### Community Engagement Session Students & Families

### Medicaid in Schools (Apple Health): Recommendations

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#### In partnership with:

Washington State Health Care Authority



Washington Office of Superintendent of **PUBLIC INSTRUCTION** 





### Agenda

- Medicaid In Schools Workgroup
- Medicaid in Schools Current Program Overview
- Review and Discussion of Preliminary Recommendations
- Program Changes Impact
- Next steps





Purpose: A cross-agency workgroup to identify barriers, propose solutions, and ensure WA's compliance with new CMS guidance.

- Representatives from state, local, community and legislative partners
- Improve student access to physical and behavioral health care services in the school setting without limitation of an Individualized Education Plan (IEP)
- Leverage new CMS Guidance to explore new opportunities that alleviate administrative burden
- Support school districts with tools, training and infrastructure to sustain critical funding for services provided.

### Medicaid In Schools Current Program



### Why Does Medicaid in Schools Program Matter?

- 1. Schools are a key service provider
- 2. School Based Health Services improve academic outcomes
- 3. Schools provide many critical services that extend beyond the IEP, including mental health and nursing services.
- 4. In addition, school-based health staff engage in indirect services that support access to Medicaid coverage and other services.
- 5. Medicaid is a critical funding source and supports sustainability of services in schools.

## Medicaid In Schools Current Program (2) for Health



#	Program Name	Services Covered	Current Participation	Current Medicaid Funding (FY23)
1	School Based Health Services	Health-related services per student's IEP	138 (or 42%) of 328 districts/ESDs	\$12.7M
2	Managed Care Organization (MCO) Plans	Health-related Services interventions – non-IEP	4 (or 1%) of 328 districts/ESDs	Not Available
3	Medicaid Administrative Claiming Program	Case management, care coordination, service planning	46 (or 14%) of the 328 districts/ESDs	\$2.5M

#### **NOTE:** No Tribal Education Compact Schools or Charter Public Schools participate today

### **Preliminary Recommendations**



**Focus Areas of Preliminary Recommendations** 

- 1. Expand Medicaid covered services
- 2. Extend Medicaid coverage for additional qualified providers
- 3. Streamline options for school districts to seek reimbursement
- 4. Provide training and technical assistance

### **Proposed Covered Services**



Service	Current Coverage	Proposed Coverage
Applied Behavior Analysis Services	Limited coverage – Per IEP only	Full Coverage
Assistive Technology		New Coverage
Audiology	Limited coverage – Per IEP only	Full Coverage
Behavioral Health Services	Limited coverage – Per IEP only	Full Coverage
Case Management	Limited coverage	Full Coverage
Nursing & Personal Care Services	Limited coverage – Per IEP only	Full Coverage
Nutrition Services		New Coverage
Occupational, Physical & Speech Therapy	Limited coverage – Per IEP only	Full Coverage
Prevention Services		New Coverage
Specialized Transportation		New Coverage
Substance Use Services		New Coverage
Vision Services		New Coverage

## **Proposed Covered Providers**



Provider	Current Coverage	Proposed Coverage
Audiologists	√	√
<b>Board/OSPI Certified Behavioral Analysts</b>		√
Licensed Mental Health Counselors, Associates, Psychologists and Social Workers	√ (limited)	~
<b>OSPI Certificated</b> Mental Health Counselors, Associates, Psychologists and Social Workers		√
School Nurses (RN, APRN, LPN)	🖌 (limited)	√
Occupational Therapists & Assistants	√	√
Physical Therapists & Assistants	- ✓	√
Speech Language Pathologists & Assistants	√	√
OSPI Certificated Speech Therapist		√
Paraprofessionals practicing under supervision of licensed provider	√	√

## **Proposed Changes Impact**



### **No Changes to Parental Consent Requirements**



 Parental Consent is required for school districts to seek reimbursement from the student's Medicaid health insurance.

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• The school district will provide a consent form, allowing the parent to make the choice to authorize Medicaid billing.



• A parent can withdraw consent at any time, and their decision will not impact their child's entitlement to services under the Individuals with Disabilities Education Act (IDEA).



### No Changes to Confidentiality of Student Health Information

FERPA and HIPAA laws determine who can access student health information:

- With the parent's Medicaid billing consent, the Medicaid Agency can request access to view Medicaid related health records.
- Only school personnel who have "legitimate educational interests" can access a student's health records.

### Proposed Changes Impact (3)



### **No Changes to Access to Services**

#### **School Services**

A parent's decision regarding consent for Medicaid billing will not impact their child's entitlement to services.

