

Expansion of Medicaid Billing in Schools

Presented by Todd Slettvet, Health Care Authority

Agenda

- ▶ Overview of current Medicaid school-based opportunities
 - ▶ Tribal MAC
 - ▶ School Based Health Care Services (SBHS) program
 - ▶ Tribal Compact Schools
 - ▶ Billing
- ▶ CMS Grant Goals & Timeline
- ▶ Preliminary Recommendations
- ▶ Discussion & Feedback

Medicaid in Schools: Current Opportunities

Apple Health (Medicaid) currently pays for Medicaid-covered services provided in the school setting via multiple avenues:

SBHS Program

Fee-for-service reimbursement for Individualized Education Program (IEP) / Individualized Family Service Plan (IFSP) special education health-related services

More information can be found on the [HCA website](#).

School & Tribal MAC Program

Reimbursement to schools and federally-recognized Tribes for administrative activities like outreach, referring students/patients to healthcare services, care coordination and Medicaid application assistance activities, etc.

More info about participating in [MAC](#) can be found on the [HCA website](#) or by emailing mac@hca.wa.gov

Managed Care & Fee for Service

Reimbursement for physical and behavioral health services provided to any Medicaid-eligible student.

IHCPs can bill HCA/MCOs directly for services provided by their clinicians in school for Tribal FQHCs.

MAC programs for Tribal Governments

Washington State Federally Recognized Tribes

- ▶ Tribal clinics
- ▶ Eligible positions include but are not limited to billing and benefits specialists, mental health/chemical dependency professionals, health directors, case managers, nurses, community health representatives
- ▶ 12 Tribes currently participating

Reimbursable activities include:

- Provides partial reimbursement for the time the staff spend performing Medicaid administrative activities.
- Staff participate in a quarterly Random Moment Time Study to determine the amount of time they spend performing eligible activities.
- Some eligible activities include:
 - Assisting individuals in applying for or renewing Medicaid
 - Providing information, or explaining about the Medicaid program and covered services
 - Assisting individuals in accessing Medicaid covered services

Public School Districts

- ▶ Public, Charter and Tribal Schools
- ▶ Eligible positions include but are not limited to counselors, social workers, OT/PT, administrators, nurses and teachers
- ▶ 48 school districts currently participating, no Tribal schools

School Based Health Care Services (SBHS)

- ▶ Provides fee-for-service (FFS) reimbursement to contracted school districts, educational service districts, charter schools, and tribal schools for providing Medicaid covered services to Medicaid-eligible students
 - ▶ Currently no tribal schools are contracted
- ▶ Services must be included in the student's current and active individualized education program (IEP) or individualized family service plan (IFSP)
 - ▶ IFSP (ages birth to 3)
 - ▶ IEP (ages 3 through 20)
- ▶ Schools are required per IDEA to provide special education & related services to children with disabilities but participation in the SBHS program is optional
- ▶ Participation in SBHS does not impact services a child receives outside of school (i.e., through their Managed Care plan or private insurance)
- ▶ Contact Program Manager Katie Shaler at katie.shaler@hca.wa.gov for further SBHS program information.

CMS Grant Goals: Expansion of Medicaid and School Based Services

- ▶ \$500,000 Grant Year 1, \$1 million Grant Years 2 & 3; in partnership with OSPI
- ▶ Goals:
 - ▶ Improve & expand access to school-based primary care and behavioral health
 - ▶ Decrease administrative barriers for Tribal Compact Schools to bill for Medicaid/CHIP services
 - ▶ Improve student health and educational outcomes
- ▶ Currently holding engagement/feedback sessions:
 - ▶ School Districts & Educational Services Districts, Staff, Students & Families, Tribes, School Based Health Centers, and MCOs



