

Medicaid Coverable Services and Administrative Activities for Medicaid School-Based Services

Thursday, October 19, 2023

3 p.m. to 4 p.m. ET | 2 p.m. to 3 p.m. CT | 12 p.m. to 1 p.m. PT



CMS Financial Management Group (FMG)
7500 Security Boulevard
Baltimore, MD 21244

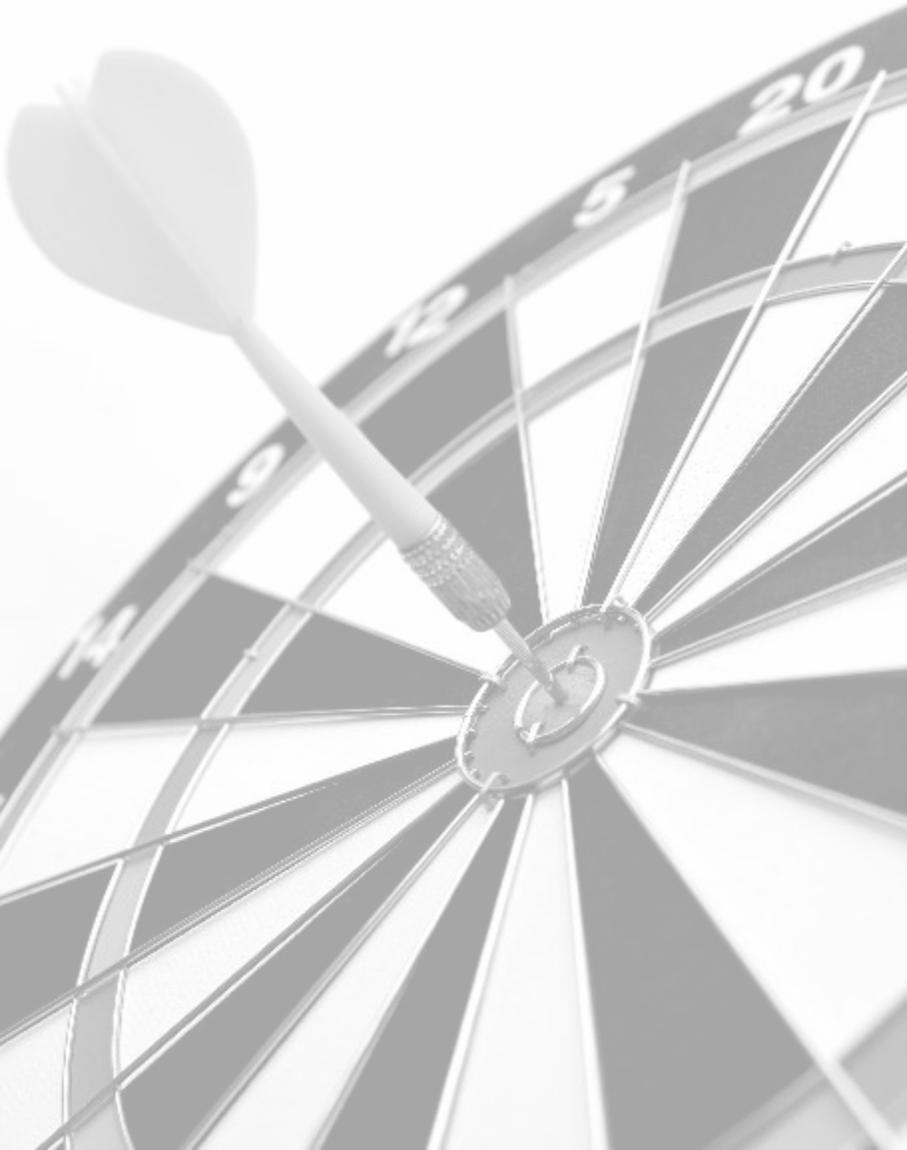


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Agenda

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- Welcome
 - Objectives
 - Coalition Work
 - Medicaid Coverable Services and Administrative Activities
 - State Claiming Guidance
 - Questions, Conclusion, and Adjournment
 - Appendix

