

# Community Engagement Session Special Education Related Services

## Medicaid in Schools: Recommendations

**Presented by:**

Rosemarie Bonaventura  
Emily Hall

**In partnership with:**

Washington State  
Health Care Authority



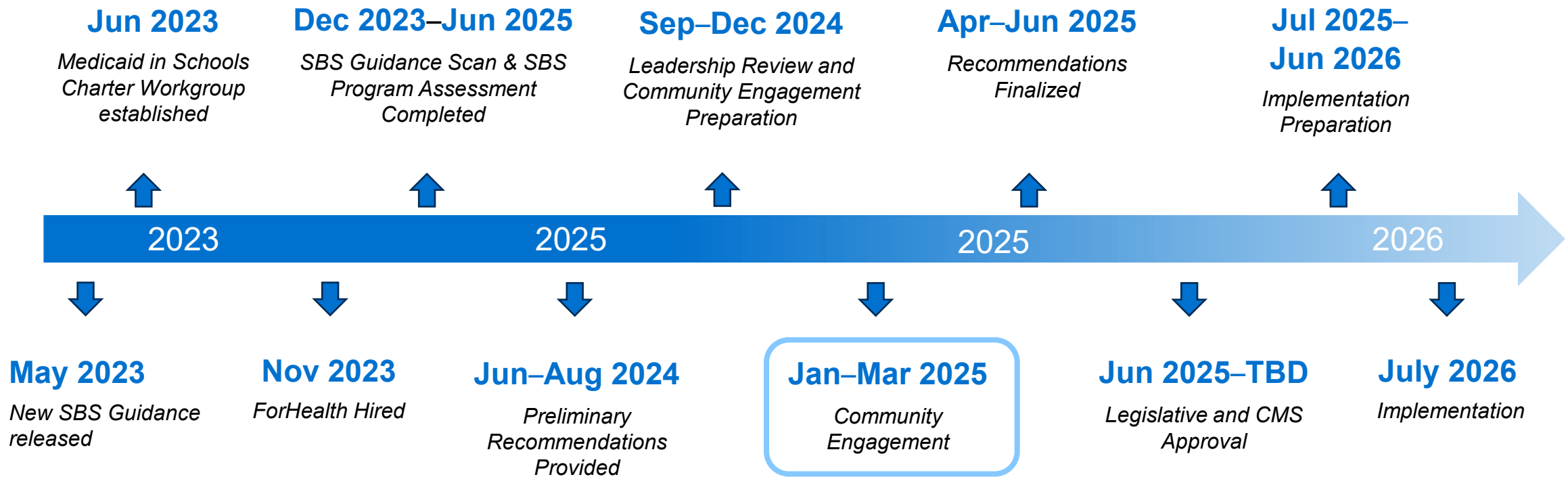
Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

January 21, 2025

# Agenda

- Medicaid in Schools charter workgroup status
- Review of program assessment findings
- Discussion of preliminary recommendations impacting Occupational Therapy, Physical Therapy, Audiology, Speech-Language Pathology and School Psychology and Board-Certified Behavior Analysts services
- Next steps