There are no out-of-pocket costs for school-provided services.

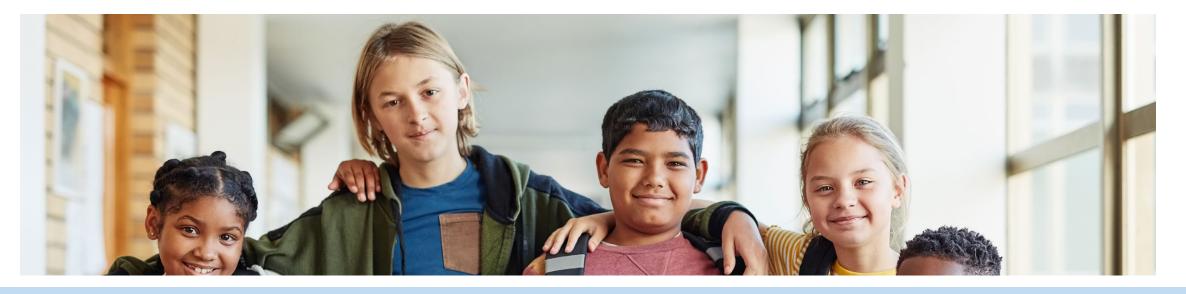


#### **Apple Health Benefits**

School services have no impact to Medicaid benefits outside of school.

## Key Takeaways





- Children and youth receive essential services directly in school.
- The availability of these services helps eliminate barriers to care.
- School-based Medicaid reimbursement provides funding to support services that are already being delivered in schools today.
- **Our goal:** optimize resources by utilizing federal Medicaid funds to sustain schools' ability to provide comprehensive educational services.

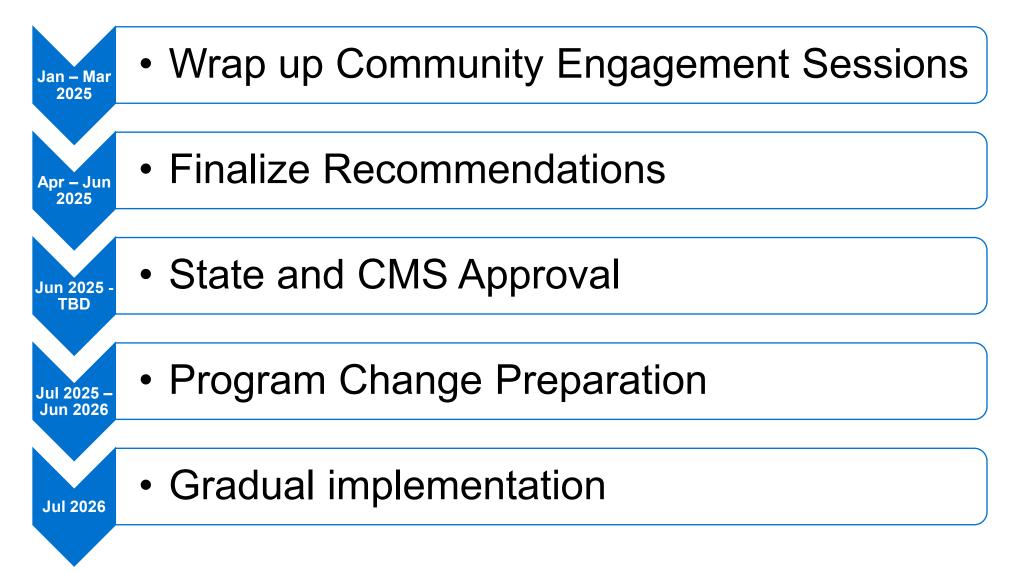


# Discussion

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### For more information



#### On Program Recommendations, contact <u>HCASBS@hca.wa.gov</u>

#### 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)  $\[Column]$  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.

Learn more about Washington school districts 🔼

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Website:

https://www.hca.wa.gov/billers-

providers-partners/program-

information-providers/school-based-

services



- Medicaid: Health coverage/insurance also know as Apple Health in Washington State
- CMS: Centers for Medicare and Medicaid
- IEP: Individualized Education Plan (IEP)
- **Billing**: Submission of medical service claims to Medicaid/Apple Health for reimbursement, often referred to as Fee-for-Service (FFS)
- **Reimbursement**: Payment of medical service claims or eligible health care costs.



# Glossary (2)

• Managed Care Organization (MCO): Private insurance coverage for eligible Apple Health members focused on integrated care with goal to reduce costs and improve quality of care.