Objectives

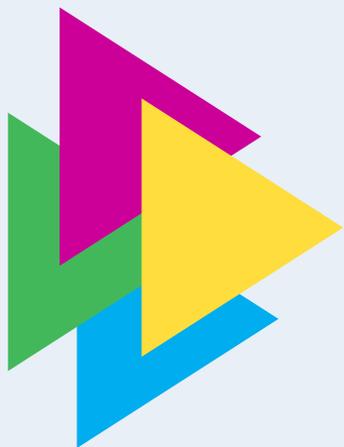


This webinar is intended to inform State Medicaid agencies (SMAs) and State educational agencies (SEAs) on action steps for their coalition to enhance Medicaid School-Based Services (SBS), determine the appropriate services that should be considered (consistent with your State Plan Amendment (SPA)), and identify areas for revisions that should be outlined in their State’s claiming guidance reflective of the Medicaid State Plan and amendments.

By the end of this webinar, you should be able to:

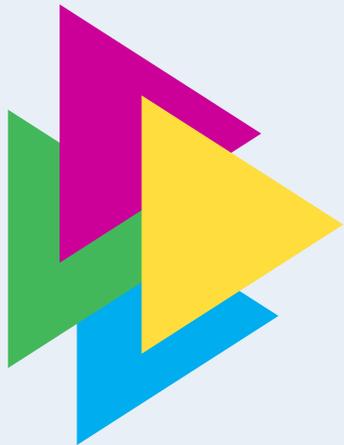
- › Identify coalition work to inform the expansion of Medicaid SBS in your State.
- › Describe example data collection to inform the approach.
- › Describe the types of Medicaid coverable services and administrative activities that States can provide under the Medicaid benefit.
- › Identify the components of a State’s Medicaid SBS Claiming Guide that would be marked for revision or creation.

The Bipartisan Safer Communities Act



- On June 25, 2022, President Joe Biden signed the Bipartisan Safer Communities Act (BSCA) into law.
- Section 11003 of this act includes a directive to CMS to provide additional guidance to States on Medicaid SBS to:
 - Increase access to Medicaid funded school-based health services, including mental health services.
 - Reduce administrative burden.
 - Support Federal compliance with Individuals with Disabilities Education Act (IDEA) requirements.
 - Ensure ongoing coordination and collaboration between the U.S. Department of Health and Human Services and the U.S. Department of Education.
 - Provide information to SEAs and local educational agencies (LEAs) on how to utilize funding to ensure payment under Medicaid for assistance provided in SBS.

The Bipartisan Safer Communities Act (cont.)



- For Medicaid SBS, BSCA specifically addresses:
 - Establishing responsibility for interagency coordination between State agencies.
 - Providing SMAs and SEAs with technical assistance necessary for them to access Medicaid to provide SBS.
 - Identification of the requirements that may be met through State statute or regulation, signed agreements, or other appropriate written methods.

Interagency Coordination: Methods of Ensuring Services under IDEA



The Chief Executive Officer (or designee) of a State must ensure that an interagency agreement is in effect:

Interagency coordination is in effect between:

- Each noneducational public agency (other than an education agency):
 - Obligated under Federal or State law, or assigned responsibility under State policy to pay for any services that are also considered special education or related services that are necessary for ensuring Free and Appropriate Public Education (FAPE) to children with disabilities within the State; the public agency must fulfill that obligation or responsibility either directly or through contract or other arrangement.
- The SEA, to ensure that all services as describe (above) that are needed to ensure FAPE are provided.

Interagency Coordination: Methods of Ensuring Services (cont.)

The agreement mechanism must include the following:

- (1) An identification of or a method for defining the financial responsibility of each agency for providing services to ensure FAPE to children with disabilities. The financial responsibility of each noneducational public agency, including the SMA and other public insurers of children with disabilities, must precede the financial responsibility of the LEA (or the State agency responsible for developing the child's individualized education plan (IEP)).
- (2) The conditions, terms, and procedures under which an LEA must be reimbursed by other agencies.
- (3) Procedures for resolving interagency disputes (including procedures under which LEAs may initiate proceedings) under the agreement or other mechanism to secure reimbursement from other agencies or otherwise implement the provisions of the agreement or mechanism.
- (4) Policies and procedures for agencies to determine and identify the interagency coordination responsibilities of each agency to promote the coordination and timely and appropriate delivery of services.



Obligation of noneducational public agencies:

A noneducational public agency described in paragraph (b)(1)(i) of this section may not disqualify an eligible service for Medicaid reimbursement because that service is provided in a school context.

