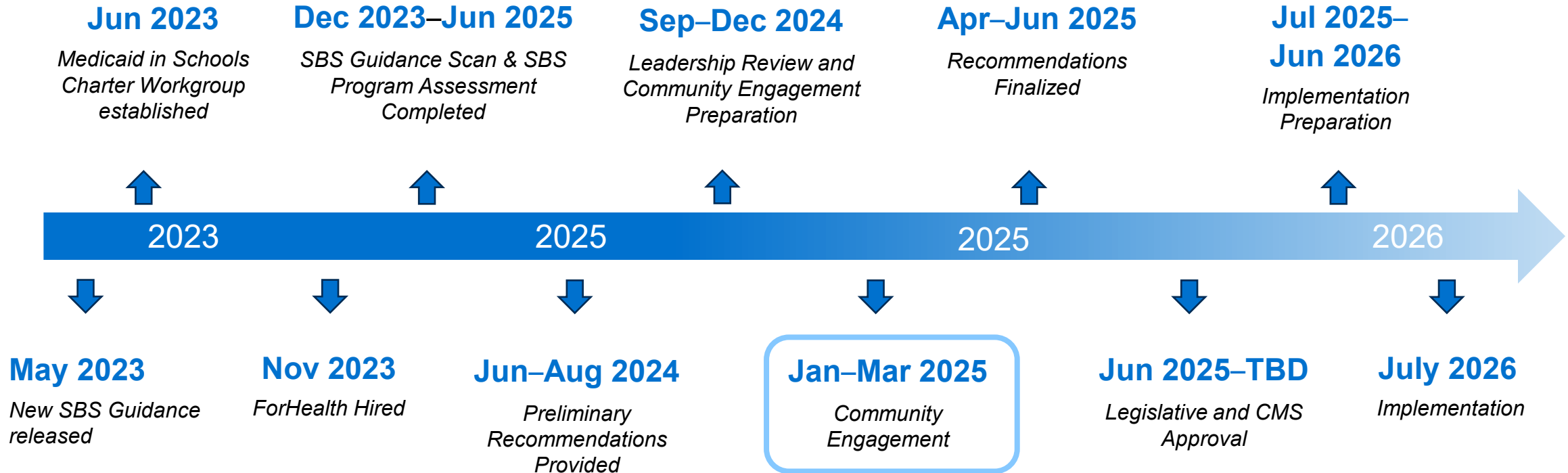
Washington Office of Superintendent of
PUBLIC INSTRUCTION

February 18, 2025

Agenda

- Medicaid in Schools charter workgroup status
- Review of program assessment findings
- Discussion of preliminary recommendations
- Next steps

Medicaid in Schools Charter Status



CMS Compliance Deadline – July 1, 2026

Assessment Findings (1)

Limited participation in current program options (2022-2023):

- 138 out of 328 districts and ESDs billed for services provided to IEP students
- 4 out of 328 billed Managed Care Organizations for services outside the IEP
- 46 out of 328 claimed through the Medicaid Administrative (MAC) program
- No Tribal Education Compact Schools or Charter Public Schools participate today

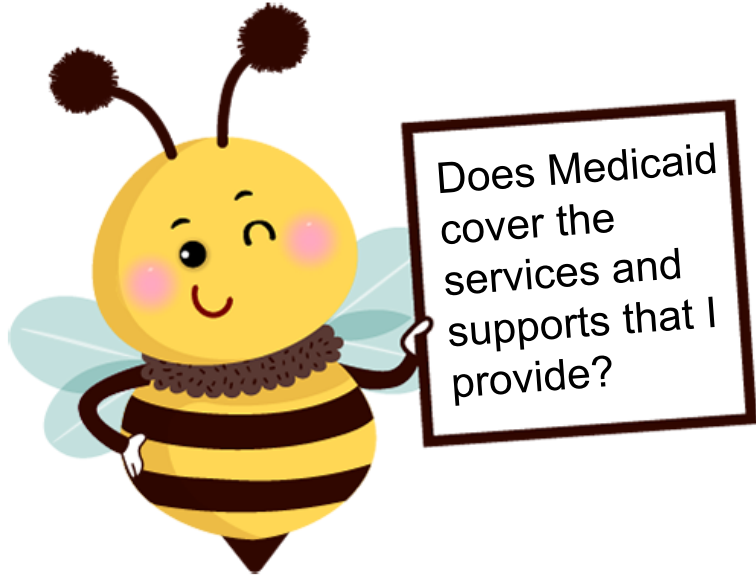
The most frequently cited barriers to participation:

