

State Team Updates

HEALTHY SCHOOLS
CAMPAIGN



**Healthy Students,
Promising Futures**

Learning Collaborative

Healthy Students, Promising Futures

Learning Collaborative

State: California

Progress includes:

- Continued meetings of LEA Advisory Workgroup to develop parameters for expansion of services via SPA 15-021 to the Medi-Cal eligible population.
- Finalizing fliers to conduct outreach to non-participating LEAs including introduction to the LEA Billing Option Program, Free Care and the components of SPA 15-021.
- Data Use Agreement to maintain eligibility for services and conduct outreach activities is in the final stages of legal review.

Healthy Students, Promising Futures

Learning Collaborative

State: California

Opportunities include:

- Partnership among CA Department of Education, CA Department of Health Care Services and Community Organizations to develop a joint communication plan should be expanded to include Mental Health and Managed Care partners.

Challenges include:

- Gap in services and how to identify barriers

Innovations

State: California

Where its working:

- Los Angeles Unified School District has MOUs with Managed Care for EPSDT services
- LEAs have partnerships to provide dental, vision, and asthma services at school sites
- DHCS reimburses for speech telehealth services
- Development of roadmap delineating expansion of new services and providers to Medi-Cal eligible population

Healthy Students, Promising Futures

Learning Collaborative

State: Colorado

Progress includes:

- Colorado selected for CMS Affinity Group
- Working on increasing partnerships between Regional Care Collaboratives and School Districts

Opportunities include:

- More interaction with the Regional Care Collaboratives and Schools
- More targeted marketing materials to educate school districts on benefits of the School Health Services Program to all children

Challenges include:

- Data collection and sharing effectively

Behavioral Health

State: Colorado

Progress includes:

- Recently awarded 54 grantees (schools and districts) School Health Professional grants through CO Marijuana Tax Fund
- Comprehensive Health Standards revision addresses Social Emotional Learning and MJ prevention education across PreK-12

Opportunities include:

- Increased capacity and infrastructure for social emotional learning and behavioral health (School Health Behavioral Framework) in schools
- Opportunities to build social emotional learning across content areas

Challenges include:

- SBE: 3% administrative cap for 54 grantees/12 Million funds
- Statute limits district level support (FTE, admin.)

Innovations

State: Colorado

Where its working:

- School Health Services reimbursement is used for the health needs of all children not just IEP/IFSP services
- Examples include
 - Audiology testing equipment
 - Mental health staff
 - Food for homeless students
 - CPR/first aid training for district staff
 - Hygiene kits for homeless students
 - Emergency classroom kits

Healthy Students, Promising Futures

Learning Collaborative

State: Washington, DC

Progress includes:

- Completed fiscal impact analysis for eliminating the IEP requirement under the school health provision of the Medicaid State Plan for DCPS, which is currently under review by the DC Medicaid financial officer

Opportunities include:

- Developing a data sharing agreement for charter schools between DC Medicaid & the Office of the State Superintendent of Education; Improving the documentation processes for direct services delivered to children without an IEP (RMTS & Medical Necessity)

Challenges include:

- Estimating impact for all Charter School LEAs; Explaining analysis and recommendations to lay audience.

Healthy Students, Promising Futures

Learning Collaborative

State: Illinois

Progress includes:

- We're here!
- ISBE has made a commitment to implement ESSA and utilize the Whole School, Whole Child, Whole Community model
- Attention about this collaborative has reached higher levels of administration; seeking ways to maximize financial resources for school districts

Opportunities include:

- New state school funding model based on evidence and best practices (EBF- Evidence Based Funding) sets a base funding but while also removes separate funding for students with IEPs and separate (additional) funding for personnel used to provide services to students wit IEPs.
- Illinois Department of Healthcare and Family Services (HFS) identified one individual who would be the most relevant partner

Healthy Students, Promising Futures

Learning Collaborative

State: Illinois

Challenges include:

- New funding formula is yet to be completely rolled out, and impact on the LEAs particularly on funding of personnel for students with IEPs is unknown
- Difficulty building support from HFS
- History of HFS and Medicaid issues:
 - “Free care rule” clarification December 2014: ISBE contacted HFS January 2015 to offer collaboration; HFS said they were “looking into it” and had not decided how to proceed; no known movement on this issue

Behavioral Health

State: Illinois

Progress includes:

- SAMHSA grant “IL-AWARE” provides intensive services in behavioral health services to students in three LEAs’ “pilot programs” (large suburban district with urban socio-economic demographics; medium size city LEA, small rural LEA)

Opportunities include:

- Interest from outside source on funding tele-therapy services for students with mental health treatment needs.