Coalition Team Work to Inform Advancement of Medicaid SBS

Overview of Previous Webinar

Getting Started with Medicaid

Comprehensive Review and Analysis

Information Dissemination

- Medicaid State plan.
- State Medicaid guidance for SBS.
- Opportunities for the initiation or evolution of Medicaid SBS.
- Health equity in schools.
- Understanding Medicaid Managed Care Plans.

Building a Coalition

- Identifying key stakeholders.
- Establishing coalition expectations.
- Promoting coalition understanding.

Increasing Medicaid SBS Adoption

IDEA-Only States

- These States are only billing for children who receive special education and related services under IDEA.
- Interagency agreements have been established to allow education agencies to seek Medicaid reimbursement only for children who receive services under IDEA.
- Opportunities to implement.

Partially Expanded SBS SPA

- These States have only implemented 1–2 Medicaid SBS beyond what is required by IDEA, such as nursing services or Section 504 children.
- Opportunities to evolve.

Fully Expanded SBS SPA

- These States have implemented Medicaid SBS for all Medicaid-eligible children for a variety of services.
- Opportunities to adopt new flexibilities.



Coalition Work: Establishing the Primary Aim



Identify how your State will evolve Medicaid SBS to increase medical access to students in your State.

- › Joint effort: SMAs and SEAs
- › Informed by: LEAs
- › May require some groundwork to influence those who may not be in alignment.
- › Reflective of a comprehensive review and analysis.
 - › Inclusive of existing requirements under IDEA and new opportunities outlined in the SBS Guide.



Purpose: Getting perspective and input from multiple stakeholders will help define how your State will evolve Medicaid SBS to meet the needs of the students in your State.

Coalition Work: Identify Work for Policy Revision/Creation

Identify plan for policy work.

- › Accountability: SMAs, SEAs, LEAs
- › Coalition can create a cross-agency committee dedicated to this work.
- › Committee should:
 - Determine which State policies related to Medicaid SBS need to be created or revised.
 - Identify priorities for State policy development/revision.
 - Identify resources that should inform the work (regulations, industry standards, best practices).
 - Determine best method for dissemination.



Purpose: Understanding the policies in place in your State that need to be created or revised is critical to expanding and streamlining Medicaid reimbursement.

Data Collection 101



- > **Start with a question.**
 - Identify what you need to know.
 - Start broad and narrow down.

- > **Gather your team and assign roles.**
 - Consider who has the information or who knows the data the best.
 - Determine who can lead primary and secondary data collection efforts.

- > **Locate the data: Do the data exist?**
 - Determine where the data are to inform the response (secondary data collection) or if you need to gather the data yourself (primary data collection).

- > **Determine relevance of the data.**
 - Do the data help answer the question or provide context?
 - Do you have additional secondary data sources or need to engage in primary data collection? Next phase?

- > **Analyze data.**
 - Is the data telling us what we need to know?
 - What other data do we need?

Data Collection to Inform Approach



Used to make the case for expansion and inform what additional services and providers may be needed.

- May involve different initiatives and purposes, such as:
 - Identifying unmet student health needs.
 - Understanding implementation of different payment methodologies.
 - Identifying current school-based and non school-based providers demographics.
- May include different types of data collection:
 - **Primary data collection:** Real-time data gathered via surveys, observations, questionnaires, focus groups, etc.
 - **Secondary data collection:** Past data collected by someone else via publications, websites, reports, internal records, articles, etc.
- May be completed in multiple phases.

Coalition Work: Identifying the Data for Collection

By identifying the data for collection, the coalition can start understanding the work moving forward.



- › Accountability: SMAs and SEAs
 - › Previously collected data: time studies, cost reports, FFS or interim claims, etc.
 - › Student/school-level data: service frequency and duration data within IEPs and Section 504 plans, treatment plans or other health care plans, provider reports/service documentation.
 - › State-level data: Community Health Needs Assessments, public health plans.
- › Data sources/subject matter experts: school districts, special education directors, direct care providers, clinical leadership (school nursing and medical directors), Medicaid SBS deputy.



Purpose: To align with the primary aim of the coalition, data collection should be targeted to gain understanding of where implementation and improvement efforts should be focused.

