


Updated Centers for Medicare & Medicaid Services (CMS) Guidance: How Medicaid and 'Free Care' Could Fund Your School-Based Health Center

National School-Based Health Care Conference


July 2024

1

weitzman  **institute** inspiring primary care innovation

CME and CE Information

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.


 **JOINTLY ACCREDITED PROVIDER™**
INTERPROFESSIONAL CONTINUING EDUCATION

Through Joint Accreditation, credits are also available under the following bodies:

- American Academy of PAs (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- Commission on Dietetic Registration (CDR)

The Weitzman Institute was founded by **Community Health Centers, Inc.** and is part of the **MOSES/WEITZMAN Health System**. weitzmaninstitute.org

2

weitzman  **institute** inspiring primary care innovation

Financial Disclosures

- With respect to the following presentation, there have been no relevant (direct or indirect) financial relationship between the presenters/activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenters and may not reflect official policy of Moses/Weitzman Health System, Inc. or its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

3

Interactive Instructions

1. Join at **menti.com** and use the access code: **7863 3712**
2. You will see a screen that will state that the question needs to be activated
3. Once the question is activated, you will have an opportunity to respond
4. Your answer will be anonymous!
5. The results will be shared once all responses are received

4

Speaker Introduction



Kyrstyn Paulat
Senior Consultant at Public Consulting Group



Jennifer Pham
Consultant at Public Consulting Group



Olga Gintchin
School Health Services Program Administrator at the Colorado Department of Health Care Policy & Financing



Michael McCoy
School Medicaid Program Coordinator at Jefferson County Public Schools

5

Acronyms A - H

Acronym	Full Names
ADHD	Attention Deficit Hyperactivity Disorder
AED	Automated External Defibrillator
CPR	Cardiopulmonary Resuscitation
CDE	Colorado Department of Education
CDPHE	Colorado Department of Public Health and Environment
CMS	Centers for Medicare & Medicaid Services
CPE	Certified Public Expenditure
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FAPE	Free and Appropriate Public Education
FERPA	Family Educational Rights and Privacy Act
FFS	Fee-For-Service
HCPF	Colorado Department of Health Care Policy & Financing
HIPAA	Health Insurance Portability and Accountability Act




6

Acronyms I - Z

Acronym	Full Names
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Services Plan
LEA	Local Education Agency
LSP	Local Services Plan
MAC	Medicaid Administrative Claiming
MER	Medicaid Enrollment Rate
NME	Neurosequential Model in Education
RMST	Random Moment Time Study
SBHC	School-Based Health Center
SHS	School Health Services
SPA	State Plan Amendment
STI	Sexually Transmitted Infection
SUD	Substance Use Disorder

7


Presentation Objectives

-  Gain a broad understanding of the school-based Medicaid program
-  Recognize the Medicaid expansion opportunity with Free Care
-  Learn to leverage partnerships with state contacts involved in your respective state school-based services Medicaid program

8

Agenda

- Welcome
- School-Based Services Overview
- Free Care Expansion
- Opportunities To Expand Access to School Health Services
- Assessing the Impact of Expansion – Colorado
- Spotlight – Jefferson County Public Schools
- Panel Discussion



9

Poll - Interactive Mentimeter

- Join at [menti.com](https://www.menti.com) and use the access code: **7863 3712**
- What role or agency type do you represent?

10

Poll - Interactive Mentimeter

- Join at [menti.com](https://www.menti.com) and use the access code: **7863 3712**
- What do you hope to get out of today's presentation?

11

School-Based Services Overview

12

Why Schools?


The school setting provides a unique opportunity to enroll eligible children in Medicaid and to provide needed healthcare services

- Initial identification and qualification of children
- Children who are already enrolled in Medicaid to access benefits eligible to them
- Even when appropriate healthcare exists in a community, many beneficiaries of public health care programs do not readily access primary and/or preventive services they or their children need
- No outside services to identify need and ensure service delivery

Medicaid offers reimbursement for the provision of covered medical services

- Cost of administrative services such as outreach which support the Medicaid program are also reimbursed
- Administrative outreach and care coordination in the schools help to overcome barriers to access

www.publicconsultinggroup.com



13

School-Based Services vs. School-Based Health Centers


School-Based Services

- The school provides a setting where eligible students receive medically necessary services as indicated in their Individualized Education Plan (IEP) other plan of care
- Individuals with Disabilities Education Act (IDEA) requires Local Education Agencies (LEAs) to provide students with disabilities a Free Appropriate Public Education (FAPE)
- 100% funded by Certified Public Expenditures (CPE) and reimbursed by Medicaid