# Medicaid in Schools Charter Status



**CMS Compliance Deadline – July 1, 2026**

# Assessment Findings

## SPED Related services billed (2022-2023):

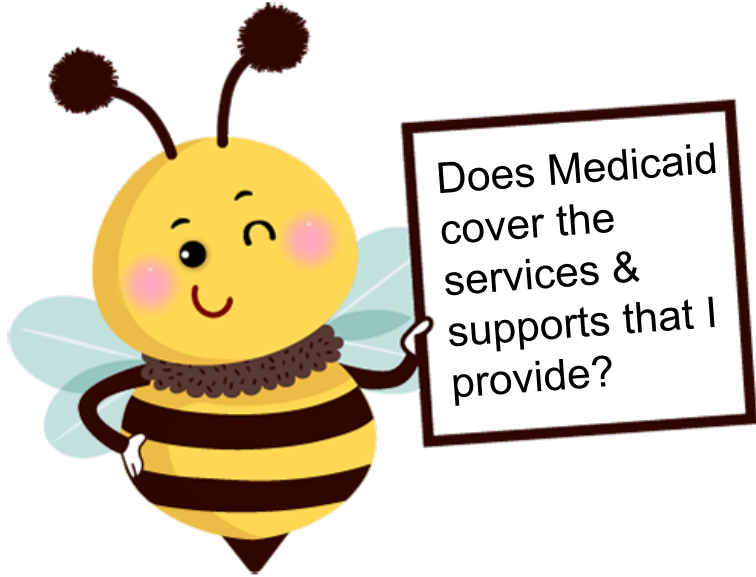
- 115 LEAs/ESDs billed Medicaid for Occupational Therapy services provided to 7,783 students
- 86 LEA/ESDs billed Medicaid for Physical Therapy services provided to 2,559 students
- 110 LEA/ESDs billed Medicaid for Speech Therapy/Audiology services provided to 19,142 students
- 4 LEAs billed Medicaid for Behavioral Health services provided to 41 students

## The most frequent barriers to participation by school district survey:

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

# Assessment Findings (2)

The three-pronged reimbursement program discourages LEA participation.



School-based related service providers

Type of Service/ Support	Reimbursement Option	Requirements
Covered service per student's IEP	School Based Health Services Program	<ul style="list-style-type: none"> <li>• Provider One enrollment</li> <li>• Billing codes &amp; process</li> <li>• Documentation requirements</li> </ul>
Screenings & Evaluations that do not result in an IEP, 504 plan services, and other non-IEP services & supports	Managed Care Plans	<ul style="list-style-type: none"> <li>• Managed Care Organization enrollment (5 plans)</li> <li>• Multiple Billing and Payer Requirements</li> <li>• Various Documentation and service authorization requirements</li> </ul>
Case management, care coordination, health-related planning	Medicaid Administrative Claiming Program	<ul style="list-style-type: none"> <li>• Medicaid Administrative Claiming enrollment</li> <li>• Random Moment Time Study Participation</li> </ul>

# Assessment Findings (3)

- 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-based health professionals, including OTs, PTs, SLPs, Audiologists, school behavioral analysts and psychologists address many essential health conditions for their students with or without IEPs, including:
  - coordination of care/case management and services with community providers, parents/guardians, and school staff.
  - early identification of health/developmental issues through screenings and monitoring student behavioral health.
  - Skilled interventions designed to support students with developmental and/or mental/behavioral issues

# Preliminary Recommendations

## Focus Areas of Preliminary Recommendations

1. Expansion of Medicaid-coverage for school-based health-related services.
2. Expansion/simplification of requirements for healthcare staff to be considered Medicaid-qualified providers for the school setting.
3. Overall program simplification and easing of administrative burdens.
4. Develop training, outreach and LEA resources to support program changes.
5. Plans for a gradual transition / implementation of new program.

# Preliminary Recommendation

## Focus Area 1: Expansion of Covered Students and Services

- Expansion of coverage for services performed by school health-related staff to any Medicaid-enrolled student, unrelated to an IEP, but within the scope of each provider's practice standards.
  - Screenings, assessments, and evaluations, including child find activities, regardless of the outcome.
  - Orientation & Mobility services .
  - Services for students on a Section 504 plan, or other care/treatment plans.
  - Short-term and prevention services, prior to evaluation or referral.
  - Medicaid administrative activity services such as care coordination/case management, referrals and monitoring of health care services.