Assessment Findings

- ▶ *ForHealth Consulting assessed HCA's current School-Based Services (SBS) program to determine the opportunities and compliance requirements available under CMS's new guidance on school-based services.*
- ▶ *The overarching findings were that:*
 - ▶ *The school-based services program is currently largely limited to special education students with an IEP*
 - ▶ *While schools can contract directly with MCOs for other services, the use of this option is minimal as schools find it burdensome*
 - ▶ *The Medicaid Administrative Claiming (MAC) program has no tribal school participation.*
 - ▶ *The SBHS program does not include children covered by CHIP*
 - ▶ *There are provider types certificated through OSPI who are not allowed to bill under current policy*
 - ▶ *There are additional services that could be covered*
 - ▶ *Survey respondents find the SBS programs burdensome*
 - ▶ *There are some areas of the MAC program that have a few compliance issues under the new guidance*

Preliminary Recommendations: Tribal Input Needed

► Focus Areas of Preliminary Recommendations

1. Program Simplification
2. Expansion of scope of Medicaid-covered school-based Behavioral and Physical Health services.
3. Expansion of qualified providers
4. Expansion of SBHS to CHIP enrollees
5. Increase tribal participation in school-based healthcare services
6. The MAC program & Random Moment Time Study (RMTS)

Focus Area 1: Program Simplification

Assessment

- ▶ Key program staff wanted a simplified, cohesive way to contract/enroll with Medicaid for all School-Based programs
- ▶ The MCO billing option for school-based services is overwhelmingly not used due to lack of knowledge about how to contract and bill for services and the process is burdensome
- ▶ Currently the program requires schools to identify and seek TPL, but new CMS guidance makes it possible for schools to bypass this task
- ▶ Some survey respondents felt that moving the SBHS program to an RMTS reimbursement approach would be the best option

Recommendations

- Carve out school-based Medicaid services from Managed Care
- Create one, comprehensive SBS reimbursement program for tribal schools
- Eliminate Third Party Liability (TPL) burden for tribal schools

Focus Area 2: Expansion of Covered Services

Assessment	Recommendations
<ul style="list-style-type: none">▶ Tribal Schools are a key provider of many services that are reimbursable under EPSDT (Early and Periodic Screening, Diagnostic and Treatment benefit for children under age 21), but are not being reimbursed today▶ Services in the SBHS program must be part of the IEP, but many other Medicaid-covered services are provided by schools that are unrelated to a student's educational disability▶ Dental screening and prevention services, orientation and mobility services, targeted case management, and specialized transportation are not covered today, and ABA and personal care is only covered through the MCO program	<ul style="list-style-type: none">• Fully expand the services that are covered when provided by a tribal school• Provide reimbursement for all EPSDT services, including prevention services, health screenings and appropriate Child Find screenings and assessments• Provide reimbursement for specialized transportation as a service• Provide reimbursement for preventive dental services• Provide reimbursement for Targeted Case Management (TCM) services• Provide reimbursement for school-based Applied Behavior Analysis and behavior interventions

Focus Area 3: Expansion of Qualified Providers

Assessment

- There are key provider types, such as school psychologists, school counselors, some school social workers, and some speech therapists, that have certifications to work in schools through OSPI but do not meet current Medicaid provider qualifications for the SBHS program today. The new CMS guidance allows for providers who are certified by OSPI to meet Medicaid qualifications.

Recommendations

- Expand the types of SBS-qualified practitioners to include master's level providers who hold OSPI ESA certification exclusively for the school setting to include:
 - Orientation and Mobility specialists
 - Expansion and clarification of services that can be provided by unlicensed school staff under the supervision of a Licensed Provider
 - School Nurses (RN & LPN) and expansion of qualified care to include skilled nursing interventions unrelated to an IEP, but within the scope of school nursing practice standards

Focus Area 4: Expansion of SBHS to CHIP Enrollees

Assessment

- ▶ Today, children with CHIP coverage are not included in the SBHS program. Medicaid reimburses CHIP at higher federal financial participation rates than Medicaid, meaning that the state is leaving even more federal funding on the table for these students.

Recommendations

- The SBHS program should include CHIP enrollees.