School-Based Health Centers (SBHCs)

- An SBHC is a student-focused health center or clinic located:
 - At/near a school or schools
 - Organized through the school, community, and health provider relationships
 - Provides age-appropriate clinical health care, behavioral health, and/or dental care services on-site or through telehealth by qualified health professionals to the general student population
- Funded by grants, donations, Medicaid, CHP+, and private insurance

www.publicconsultinggroup.com




14

History of School-Based Services

- 1965** - Title XIX of the Social Security Act
 - Created Medicaid to provide insurance for people who otherwise would not have insurance, many of whom are children
- 1973** - Section 504 of the Rehabilitation Act
 - Requires local school districts to provide and pay for certain services to make education accessible to children with disabilities
- 1975** - IDEA
 - Ensures all children have a FAPE requiring special education and other services
- 1988** - Medicare Catastrophic Coverage Act
 - Authorized federal funding to provide medically necessary services to students per their IEP or Individualized Family Services Plan (IFSP)

www.publicconsultinggroup.com



15

Structure of Medicaid and Schools

Federal Government

- Centers for Medicare & Medicaid Services (CMS) is the federal Medicaid agency
- CMS established broad rules for states for certain conditions for school-based service to be reimbursable
- Federal law says state Medicaid agencies are responsible to pay for the direct services identified in the student's IEP/other plans of care and the administrative costs in support of the Medicaid State Plan


State Government

- State Medicaid agency administers school-based reimbursement programs
- Each state has its own State Plan that is approved and establishes exactly what services will be reimbursed, how, and what the requirements are
- State agencies work under Federal guidelines and provides oversight of the program
- Typically issues reimbursement to LEAs

LEAs

- An LEA supervises the provision of instruction or educational services to members of the community, also referred to as a school district
- The LEA must be authorized by the state as a qualified medical provider
- Incur costs for providing services to Medicaid-enrolled students
- Submits Medicaid claims for direct medical services
- Fulfill reporting requirements per the school-based Medicaid program
- Funds are recovered for services rendered to Medicaid-enrolled students

www.publicconsultinggroup.com

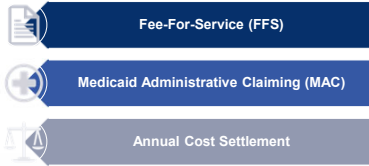


16

School Services Reimbursement

In 1995, school districts became eligible providers under the Medicaid program to receive reimbursement for services provided in school

- School-based Medicaid is a joint federal and state program that funds certain medical and transportation services for eligible individuals



www.dshhs.mn.gov/medicaid



17

17

Covered Direct Medical Services

Access to school-based health services are critical to improving health and academic outcomes for students

- Examples of services that can be delivered at school include:
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
 - Vision services
 - Physicians' services
 - Dental care
 - Specialized transportation
 - Personal care services
 - Preventative services
 - Rehabilitative services
 - Physical therapy, occupational therapy, and/or speech pathology/audiology
 - Case management
 - Other licensed practitioner services

www.dshhs.mn.gov/medicaid



18

18

Poll - Interactive Mentimeter

- Join at [menti.com](https://www.menti.com) and use the access code: **7863 3712**
- Are you familiar with your state's school-based Medicaid program?

19

19

Free Care Expansion

20

20

History of Free Care

Previously

- Historically, Medicaid-covered school-based services were limited to services identified in a Medicaid-enrolled student's IEP or IFSP

Current

- In 2014, CMS issued a letter to State Medicaid Directors addressing the reversal of the long-standing "Free Care" policy
- This allowed LEAs the flexibility to claim reimbursement for services beyond those written into an IEP or IFSP

www.publicconsultinggroup.com

21

What Does This Mean for School-Based Reimbursement Programs?

Expansion of program covered services will be reimbursable to schools for Medicaid enrolled students that have other medical plans of care (outside IEPs/IFSPs) where medical necessity has been established

- General health services
 - As mandated by states or LEAs, may include health care screenings, vision/hearing exams, scoliosis screening
- Examples of plans of care include:
 - Section 504 Plans
 - Individual Healthcare Plans
 - Behavior Intervention Plans

www.publicconsultinggroup.com

22

Expansion States

As of October 2023, 25 states have taken steps to expand their school Medicaid program to cover services outside of an IEP (Healthy Students, Promising Futures)

These states that have expanded school Medicaid fall into one of three buckets:

- Expanded school Medicaid to cover all medically necessary services provided to all Medicaid-enrolled students
- Expanded school Medicaid to cover a comprehensive but defined physical and behavioral health services to all Medicaid-enrolled students
- Expanded school Medicaid to cover specific services provided to some students

www.publicconsultinggroup.com

23

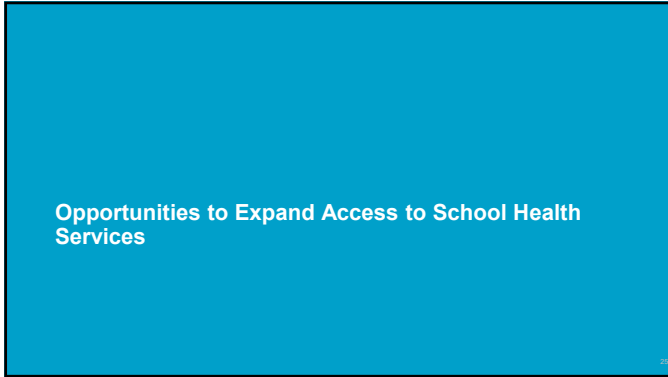
A Changing Landscape

On May 18, 2023, CMS released its first update on Medicaid school-based services program guidance since 2003 as mandated through the Bi-Partisan Safer Communities Act, passed June 2022

- Intent is to facilitate increased access to physical and mental health services through additional options and flexibilities
- States with existing programs will have three years to make appropriate changes to come into compliance with the new guidance
 - The guidance includes items that states must comply with as well as items that states may choose to implement
- New program flexibilities include:
 - Free Care – states are encouraged to cover services outside of an IEP, IFSP, or Section 504 Plan, with emphasis on mental health, nursing, and substance use disorder (SUD) services
 - Bill Rates – for states not using a cost-based methodology, flexibility is provided to allow states to create rates higher than their community rates to account for the higher overhead costs in schools
 - Provider Qualifications – acknowledges that some providers (school psychologists, school social workers) who deliver services strictly in schools may be considered eligible to receive reimbursement through Medicaid while still meeting state standards

www.publicconsultinggroup.com

24



25

National Context

Approximately one in three high school students have experienced poor mental health which has been exacerbated by the pandemic (U.S. Department of Education)

- Rates of poor mental health have been higher for more marginalized groups of students
- The priorities for CMS and the U.S. Department of Education have shifted to meet the needs of students' mental health

Increasing the supply and capacity of school-based mental health providers

SBHC sites

Increasing access to reimbursement for school-based health services

www.publicconsultinggroup.com

26

Using Free Care Reimbursement

With the expansion of Free Care, LEAs can cover more students and potentially bring in additional, sustainable federal funding to expand access to health services

Opens the door to increase physical and behavioral health services in the school setting

Expand billing for more students

Expand types of services covered and providers being reimbursed

Increase federal revenue to the state and reimbursement to LEAs

Using reimbursement to further expand school health services such as SBHCs

www.publicconsultinggroup.com

27

Other Ways States Have Increased Student Health Access

Illinois

- Expanded its school Medicaid program to remove the IEP restriction, updating its list of healthcare provider types that are permitted to bill Medicaid for providing services in a school setting
- New eligible provider types include licensed clinical professional counselors, licensed marriage and family therapists, and school psychologists

Oklahoma

- Implemented a state plan that allowed community-based providers to deliver services in schools
- Reimbursement goes directly to the community provider, not the school district

Michigan

- The Michigan Departments of Health and Human Services and Education have used state school aid act funds and the Medicaid expansion dollars to address K-12 student behavioral and mental health
- The departments have collaborated to create opportunities for cross-sector data sharing, through the Michigan Health Information Network using Medicaid Advance Planning Document Funds, between healthcare and behavioral health providers caring for students

www.publicconsultinggroup.com

28

School-Based Health Center Opportunities

Medicaid FFS is the largest funding stream for SBHCs

- Medicaid pays between \$4 to \$6 billion to LEAs for providing health services each year and is a large source of funding for many LEAs
- Making health services available in schools for all Medicaid-enrolled students can significantly increase the number of students accessing them and reduce barriers for families

www.publicconsultinggroup.com

29

Fostering Collaboration for Improved Health Outcomes

Leaders across health, human services, and other agencies – including Medicaid, childhood, public health, education, and among others are uniquely positioned to support the health and well-being of people in their state