How Did They Do That? Colorado Example

Colorado conducted a study to better understand the financial impact and opportunities related to expanding their school Medicaid program. The analysis included three phases that focused on a specific question or approach.

Phase 1

Is it financially beneficial to expand to include non-IEP services?



Phase 2

What are expansion opportunities, and how would key programmatic requirements be met?



Phase 3

Pilot study for analysis to test claiming methodology (similar to Massachusetts).

Colorado Example: Financial Projection and Outcomes

Pilot Study Projection

CO uses a SPA to lift the IEP restriction. The program bills for all existing services delivered to all Medicaid-enrolled students by the existing provider types and school psychologists.

Analysis found:

The State would receive \$12 million in new federal Medicaid funds.

HOW COLORADO SCHOOL DISTRICTS USED THEIR REIMBURSEMENT DOLLARS

Participating districts are required to develop a Local Services Plan based on community input to determine priorities and how funds will be allocated to health services to all students in the school district



925 Full Time Staff Supported by the SHS Program

- ✓ Outreach & Enrollment Specialists
- ✓ Special Service Providers
- ✓ School Psychologists
- ✓ Nurses



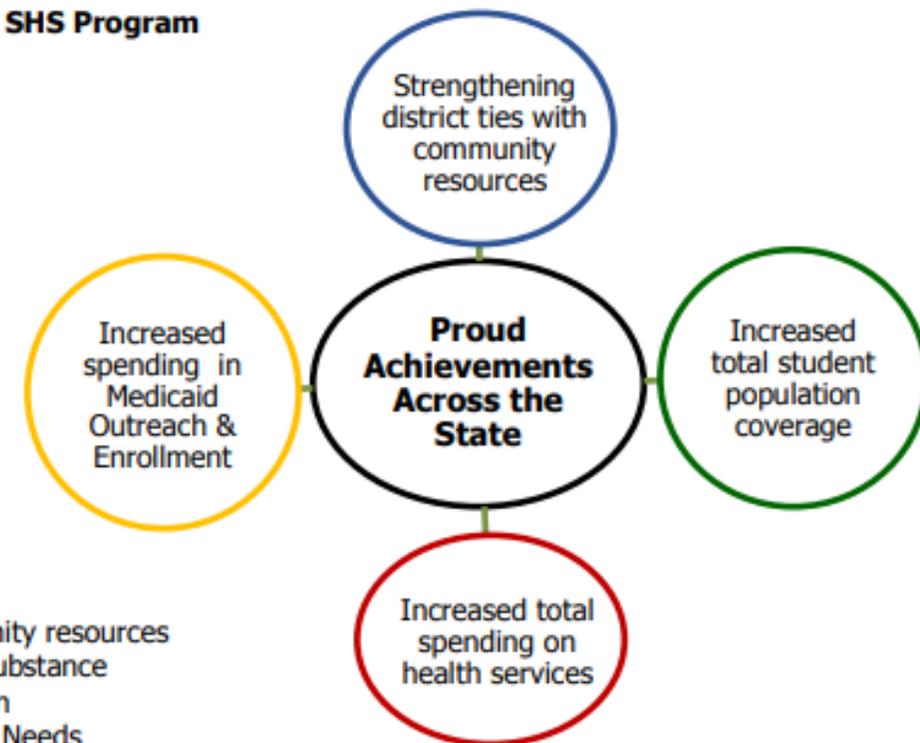
\$3.2 Million on Health-Related Equipment, Materials, & Supplies

- ✓ Health Clinic supplies
- ✓ Repairs or replacement costs for diagnostic equipment
- ✓ Training-related materials & supplies
- ✓ Assistive technology for students



\$16.7 Million on Mental, Social & Emotional Health

- ✓ Vouchers increasing access to community resources
- ✓ Trainings including crisis prevention, substance abuse, life skills, and suicide prevention
- ✓ Care Coordination for social/emotional Needs



Medicaid Coverable Services and Administrative Activities

Coalition Work: Determining Medicaid Coverable SBS

Identify how Medicaid coverable services and administrative activities can be integrated into Medicaid SBS Programs beyond those covered by IDEA.

Medicaid coverable services and administrative activities for reimbursement:

Services

- › Therapy
- › Counseling
- › Screening
- › Nursing

Administrative Activities

- › Outreach and enrollment
- › Care coordination

Billing considerations for provision of SBS:

- › Medicaid provider
- › Discipline/credentials/qualifications



Purpose: Many States are considering expanding the program to include billing for all Medicaid-enrolled students and add additional services and provider types to the list of covered benefits and services.