Focus Area 5: Training, Outreach & LEA Support

Assessment	Recommendations
<ul style="list-style-type: none">▶ In survey responses, there were many requests for additional training and outreach to schools on the SBS program▶ Proposed changes to School-Based Services should include training and outreach as key components	<ul style="list-style-type: none">• Increase active involvement in LEA training and support from OSPI• Develop an SBS program promotion strategy• Develop professional learning communities (PLCs)• Evaluate options for statewide SBS Electronic Health Records (EHR)• Evaluate options for statewide medical billing solution, clearinghouse or alternative reimbursement process that eliminates traditional “medical billing” claims• Support, promote and align the Multi-Tiered Systems of Supports (MTSS) model for SBS services

Focus Area 6: MAC Program & Random Moment Time Study (RMTS)

Assessment

- ▶ There are some compliance issues with the current RMTS process
- ▶ Some tasks required to participate in the MAC program are considered burdensome or intrusive by survey respondents
- ▶ Find ways to simplify the administration of the program more efficiently for the LEAs
- ▶ More education and training could encourage more participation

Recommendations

- Create one, comprehensive SBS reimbursement program for LEAs
- Random Moment Time Study (RMTS) compliance requirements to address:
 - Update current RMTS response window
 - Annually, conduct RMTS in Q1
 - Clarify referral activities requirements with CMS
 - Ensure only staff performing MAC activities are included as participants
- Evaluate staff pool groupings
- Evaluate and re-design the questions asked and pre-defined answer options
- Evaluate cost pool sample sizes (number of moments)



Discussion

- ▶ What challenges do tribes have accessing Medicaid services for students?
 - ▶ What physical or mental health service gaps do you see for students?
 - ▶ What questions do you have about the current Medicaid programs?
 - ▶ What feedback do you have about the current Medicaid programs?
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Next Steps

**New Medicaid in Schools
Program Design**

Finalize community engagement
session feedback

Finalize program design
recommendations

Prepare requirements for state
legislative and/or federal approval

Implementation planning

For More Information & Follow-Up

For Program Recommendations, Feedback or Questions, contact HCASBS@hca.wa.gov

Subscribe to email updates related to this work [here](#)

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

For updates and additional program information visit our [website](#)

Questions from Listening Session

- ▶ Is Speech Therapy covered in the current program?
 - ▶ Yes, Speech Therapy is reimbursable via SBHS if it is in the student's IEP or IFSP
- ▶ Outside of SBHS, can a doctor or dentist or other provider go to a school (location 03) and provide a service? Is that different from this program?
 - ▶ Yes, external providers can, and should, deliver services at a school location if it is needed. And yes, that is different from this program. This program reimburses schools directly for services their employees provide, not community providers.
- ▶ We have an MOA with a local school, and we provide services on site. Will that change? Will there be fewer referrals to outside providers?
 - ▶ There should be nothing changing if a school has a partnership with an outside provider, and that is working well. Some schools have their own licensed staff who provide services, others partner with outside organizations to deliver services. Our program would allow for schools to directly bill for services their employed staff provide. We do not intend to duplicate or replace services provided by community organizations.

Feedback from Listening Session

- ▶ Ensuring that students who participate in a fee-for-service program are not automatically enrolled in a Managed Care Plan if this is not what they want. This needs to be built into training as part of the implementation plan.
- ▶ Concerned about changes in referrals back to individuals culturally based service to their Indian Health Care Provider. Ensure that this program stress the importance of access to culturally relevant services and appropriate referrals and coordination with IHCPs.
- ▶ Consent is currently a challenge for students 13 and older, who may not want their guardian to know they are accessing services. Consideration for FERPA and HIPAA around authorizations and confidentiality for the student is necessary.
- ▶ As an MCO, I am interested to learn how this will differ from our operations, as well as plans for data integration and sharing to support comprehensive care.
- ▶ Build in technical assistance to leverage both school-based services program and services provided by an IHCP in the school.