- Lack of training (53%)
- Difficult to understand and complete billing requirements (46%)
- Administrative paperwork is unmanageable (46%)

The administrative lift disproportionately acts as a barrier for the smallest districts.

Assessment Findings (2)

The three-pronged reimbursement program discourages LEA participation.



School-Based Practitioners

Type of Service/ Support	Reimbursement Option	Requirements
Health-related services per student's IEP	School Based Health Services Program	<ul style="list-style-type: none"> • Provider One enrollment • Billing codes & process • Documentation requirements
Health-related Services interventions – non-IEP	Managed Care Plans	<ul style="list-style-type: none"> • Managed Care Organization enrollment (5 plans) • Multiple Billing and Payer Requirements • Various Documentation and service authorization requirements
Case management, care coordination, service planning	Medicaid Administrative Claiming Program	<ul style="list-style-type: none"> • Medicaid Administrative Claiming enrollment • Random Moment Time Study Participation

Assessment Findings (3)

OSPI licensed Educational Staff Associates (ESAs) are master's level clinicians, but are not Medicaid covered today:

- school psychologists
- school counselors
- some school social workers
- some speech therapists
- school behavior analysts

There is currently no reimbursement path for schools today to these Medicaid-covered services:

- Health screenings
- Medical evaluations/school physicals
- Prevention services
- Applied Behavior Analysis / Behavior Interventions
- Specialized transportation services

Assessment Findings (4)

- Medicaid Administrative Claiming is the **easiest program to participate in.**
 - **73%** of survey respondents indicated the random moment time study is “**somewhat**” or “**extremely**” easy.
- School services extend beyond students with IEPs, particularly with mental health and nursing services, including addressing:
 - Anxiety, depression, and/or other mental health issues.
 - Asthma, diabetes, and other chronic conditions.
 - Coordination of care/case management and services with community and school providers.
 - Early identification of health issues through routine screenings and/or monitoring of student health.
 - Specialized transportation needs.

Preliminary Recommendations

Focus Areas of Preliminary Recommendations

1. Expansion of Medicaid covered services
2. Expansion of Medicaid qualified providers
3. Program simplification and easing of administrative burdens.
4. Development of training, outreach, and LEA resources.
5. Gradual transition/implementation of new program.

Preliminary Recommendation

Focus Area 1: Expansion of Covered Students and Services

Schools provide various physical and behavioral health care services to support student health today. Examples include:

- Prevention services
- Health screenings
- Chronic disease management
- Urgent/crisis care
- Unplanned physical and behavioral health interventions
- Applied Behavior Analysis services and behavior interventions
- Specialized transportation services
- Care coordination/case management, referrals and monitoring of health care services



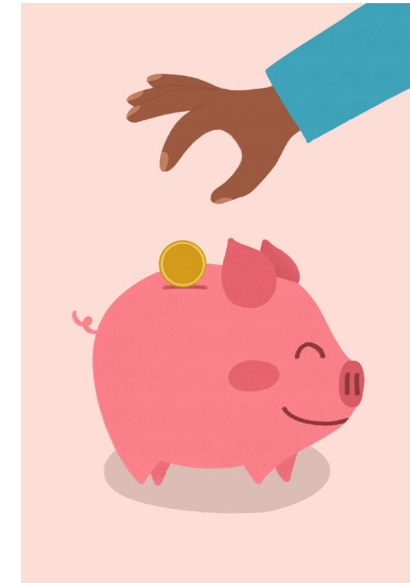
Preliminary Recommendation (2)

Focus Area 1: Expansion of Covered Students and Services

- The federal Medicaid program matches state and local education expenditures supporting student health.
- Currently this match is limited to services and students on an IEP.
- This recommendation enables access to federal Medicaid dollars to match state and local expenditures for all student health services.