Medical Care Service Plans

- ▶ Though not a requirement for Medicaid coverage or payment, Medicaid coverable services can be outlined with specifics for each student who receives these services:
 - For IDEA students, needs to be outlined in an IEP.
 - For non-IDEA student, can be included in a medical care/treatment service plan.



These treatment plans should detail:

- Type of services.
- Frequency and duration.
- Implementation interventions/modalities.
- Goals of care.

Note: For the purposes of this concept, we will use the term “treatment plan” to identify both an IEP and/or care/treatment plan as we discuss this further in this presentation.

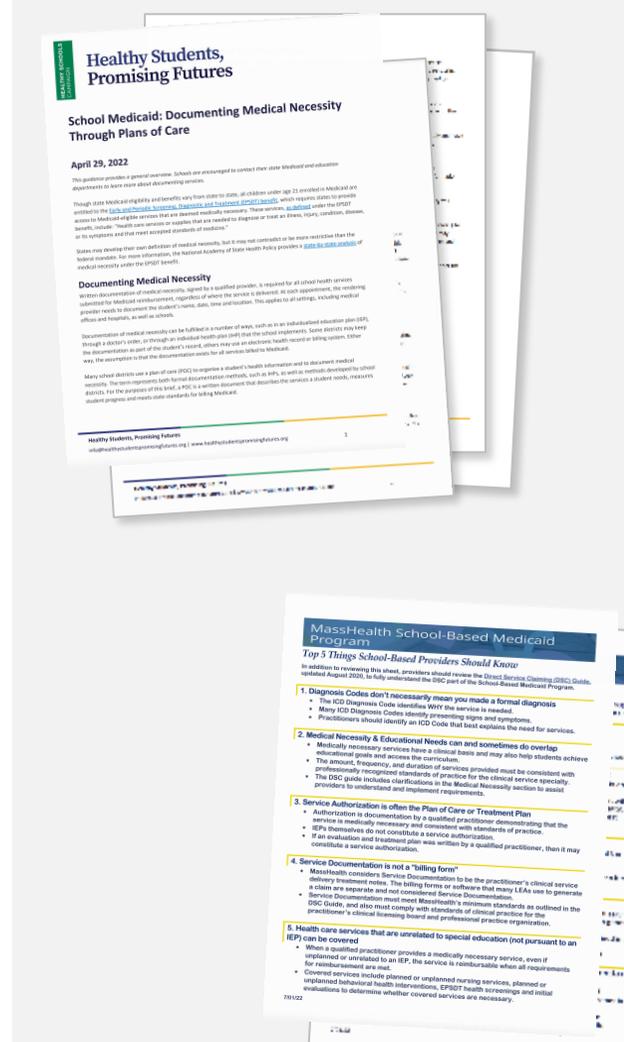
Range of Medicaid Coverable SBS

- › Early and Periodic Screening, Diagnostic and Treatment (EPSDT Benefit*)
- › Vision and dental care
- › Physician services
- › Transportation
- › Personal care services
- › Preventive services (e.g., well-child care)
- › Rehabilitative services
- › Physical/occupational therapy and speech pathology/audiology services
- › Other licensed practitioner services (e.g., licensed certified social worker)
- › Case management and targeted case management
- › Behavioral health – including mental health and substance abuse disorder services

*The services listed include some but do not reflect all services provided under this benefit.

Details of Service Provision

- Providing Medicaid-covered services to correct or ameliorate physical or mental health conditions to a student(s) enrolled in Medicaid and otherwise coverable in 1905(a) of the Social Security Act.
- Services must be medically necessary as defined by the State.
 - “Health care services or supplies that are needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.” – [Plans of Care Policy Brief \[PDF\] \(healthystudentspromisingfutures.org\)](#)
 - [MassHealth School-Based Medicaid Program \(mass.gov\)](#)
- Can be delivered to an individual or group; must be performed in the presence of the student(s).
- Services must be coverable services under 1905(a) of the Social Security Act. Schools should work with the State to determine the specific services that are covered in the State.
- Services are provided by a qualified Medicaid provider.