Challenges include:

- Lack of treatment services and providers in some large rural areas of the state

Innovations

State: Illinois

Where it's working:

- Chicago Public Schools has formed a collaborative related to services provided by school-based clinics (operated by third parties to provide direct clinical services, physical exams, immunizations, nutrition counseling and behavioral health services)

Healthy Students, Promising Futures

Learning Collaborative

State: Mississippi

Progress includes:

- MCO engaged in taking a look at processes to enroll schools/RN for EPSDT screening with an eye for future billing opportunities
- DOM planning for training of key school district personnel regarding Medicaid opportunities for schools. (EPSDT)

Opportunities include:

- Growth of team-MSDH, private insurance, legislative
- Pre school well child health assessment (2018-19)

Challenges include:

- Hesitancy to move forward for reimbursement

Behavioral Health

State: Mississippi

Progress includes:

- Pilot program in one school district introducing services through Telehealth

Opportunities include:

- Partners in a grant application to raise awareness about Behavioral Health and workforce disparities
- Continuing conversations with school districts and University provider

Challenges include:

- Reimbursement to school district.

Innovations

State: Mississippi

Where its working:

- MS Department of Education Commission on School Efficiency
- Telehealth pilots- SN for health services and behavioral health
- Educational opportunity-training for school district Business Officers regarding this work

Healthy Students, Promising Futures

Learning Collaborative

State: Nebraska

Opportunities continued:

- *Long Term* – Explore NE school funding formula, explore legislative interim study of MIPS claiming; Expanded data sharing between state agencies and community partners

Challenges include:

- NE school funding formula (TEOSA)
- Transition period for HHS and NDE from FFS to cost-settlement
- Privacy Laws (HIPAA, FERPA, Medicaid, etc.) - Historical Interpretations and agency practices

Healthy Students, Promising Futures

Learning Collaborative

State: Nebraska

Progress includes:

- Formalized State Team
- NE was chosen as part of CMS Affinity Group
- NE expanded MIPS (IEP only) services in September

Opportunities include:

- *Quick Win* – Cooperation among team & across agencies to create roster of practitioners in each ESU that can sign IEP's when student mobility creates barriers to care.
- *Short Term* – Increase districts MAC claiming; Explore expanding data sharing between HHS-Medicaid and NDE

Behavioral Health

State: Nebraska

Progress includes:

- Behavioral Health was added as an expanded service under MIPS

Opportunities include:

- Expanding use of tele-behavioral health services in rural districts (NE Affinity goal #2)

Challenges include:

- Cell service, bandwidth, equipment and training
- Stigma in communities
- Confusion among new MCO's regarding overlap of services provided in school and out of school for IEP students (denial of claims)

Innovations

State: Nebraska

Where its working:

- NE has 9 School Based Health Centers (1 rural, 8 urban) providing physical health and behavioral health services. 4 sites use tele-behavioral health, 4 others have Mental Health Practitioner on site.
- Several mobile units throughout the state offering dental care and vision services will begin in Omaha metro area in 2018.
- Capacity being built for greater Mental/Behavioral Health in schools:
 - **SCIP** (School Community Intervention and Prevention) in Lincoln and rural school districts in partnership with Lincoln Medical Education Partnership (non-profit)
 - **Connections Program** through Project Harmony serves over 90 schools in metro Omaha

Healthy Students, Promising Futures

Learning Collaborative

State: New Jersey

Progress includes:

- New Jersey is continuing discussions among the State Agencies regarding Free Care