- Collaboration between agencies and community members are crucial to ensuring health needs are met
- The Center for Health Care Strategies outlines a beneficial framework for aligning state systems to improve health outcomes, especially during early childhood to set the foundation for optimal health and well-being
- This nine-step framework highlights the importance of partnering with different stakeholders to address gaps in services and care, and co-creating more effective programs and services

www.publicconsultinggroup.com

30

A Framework for Collaborative Change

*Framework developed by The Center for Health Care Strategies

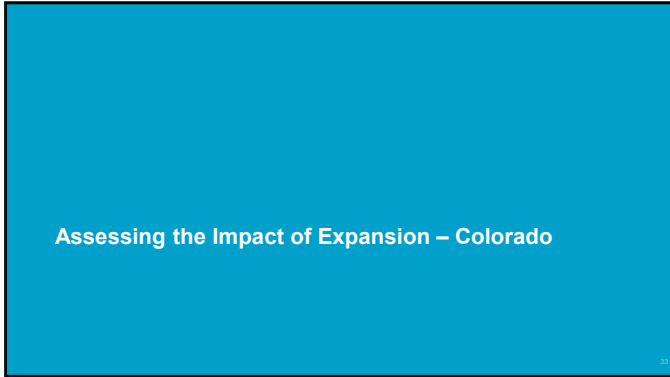
www.publicconsultinggroup.com

31

Poll - Interactive Mentimeter

- Join at [menti.com](https://www.menti.com) and use the access code: **7863 3712**
- What are some challenges that make collaborating with other stakeholders difficult?

32



33

Current Landscape of Health Services Provided to Students in Colorado

- The SBHC Program and the School Health Services (SHS) Program are two programs in the state that provide funds for health services provided to students
- The SBHC Program is administered by the Colorado Department of Public Health and Environment (CDPHE)
 - There are 70 SBHCs in the state
- The SHS Program is administered by the Colorado Department of Health Care Policy & Financing (HCPF)
 - There are 84 LEAs who participate in the SHS Program
 - This represents over 87% of the total student population in Colorado

COLORADO
Department of Health Care Policy & Financing

34

Colorado SHS Program Overview

- Interagency agreement between Colorado Department of Education (CDE) and HCPF
- Public Consulting Group and LEA contracts with HCPF
- Cost-based program
 - Monthly interim payments with annual reconciliation
 - Direct Service and Administrative Cost Pools
 - Random Moment Time Study (RMTS)
 - FFS claims required, paid at \$0
- 2.5% state administration withhold
 - Not used for general fund offset
 - Unused state withhold proportionally refunded three years later
- Carved out of managed care

COLORADO
Department of Health Care Policy & Financing

35

Colorado Free Care Analysis Prior to Implementation

Phase 1
Cost reporting and time study data used to determine if expansion would benefit Colorado

Phase 2
On-site LEA visits to determine:
• If plans of care meet program requirements
• Opportunities to add direct service providers to cost pool

Phase 3
RMTS pilot
Identified opportunities to increase statewide reimbursement



Phase 4
State Plan Amendment (SPA) and Time Study Implementation Guide for CMS approval
Free Care expansion begins after CMS approval

COLORADO
Department of Health Care Policy & Financing

36

Colorado Free Care Training Prior to Implementation

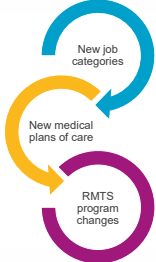

- Other Medical Plans of Care
- RMTS
 - Other plans of care attached to an IEP should still select IEP when completing the RMTS
 - Standalone plans of care select new RMTS option
 - Providers not trained properly could unwittingly lower Direct Medical Percentage by making wrong selection
 - Notice reduced to 24-hours, 2 days to respond
- Job category changes
 - Board Certified Behavior Analysts
 - Speech Language Pathologist Assistants
 - School Psychologists

37

Colorado Free Care Launch



- Started October 1, 2020
- Included in annual/direct service claiming model
- First year participating was 9 months
- Level setting needed throughout pandemic
- Helped offset COVID-19 impact
- RMTS impact
 - Still meeting statistical validity
 - LEAs still meeting 85% compliance requirement

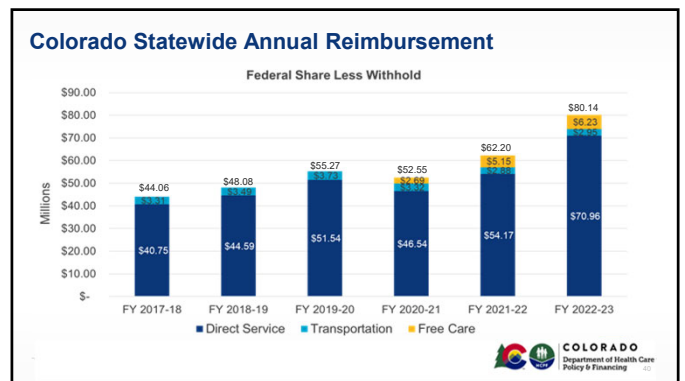
38

Additional Funds for Mental Health – Free Care Success Story

With the additional funds, Durango Schools covered educator training in the Neurosequential Model in Education (NME) to address the impacts COVID-19 had on students transitioning back to schools – Durango Schools