Medicaid Coverable Services: Examples



- Therapies:
 - Audiology,
 - Physical,
 - Occupational, and/or
 - Speech language.
- Counseling services
- Nursing services
- Physician services

Medicaid Coverable Services: Pre- and Post-Time

Medicaid coverable services include pre- and post-time activities when the student is not present, including:

- Time to complete all paperwork related to the specific service, such as preparation of progress notes and translation of session notes (only if translation is part of the rate paid for the services and not claimed separately).
- Review of evaluation testing/observation and planning activities for the therapy session or completion of billing activities.

EXAMPLES



Updating the medical/health-related service goals and objectives of the treatment care plan.

Interpretation of evaluation results and/or preparation of written evaluations when student/client is not present.

Understanding What Is Not a Covered Service

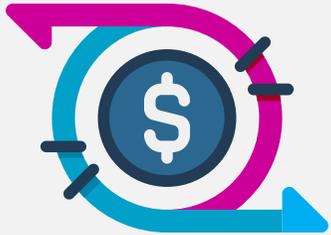


Services not covered by Medicaid (not an exhaustive list).

- Administration of first aid.
- Screening services conducted by non-qualified providers.
- Mental health services conducted by non-qualified providers.
- Nursing services conducted by non-qualified providers.
- May not generally include any cost of general public health initiatives that are made available to all persons.
- Provision of a medically necessary service to someone who is not a Medicaid beneficiary (e.g., staff member)
- **CHANGE:** Provider travel to and from the Medicaid service.
- Services provided to a student when another health plan or program is responsible for covering those services (third-party liability).

Administrative Activities

Medicaid and the Children's Health Insurance Plan (CHIP) can pay schools for the costs of administrative activities that support the provision of medical services covered under the Medicaid or CHIP State plan, including:



- Outreach enrollment and application assistance.
 - Translation services.
 - Program planning, policy development, and interagency coordination related to medical services.
 - Transportation (when not provided as an optional medical service).
 - Referral, coordination, and monitoring of Medicaid or CHIP services.
 - Medicaid or CHIP-related training.
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- School districts must enter into interagency agreements with SMAs to conduct Medicaid administrative activities.
 - SMAs that intend to claim for allowable administrative activities must have an approved Public Assistance Cost Allocation Plan (PACAP) as well as an SBS Claiming Time Study Implementation Plan.
 - States do not reconcile to costs for administrative activity claiming.

Considerations for Administrative Activities



A time study is the primary mechanism for identifying and categorizing Medicaid administrative activities performed by LEAs.

- The time study serves as the basis for developing claims for the costs of administrative activities that may be properly reimbursed under Medicaid.
- Activities must directly relate to the proper and efficient administration of the State Medicaid program and be supported by adequate documentation.
- The guidance has a full description of allowable and non-allowable administrative activities for time studies. See Appendix 3: “Activity Codes.”

Range of Allowable Administrative Activity

- › Arranging transportation for students to Medicaid-covered services.
 - › Arranging for and/or providing translation services to facilitate access to Medicaid-covered services.
 - › Only if translation services are not included as part of the rate paid for the service.
 - › Medical program planning, policy development, and interagency coordination.
 - › Medical/Medicaid-related training and professional development.
 - › Referrals, coordination, and monitoring of Medicaid services.
 - › Outreach activities that focus on Medicaid services or eligibility requirements.
 - › Ensuring that eligible students are not inadvertently unenrolled due to Medicaid unwinding.
- 

Understanding What Is Not a Covered Administrative Activity



Examples of administrative activities not covered by Medicaid:

- Outreach that focuses on Federal or State benefit programs other than Medicaid.
- Activities that are part of the medical service, such as completing service documentation notes after a service has been provided.
- Activities related to the operation of a provider facility such as supervision or training of a provider.
- Referrals to non-Medicaid enrolled community providers.

Coalition Work: Determining Service Provision

Understanding options for providing SBS is an essential part of your Medicaid State Plan.



- › Consider State regulations and State Medicaid program requirements regarding provider qualifications.
- › Providers furnishing the services must be enrolled in Medicaid or CHIP.
- › To receive payment, SBS providers must be qualified providers of those services.



Purpose: LEAs need clear guidance on what types of providers a school can use and how to access non-school providers as needs arise.