Note: *These recommendations give schools more options, but it remains a school district decision to seek reimbursement for additional services.*



Focus Area 1: Expansion of Covered Students and Services

- What concerns do you have or feedback you'd like to share about the expansion of covered students and services to extend beyond special education?
- What considerations and additional resources would be required to support this recommendation?
- Are there any procedural, operational, and/or regulatory changes needed to implement these recommendations, (e.g., scope of practice, standing orders, regulations, etc.)?

Preliminary Recommendation

Focus Area 2: Expansion of Medicaid-Qualified Providers

- Extend Medicaid coverage to include OSPI licensed Educational Staff Associates and master's level clinicians, such as:
 - school psychologists,
 - school counselors,
 - school social workers
 - some speech therapists
 - school behavioral analysts
- Allow Behavior Analysts and technicians to be qualified providers for ABA therapy services/interventions.

Focus Area 2: Expansion of Medicaid-Qualified Providers

- What concerns do you have about extending Medicaid coverage to additional school staff?
- What considerations and additional resources would be required to support this recommendation?
- Are there any procedural, operational, and/or regulatory changes needed to implement these recommendations, (e.g., scope of practice, standing orders, regulations, etc.)?



Note: *These recommendations give schools more options, but it remains a school district decision to seek reimbursement for additional services and providers.*

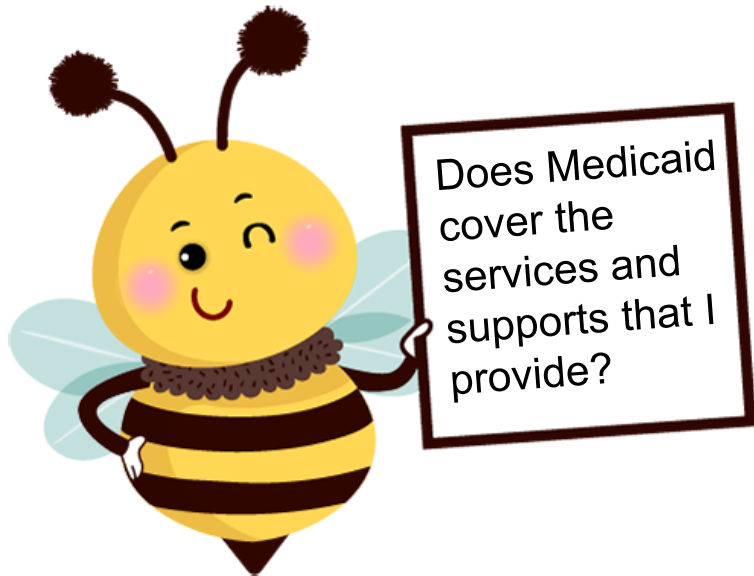
Preliminary Recommendation

Focus Area 3: Simplification of Program Administration and Participation Requirements

- Create a comprehensive school-based Medicaid reimbursement program for school districts and ESDs, carved out of managed care contracts.
- Extend the Random Moment Time Study utilized for the Medicaid Administrative Claiming program to include additional providers.
- Align documentation requirements with each provider type's practice standards.
- Develop a cost-based reimbursement program to maximize federal reimbursement allowable, based on their actual incurred costs.

One Medicaid Reimbursement Program

Simplify coverage of all services in schools into one program



School-Based
Practitioners

Type of Service/ Support	Reimbursement Option	Requirements
Health-related services per student's IEP	Medicaid in Schools Program	<ul style="list-style-type: none"> • Provider One enrollment process • Single set of payer billing requirements • No service pre-authorizations • Medical necessity requirements aligned to a school setting • Comprehensive Random Moment Time Study • Cost reports
Health-related interventions – non- IEP		
Case management, care coordination, service planning		