39




40

A Plan Unique to Colorado

The Local Services Plan (LSP)

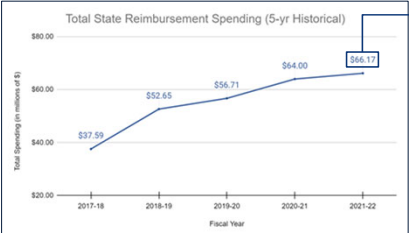
- In 1997, the Colorado General Assembly passed legislation that authorized LEAs to provide health services to children by using reimbursed Medicaid funds
 - Support local school health programs
 - Increase access to preventive and primary health care services for low-income, uninsured, and underinsured children
 - Improve care coordination between schools and health care providers
- Requires local community feedback
- Collaborative effort between the LEA, community, and CDE
- 5-year LEA plan on how funds will be spent
 - Administrative expenditures
 - Health Services expenditures



41

Trend in State Reimbursement Spending


Total State Reimbursement Spending (5-yr Historical)



Program Area	% of Total
Administration	9.71%
Health Services	90.29%


Top Spending Categories	% of Total
1. Nursing	45.71%
2. Mental Health	27.89%
3. Special Services Provider	10.91%

FY 2021-22 Spending Highlights



42





Spotlight – Jefferson County Public Schools



43

Jefferson County Public Schools



- 77,000 Students
- 145 Schools + 46 Preschool Programs
- 1275 Staff Members on Medicaid Staff Pool List
- Medicaid Enrollment Rate (MER): 27.96%

44

Local Services Plan


- Personnel
 - Nurses, Health Aides
 - Substance Use/Abuse Prevention Coordinator
 - Medicaid Administrative Team
- Perishable Medical Supplies - Epinephrine, Narcan, etc.
- Medical Equipment
 - Occupational & Physical Therapy
 - Automated External Defibrillators (AEDs)
 - Cardiopulmonary Resuscitation (CPR) Training Supplies
- Resources for Mental Health and Speech/Language Pathology Staff
- Professional Development
- Bike For All Program
- Healthy Schools Programming
- Contracted Medical Trainers for Athletic Events


45

Partnership for School Based Health Clinics

STRIDE Community Health Center Clinics at Three Schools



- Coordination between Clinic and District Care Providers
- Referrals to other Care Providers
 - Jefferson Center for Mental Health
 - Children's Hospital Colorado
- Coordination with Families and Compliance with Federal Regulations
 - HIPAA - Health Insurance Portability and Accountability Act of 1996
 - FERPA - Family Educational Rights and Privacy Act of 1974




46

Services

Clinics serve students and the community

<p>Medical Services</p> <ul style="list-style-type: none"> Pediatric Care Family Medicine Wellness Visits Sports Physicals Sexual Health and Prevention of Sexually Transmitted Infection (STI) Diabetes / Hypertension Management Concussion Assessment Reproductive Health 	<p>Behavioral Health</p> <ul style="list-style-type: none"> Screening and Medication Management: <ul style="list-style-type: none"> Attention Deficit Hyperactivity Disorder (ADHD) Depression Anxiety Pediatric Assessment Addiction Counseling 	<p>Walk-In Procedures</p> <ul style="list-style-type: none"> Sickness, Cough, Cold Medication Refills Support for Injuries, Sprains Treatment of STIs
---	--	--

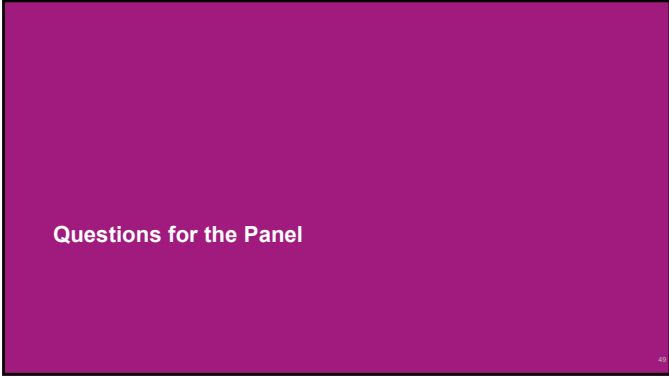


47

Poll - Interactive Mentimeter

- Join at [menti.com](https://www.menti.com) and use the access code: **7863 3712**
- What is a key takeaway that you have learned from the presentation today?

48



49