## Focus Area 1: Expansion of Covered Students and Services

- What concerns do you have about the expansion of covered students and/or services performed by school health-related staff?
- What considerations and additional resources would be required to support this recommendation?
- What, if any, procedural, operational, and/or regulatory changes are needed to implement these recommendations (e.g., scope of practice, 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 speech therapists and school behavioral analysts, psychologists, counselors, and social workers.
- Review the range of services and supports provided by trained paraprofessionals or teachers as directed by the treatment/intervention plan prepared by licensed OT, PT or SLP.

## Focus Area 2: Expansion of Medicaid-Qualified Providers

- What concerns do you have about the extension of school providers covered under Medicaid?
- What considerations and additional resources would be required to support this recommendation?
- What, if any, procedural, operational, and/or regulatory changes are needed to implement these recommendations (e.g., scope of practice, regulations, etc.)?

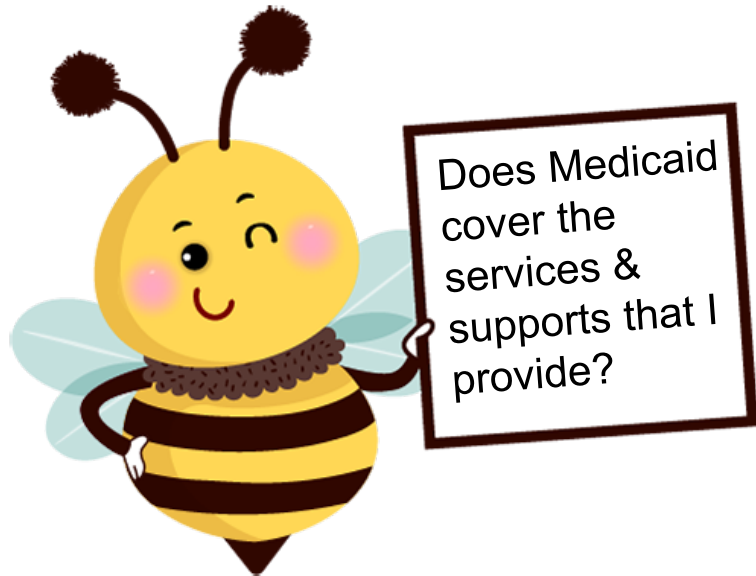
# Preliminary Recommendation

## Focus Area 3: Simplification of Program Administration and Participation Requirements

- Create a comprehensive school-based Medicaid reimbursement program for school districts and ESDs.
- Extend the Random Moment Time Study utilized for the Medicaid Administrative Claiming program to include additional providers.
- Align documentation requirements with practice standards for each provider type.
- 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 Special  
Education Related  
Services Staff

Type of Service/ Support	Reimbursement Option	Requirements
Covered services per student's IEP	Medicaid in Schools Program	<ul style="list-style-type: none"> <li>• LEA Provider One enrollment process</li> <li>• Single set of payer billing requirements</li> <li>• No service pre-authorizations</li> <li>• Medical Necessity requirements aligned to school setting</li> <li>• Comprehensive RMTS</li> <li>• Cost Reports</li> </ul>
Screenings & Evaluations that do not result in an IEP, 504 plan services, and other non-IEP services & supports		
Case management, care coordination, Health-related service planning		