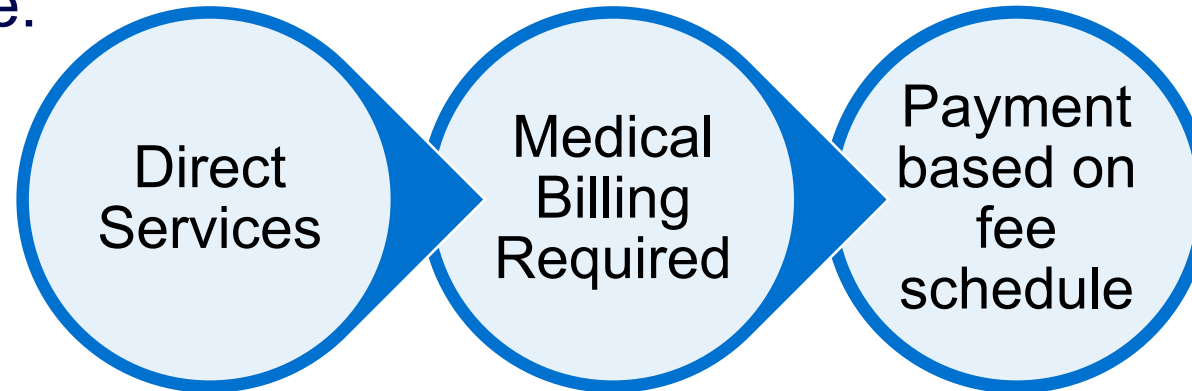
Random Moment Time Study

Accurately captures the time by school providers providing services and supporting and ensuring access to health-related services:



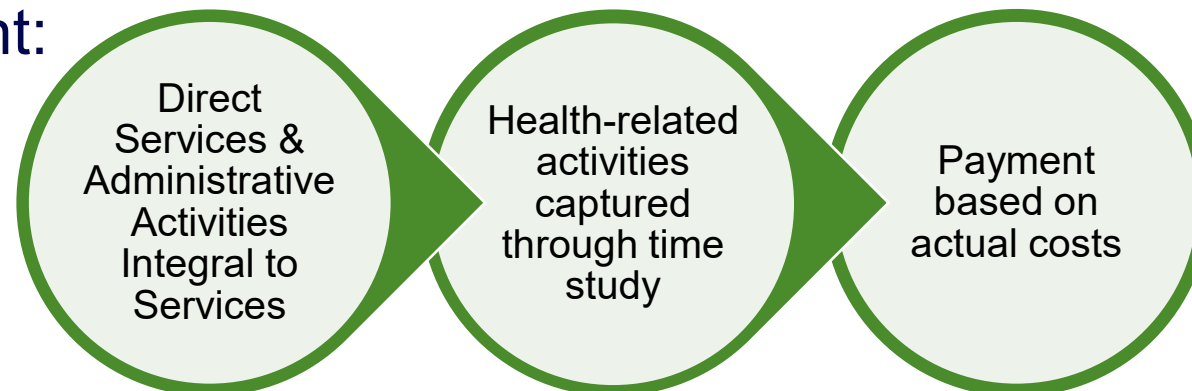
Reimbursement Models

Fee-for-Service:



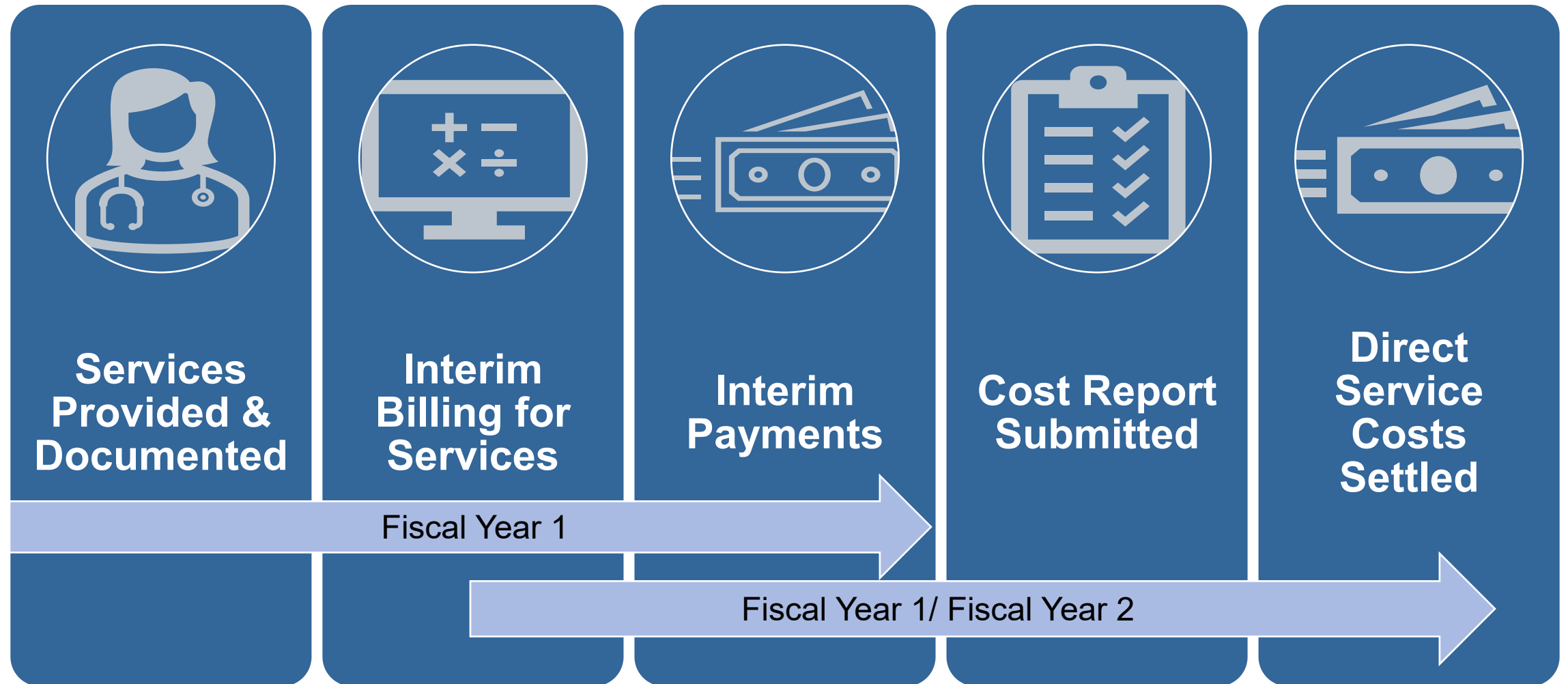
- Focus and burden on billing
- Fees may not accurately reflect LEA's costs

Cost-Based Reimbursement:

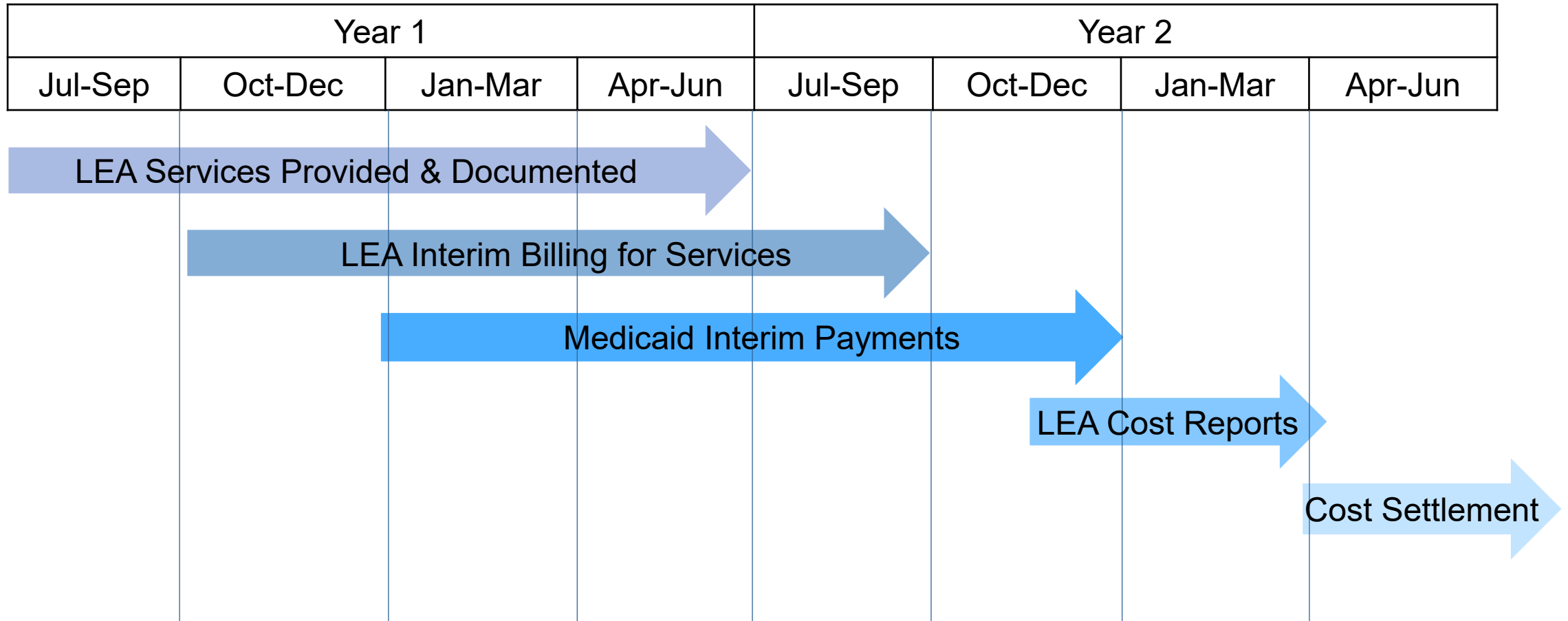


- Captures full array of health-related services and supports
- Reimbursement based on LEA's actual costs

Reimbursement Cycle in Cost Model

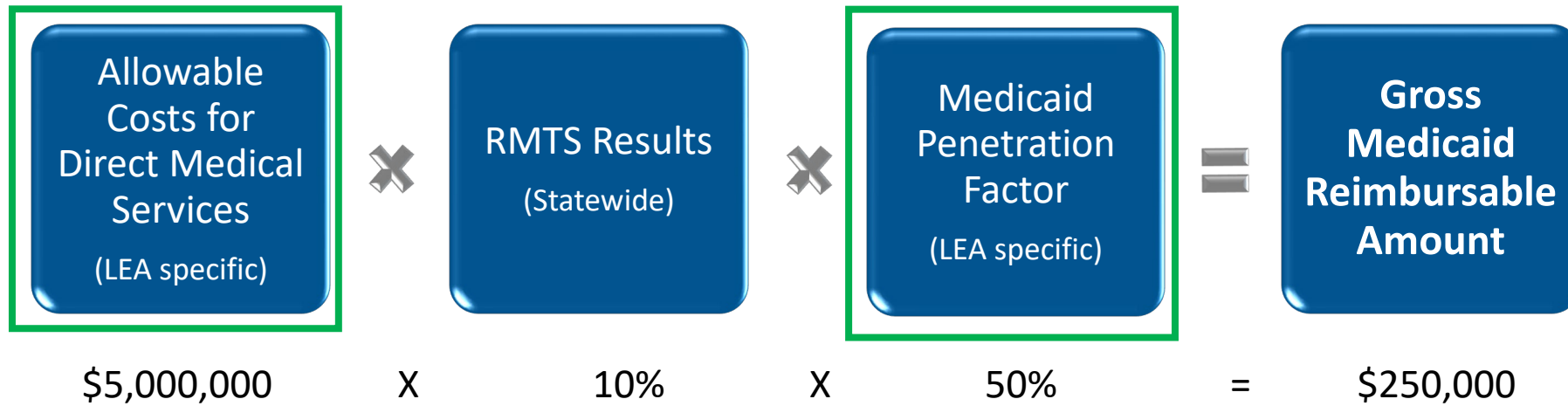


Reimbursement Cycle in Cost Model (2)