Opportunities include:

- Infrastructure is in place when the final decision is made to move forward with implementation

Challenges include:

- Still waiting for CMS to approve the SPA submitted 5+ years ago
- Wording regarding “plans” would need to be amended as SPA currently only refers to IEPs and students with disabilities

Innovations

State: New Jersey

- Progress includes: New Jersey Department of Education, Office of Special Education Policy and Procedure (OSEPP) released a guidance regarding the use of telepractice for related services and home instruction.
- Broadcast memo issued on September 26, 2017. Available here:
<http://www.nj.gov/education/specialed/memos/092617Telepractice.pdf>

Innovations

State: New Jersey

- On July 21, 2017, legislation (P.L. 2017, c.117) was signed into law, which permits healthcare providers to engage in “telemedicine” and affects how services are provided by approved clinics and agencies via the Internet.
- The law requires organizations, such as approved clinics and agencies, to register with the New Jersey Department of Health (NJDOH) and submit an annual report to the NJDOH in a manner to be determined by the commissioner.
- Schools and school districts may use their employees to provide services via the Internet as described below, but are not required to register or provide an annual report.

Innovations

State: New Jersey

- OSEPP defines telepractice as the delivery of services using electronic communications, information technology, or other electronic or technological means to bridge the gap between a service provider who is located at a remote site and a student who is located at an originating site.
- OSEPP has determined that speech-language services, occupational therapy, counseling and home instruction may be provided via telepractice under the conditions outlined in the broadcast memo.

Innovations

State: New Jersey

- OSEPP has determined that providing occupational therapy (OT) via telepractice would require the assistance of a licensed occupational therapy assistant.
- With respect to providing physical therapy (PT) via telepractice, current state law prohibits the use of telepractice as a means of providing physical therapy.

Innovations

State: New Jersey

- The IEP team determines whether it is appropriate for a student to receive speech-language services, OT, counseling or home instruction via telepractice.
- The decision must be made on an individual basis according to the student's needs and ability to benefit from telepractice.
- The student's IEP or Service Plan must state that the service will be provided via telepractice and must specify the location, frequency and duration of the service, and whether the service will be provided individually or in a group.

Healthy Students, Promising Futures Learning Collaborative State: New York

Progress includes:

- Compliance reviewing re-evaluation services
- Expanding claiming to include transportation services

Opportunities include:

- An expansion into non-IEP services (“Free Care”)
- Collecting Client Identification Numbers (CIN) “in-house”.

Challenges include:

- Collecting Client Identification Numbers (CIN) “in-house”; relying on state matching data
- Claiming for transportation services

Innovations

State: New York

Where its working:

- An increased number of independent providers taking over claiming process for school-based-health services
- Expansion of vision and dental services
- Algorithm to identify populations with needs for Medical orders

Healthy Students, Promising Futures

State: Ohio

- Progress
- Future Opportunities
- Innovations
- Challenges

Healthy Students, Promising Futures Learning Collaborative State: Tennessee

Progress includes:

- Regular meetings of the Medicaid Reimbursement Task Force are continuing. Goals and accountability metrics were developed and many action steps are completed or are progressing.

Opportunities include:

- Provided high level trainings and webinars for school districts, expanding stakeholder groups to support this work, program overview manual outlining claiming process as well as other identified information needed is in process (first draft completed).

Challenges include:

- Administrative process barrier (MCOs and school districts)

Metro Nashville Pilot

State: Tennessee

Progress includes:

- Contracted with vendor to submit billing; credentialing complete with all MCOs

Opportunities include:

- Submitting data for review is a simple process; using electronic documentation software (HealthOffice®)

Challenges include:

- The size of the pilot creates challenges for the vendor to obtain mid-level providers for initial assessments; size of district makes it difficult to fully commit in all schools

Innovations

State: Tennessee

Where its working:

- Across the state, the number of well child exams provided to Tennessee students increased 15% over the last year. They were provided by a school clinic practitioner, a private provider in the schools, or a county health department via school transport.
- Over the past year, the number of school clinics using tele-medicine increased by 35%.
- Jackson-Madison County Schools in Jackson, Tennessee expanded it's partnership with a local utility service to provide equipment.

