

Medicaid & Schools State Policy Roundup

HEALTHY SCHOOLS
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Healthy Students, Promising Futures

Learning Collaborative

Sarah Somers, National Health Law Program

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State Medicaid Plans

- Required for all states
- Comprehensive, written
- Describes administration, eligibility, services, coverage, beneficiary protections
- Submitted and approved by HHS
 - State Plan Amendments

Barriers to Medicaid Reimbursement for School Health Services: Review of State Plans

- Direct Prohibition
- Indirect barrier
 - IDEA-related policies
- No barrier discovered in state plan but other obstacles exist
 - e.g. regulations, lack of reimbursement codes

State SPA Options

- Expand coverage beyond special education services so that Medicaid-enrolled students have access to the existing school-based services
- Expand the school-based services in the state plan
- Expand the providers in the state plan who can deliver school-based services
- All of the above!

Free Care Policy: SPA Action

- LA: Allowed school nurses to provide services to Medicaid beneficiaries with an IEP (Approved 2011).
- MA: (Approved 2018)
 - Expands reimbursable services (physician, nutrition, optometry, fluoride varnish)
- CA: Pending SPA would allow billing for:
 - All Medicaid (known as Medi-Cal) enrolled students;
 - New assessment and treatment services;
 - New practitioners (Submitted 2015)
- NE: Adding additional IEP Services (Approved 2018)

MASSACHUSETTS: REVERSAL OF FREE CARE POLICY

Eva Marie Stahl, PhD
Director, Children's Health Initiative
Community Catalyst
June 2018



Massachusetts' Landscape



- Municipal Medicaid program
- Local Education Agencies (LEAs) contract with Medicaid
- Random Moment Time Study (RMTS) Approach

State Plan Amendment

- CMS approved the SPA effective July 2016
- Continues RMTS approach to billing
- Accommodates a new Medicaid penetration rate calculation
- Adds some benefits and providers to state plan

Digging in: Services and Providers Added.

- Maintains existing list of services
- Adds additional services and providers including:
 - Nutritional services
 - Physician services
 - Respiratory services
 - Optometry services
 - Fluoride varnish services
 - Injury assessment

Compare: Services and Providers Added.

New SPA Language	Original Medicaid State Plan Language
<p>Conforms to change in regulation by removing reference to IEP as precondition for Medicaid reimbursement eligibility</p>	<p><i>Removed this language:</i> “either as a member of the IEP team or by a qualified practitioner outside the IEP team”</p>
<p>Adds reference to “a section 504 accommodation plan pursuant to 34 C.F.R. § 104.36, an Individualized Health Care plan, an Individualized Family Service Plan, or are otherwise medical necessary”</p>	<p>Only mentions school-based services “pursuant to an Individualized Service Plan (IEP)”</p>
<p>Covered include with additions denoted by *:</p> <ul style="list-style-type: none"> ● Occupational Therapy ● Physical Therapy ● Speech, Hearing and Language Therapy ● Physician services* ● Optometry Services* ● Respiratory Therapy* ● Nursing Services ● Fluoride Varnish Services* ● Personal Care Services ● Mental Health Services ● Substance Use Services ● Medical/Remedial Care ● Nutritional Services* ● Diagnostic, Screening, Preventive and Rehabilitative Services ● Injury Assessment* ● Assessment and Evaluation* 	<p>Covered services included:</p> <p>“physical therapy, occupational therapy and other services, including services provided by audiologists and services for individuals with speech, hearing and language disorders, performed by, or under the direction of, providers who meet the qualifications set forth at 42 CFR § 440.110; nursing services coverable under 42 CFR § 440.80 and 42 CFR § 440.60 ordered by a licensed physician and performed by a registered nurse or licensed practical nurse; nursing services provided on a restorative basis under 42 CFR § 440.130(d), including services delegated to individuals who receive appropriate teaching, direction, and supervision from a Registered Nurse or Practical Nurse; personal care services coverable and performed by individuals qualified under 42 CFR § 440.167; services performed by licensed practitioners within the scope of their practice for individuals with behavioral health (mental health and substance abuse) disorders, as defined under state law, and coverable as medical or other remedial care under 42 CFR § 440.60; diagnostic, screening, preventive, and rehabilitative services covered under 42 CFR § 440.130; medical nutritional services provided by a qualified professional under 42 CFR § 440.60; and sports related or other injury assessment and therapy provided by a qualified professional under 42 CFR § 440.60. Assessments and independent evaluations are covered as necessary to assess or reassess the need for medical services in a child's treatment plan and must be performed by any of the above licensed practitioners within the scope of practice.”</p>

Digging in: Medicaid Penetration Rate.

- Continues to rely on RMTS approach
- Medicaid penetration rate drives reimbursement alongside parental permission
- In SPA text, the state plan separates out the Medicaid penetration rate for non-IEP Medicaid enrolled students

Compare: Medicaid Penetration Rate.

“For those costs allocated by the random moment time study (RMTS) as being covered services pursuant to an IEP, the Medicaid penetration rate is the number of Medicaid-enrolled students with an IEP divided by the total number of students with an IEP on the same day. *For covered services not related to an IEP, the Medicaid penetration rate is the number of Medicaid-enrolled students divided by the total number of students on the same day.*”

Replaced this language:

The Medicaid penetration rate is the number of Medicaid-enrolled students within an Individualized Education Plan (IEP) as of the 5th day after the start of the quarter divided by the total number of students with an IEP on that same day.

“For covered services not related to an IEP, the Medicaid penetration rate is the number of Medicaid-enrolled students divided by the total number of students on the same day.”

What are the barriers?

State agency concerns

- Concerns about state Medicaid budget
- Billing complexity
- Broad concerns about federal action, capped Medicaid funding

Ongoing barriers to school health services

- Parental permission for Medicaid billing
- Municipal Medicaid
- Training and support for RMTS

What are advocates working on to support implementation?

State Legislation to safeguard Medicaid dollars for health and wellness

- Bill proposed by Rep. Garlick
- Moved to “Study” delaying bill advancement
- Build support over 2018 for re-file in 2019

Coalition work to expand partnerships

- Massachusetts Asthma coalition
- Children’s health coalition
- Parent-Teacher Associations
- Wellness Committees
- School nurses

Looking Ahead

Coalition work

- Expand the coalition table to include more groups
- Develop materials, resources and messaging for partners and stakeholders

Legislative work

- Re-introduce and build support for legislative proposal
- Educate lawmakers

Organizing work

- Community engagement
 - Parents
 - Superintendents
 - School staff