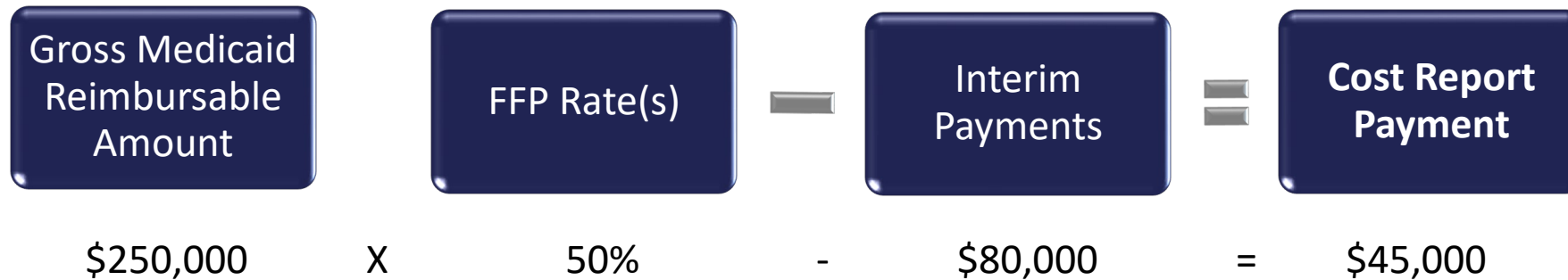


Cost Settlement

Cost-Based Reimbursement Methodology:



Cost Settlement:



Cost-Based Reimbursement Advantages

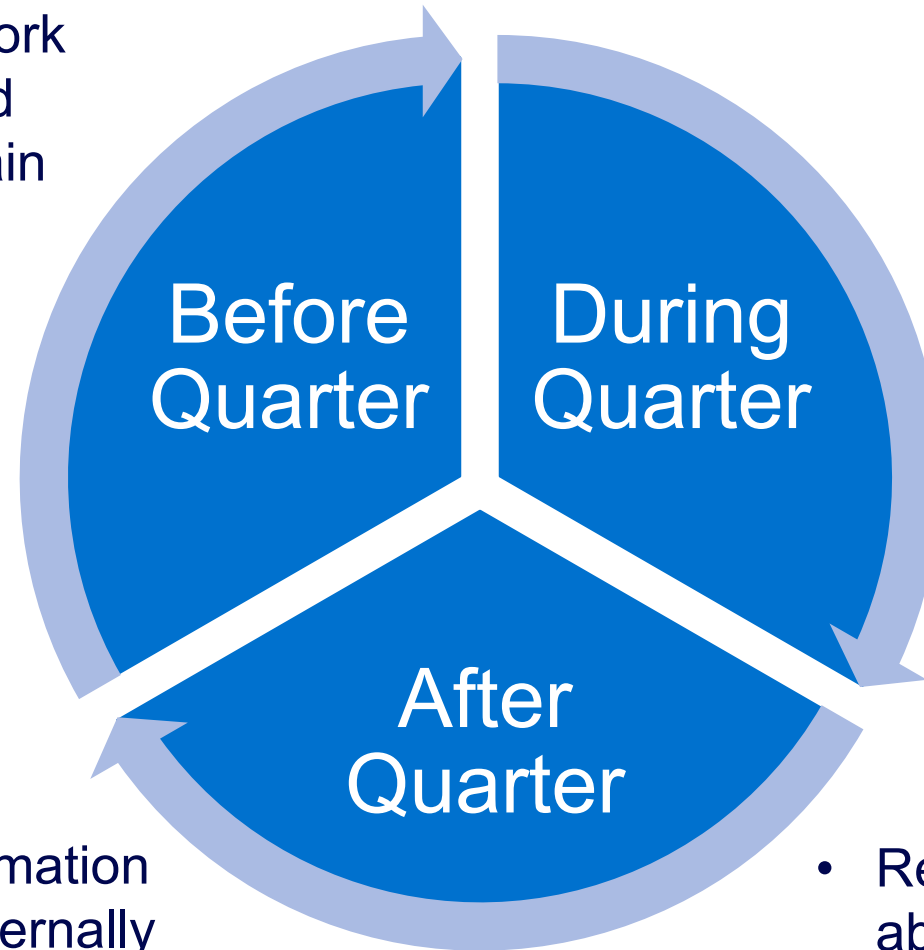
- Elimination of Intergovernmental Transfers between LEA and HCA
- Simplified financial reporting.
- Each school district's and ESD's reimbursement is based on your actual incurred costs and the percentage of your student population that is enrolled in Medicaid.
- This model takes the pressure off staff to “bill” for every service and prioritizes:
 - Answering randomly assigned moments accurately.
 - Ensuring requirements are met for service documentation – aligned to practice standards and school policy.
 - Reimbursement for all activities staff perform to support student health, many of which do not require “interim billing.”