# Random Moment Time Study

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

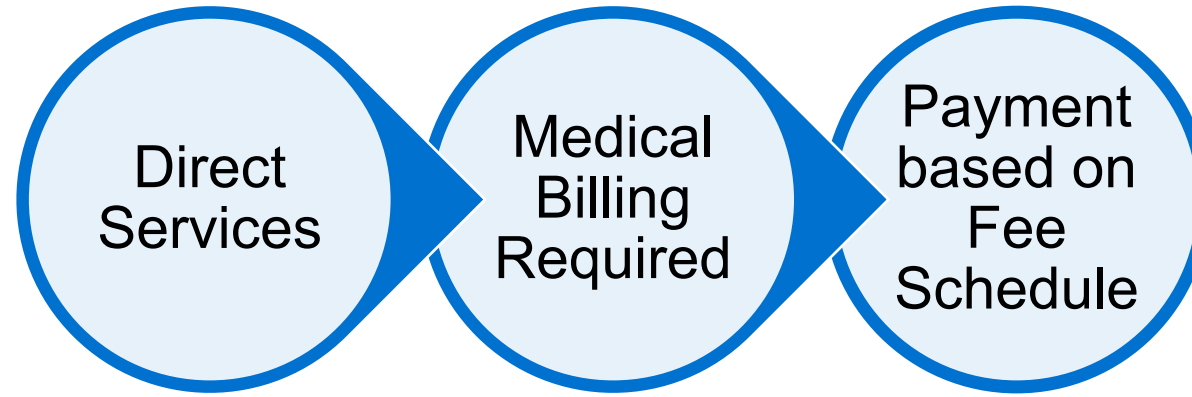
The word cloud features the following terms in various colors and orientations:

- Documentation (green)
- Arranging (blue)
- Transportation (blue)
- Outreach (purple)
- Access (blue)
- Connecting (teal)
- Care Planning (yellow)
- Referring (orange)
- Informing (blue)
- Service Delivery (blue)
- Interpretation or Translation (blue)
- Collaborating (blue)
- Program Planning (teal)
- Care Coordination (green)
- Linking (green)
- Follow-up (purple)
- Monitoring (green)
- Prep for Service Delivery (yellow)



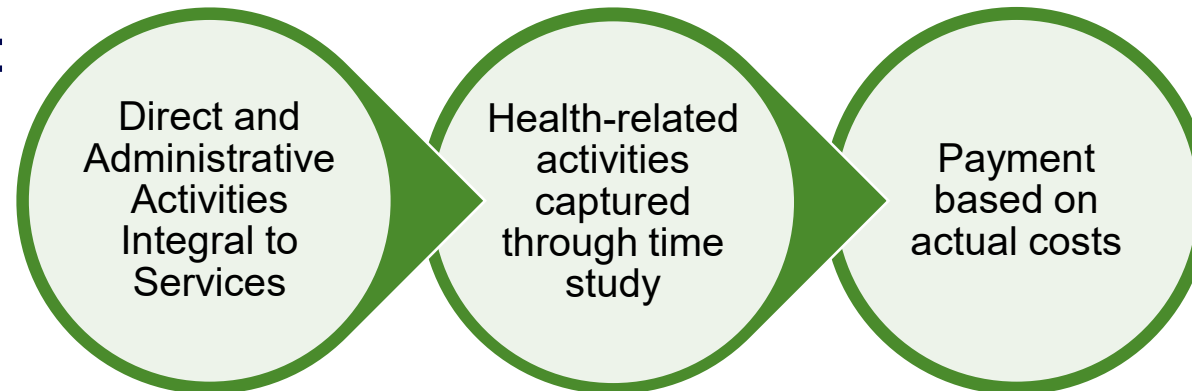
# Reimbursement Models

## Fee-for-Service:



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

## Cost-Based Reimbursement:



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

# Cost-Based Reimbursement Model

- Simplified financial reporting
- School Business/Finance staff complete cost reports
- This model takes the pressure off “billing” 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 “billing.”



## 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 participation in 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 health infrastructure needs that support documentation 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 support school healthcare staff and school districts in general?
- What are some immediate questions or concerns that should be considered in infrastructure support/recommendations?

# Preliminary Recommendations

## Focus Area 5: Gradual transition/implementation of new program

- 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 school staff 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 and/or clinical documentation?
  - Washington Occupational Therapy Association,
  - American Physical Therapy Association, Washington
  - Washington Speech-Language-Hearing Association
  - Washington's School Counselor Association
  - Washington State Association of School Psychologists

## 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](mailto:HCASBS@hca.wa.gov)

On Medicaid Administrative Claiming Program enrollment, contact  
[MAC@hca.wa.gov](mailto:MAC@hca.wa.gov)

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