Healthy Students, Promising Futures Learning Collaborative State: Virginia

Progress includes:

- Holding Regular Meetings
- DMAS added more support to enhance school services

Opportunities include:

- Care Coordination
- Expanding Services

Challenges include:

- Merging policies
- Funding going back to support services

Behavioral Health

State: Virginia

- The opportunities are the same for all services as referenced in slide one.

Innovations

State: Virginia

Where its working:

- One out of the 5 pilot school divisions participating in telehealth has just started providing services
- DMAS/DOE talking about alternative ways to access care in schools where there are no school nurses.

Healthy Students, Promising Futures

Learning Collaborative

State: Washington

Progress includes:

- Informal organization of HSPF team at the state level, includes Health Care Authority (HCA), Superintendent of Public Instruction (OSPI), Department of Health (DOH), and Department of Early Learning (DEL)
- Formalized agency partnership with HCA and OSPI
- Children's Mental Health Legislation and ongoing legislative workgroup,
- Department of Early Learning including physical and behavioral health
- 54 education agencies participate in Medicaid Administrative Claiming (MAC), 204 in School-Based Health Care Services (SBHS)
- 44 School Based Health Centers (SBHCs)

Healthy Students, Promising Futures

Learning Collaborative

State: Washington

Opportunities include:

- Exploring Medicaid reimbursement options for school districts/ESDs for services provided to general education and 504 students
- Increase the number of school districts participating in MAC
- Expand the SBHS fee-for-service program by increasing the number of participating school districts, services, provider types and place of service to include the home for Part C services
- Expand the number of SBHCs
- Outreach to include charter and tribal schools and early learning
- School district/ESD partnership with Accountable Communities of Health (ACH) in order to expand health care services

Challenges include:

- Additional funding and CMS approval needed to expand Medicaid programs
- Data collection and data sharing
- Workforce shortage

Behavioral Health

State: Washington

Progress includes:

- Legislation (E2SHB 1713) established the Office of Superintendent of Public Instruction will conduct a pilot project and case study on regional coordination to expand school-based behavioral health services for Medicaid eligible youth.
- Legislation (E2SHB 1713) established full time staff member at Department of Early Learning to manage behavioral health services for birth to 5 population
- Two regional Educational Service Districts will employ a full-time staff person to work with districts in the region, MCOs, BHOs to explore opportunities for expanding services.
- OSPI and HCA are partnering to develop a Pathways to Medicaid document to help schools and ESDs navigate the many options for accessing services, billing, and reimbursement
- A case study is due to the Governor and Legislature December, 2019. This may include identifying SPAs in order to reduce barriers to services, as well as if these models can be replicated in other regions in the state

Behavioral Health

State: Washington

Opportunities include:

- Exploring Medicaid reimbursement options for school districts/ESDs for services provided to general education and 504 students
- Gaining understanding on how schools/districts can use reimbursement \$\$ for non-Medicaid youth and prevention/early intervention
- School district/ESD partnership with Accountable Communities of Health (ACH) in order to expand health care services

Challenges include:

- Ongoing efforts for statewide integration of physical and behavioral health
- Fully integrated managed care by 2020
- Helping schools understand what is Medicaid reimbursable and providing TA and training to schools on how to use reimbursement funds for identified gaps
- Big learning curve for school districts/ESDs
- Short timeline to implement
- Workforce shortage

Innovations

State: Washington

Where its working:

- Ongoing collaboration between HCA, OSPI, DOH, and DEL around expansion of health services in schools as well as in early learning settings
- Managed care organizations and Accountable Communities of Health (ACH) partner with schools on projects and initiatives that promote healthy behaviors
- Managed care organizations contract with SBHCs to provide EPSDT services
- SBHC CoIN Program
- Legislation (E2SHB 1713) --pilot project and case study on regional coordination to expand school-based behavioral health services for Medicaid eligible youth
- DEL health services