RMTS Administrative Support

- Update staff lists & work schedules, as needed
- Communicate and train staff



- Share final information with finance / internally for cost reporting



- Monitor participation
- Communicate and train staff, as needed
- Report information about staff leave time, terminations, as needed

- Report final information about staff leave time, terminations

Focus Area 3: Simplification of Program Administration and Participation Requirements

- What questions or concerns do you have about the consolidation of Medicaid reimbursement processes for schools under one program?
- What concerns do you have about the carving out of school-based services from managed care?
- What specific concerns or questions do you have about a cost-based reimbursement model that uses a Random Moment Time Study?

Preliminary Recommendation

Focus Area 4: Training, Outreach, and LEA Support

- Develop Medicaid program engagement and training strategy, which includes:
 - Active involvement from OSPI in outreach, training, and support,
 - Development of Medicaid-focused professional learning communities,
 - Alignment of Medicaid billing with existing frameworks for identifying and addressing student health needs, (e.g., Child Find, Case Management, and the Multi-Tiered Systems of Support model).
- Develop recommendations to address school infrastructure needs around health service delivery documentation systems and Medicaid billing.

Focus Area 4: Training, Outreach, and LEA Support

- What training and outreach should be prioritized?
- What type of training forum(s) would have the most meaningful impact to school districts, school-based providers, and those responsible for administrative support for the program?
- What are some immediate questions or concerns that should be considered in infrastructure support/recommendations?

Preliminary Recommendations

Focus Area 5: Phased Approach to New SBS Program Design

- LEAs can participate in the current Medicaid Administrative Claiming program.
 - Training and onboarding in Random Moment Time Study process.
 - Familiarity with financial reporting requirements.
 - Realization of incremental revenue for administrative activities performed.
- Assess financial impact on potential program changes.
- Provide additional feedback and considerations for new program.

Focus Area 5: Phased Approach to New SBS Program Design

- How do you prefer to engage in collaboration around program requirements and implementation planning?
- Would collaboration with the following associations be an effective way to design helpful resources to support training or information sharing on Medicaid reimbursement requirements?
 - Office of Superintendent of Public Instruction (OSPI)
 - Create a Medicaid in Schools Coordinators professional learning community to share information, best practices, successful methods/tools, etc.

Next Steps

New Medicaid in Schools Program Design Requirements

- Post Engagement Session Survey
- Finalize community engagement session feedback
- Finalize program design recommendations
- Prepare requirements for state legislative and/or federal approval
- Implementation planning

For more information

On Program Recommendations, contact
HCASBS@hca.wa.gov

On Medicaid Administrative Claiming Program enrollment,
contact MAC@hca.wa.gov

Website:

<https://www.hca.wa.gov/billers-providers-partners/program-information-providers/school-based-services>

School-based services

Information and resources for health care services provided in the public school setting, including public school district Medicaid Administrative Claiming, public school-based health care services, and public schools contracting with managed care organizations.

On this page

- About school-based services
- Public school districts Medicaid Administrative Claiming
- School-based health care services
- Schools contracting with managed care organizations
- Division of Behavioral Health and Recovery (DBHR) school-based programs

The Office of Superintendent of Public Instruction (OSPI) is the primary agency charged with overseeing public K-12 education in Washington state. Working with the state's 295 public school districts, charter schools, and 6 state-tribal education compact schools, OSPI allocates funding and provides tools, resources, and technical assistance so every student in Washington is provided a high-quality public education.

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