Stumbling Blocks to Providing SBS to Students

Some school districts may have scarce resources to provide Medicaid SBS (beyond what is required through a child's IEP/Section 504 Plan).

- High student to provider ratios
- Qualified provider shortage issues
- Competitive compensation

Some students may have providers who administer the same type of services outside of the school.

- Establish communication pathways between schools, parents, and community-based providers.
- Care coordination is key to prevent healthcare gaps and duplication.



Considering different service delivery models such as telehealth and partnerships may provide some solutions.

Example Service Delivery Model: Integrating Telehealth

Identify opportunities to integrate telehealth to enhance SBS.

- › Provider furnishing the services must be enrolled in Medicaid or CHIP.
- › Consider State regulations and policies regarding the use of telehealth.
- › Additional overhead costs associated with delivering telehealth services may need to be considered as well.



Purpose: To provide additional service access options for students to receive Medicaid SBS when schools face challenges with in-person service delivery.

Telehealth as an Option for the Delivery of SBS

- School-based telehealth: The use of telecommunications, including interactive video conferencing and store-and-forward transmissions, to deliver a variety of healthcare and other services to children while they are present in school settings.¹
 - Must be a covered Medicaid service for a Medicaid eligible child provided by a Medicaid qualified provider.
 - States generally are not required to submit a SPA to authorize telehealth as a service delivery mechanism for covered services.

**Note:**

If a State plans to reimburse for telehealth-delivered services differently from services delivered face-to-face, it may be required to submit an SPA to authorize that type of payment.

Considerations for Utilizing Telehealth



- Telehealth-delivered services may benefit student health in multiple ways.
 - Reduce absenteeism.
 - Allow for more convenient scheduling.
 - Allow for more availability of services.
- Applicable privacy laws must be considered.
- Provider licensing and credentialing requirements should be reviewed (especially for out-of-State providers).
 - [Licensing Across State lines | Telehealth.HHS.gov](https://www.hhs.gov/telehealth/interstate-licensing/)
- States may pay providers for additional costs associated with delivering telehealth services.
 - Overhead costs with telehealth technology.
 - Setup for sites may be incorporated into (FFS) rates.

Telehealth for IDEA and Non-IDEA students

Telehealth was an important tool for providing IEP students access to Medicaid coverable services during the COVID-19 Pandemic.

- States must determine the parameters by which telehealth should be considered an appropriate methodology for service delivery now that school is back in-person.

Essential Practice:



Although not required for Medicaid, IEP/IFSP and other non-IEP treatment care plan documentation requirements for telehealth modalities should clearly include:

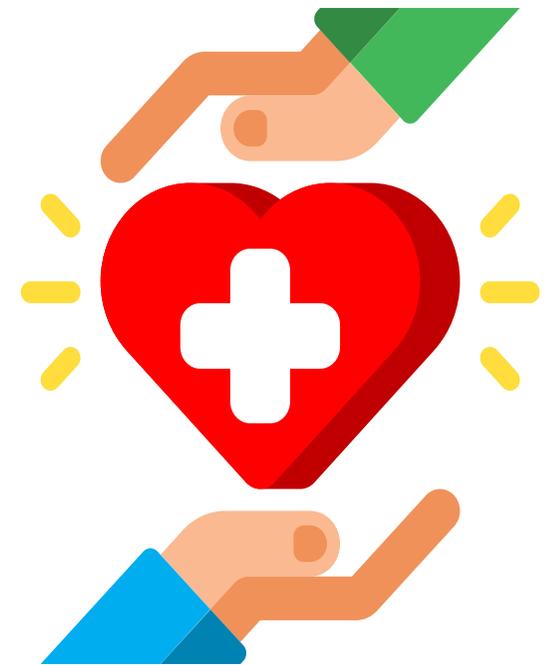
- Type of service to be delivered via telehealth.
- Frequency and duration of telehealth modality.
- Location of service.

Service provision via telehealth should be discussed at IEP meetings.

Expanding Access to SBS Through Partnerships

Non-School-Based Medicaid Enrolled Provider:

- Not employed or contracted by the school
- Provider can bill Medicaid directly and seeks reimbursement through their regular methods.
- State-level guidance that defines how schools can access partners to provide services in schools needs to be clearly defined.
 - Recommend drafting guidance to define processes and procedures.
 - May require a Memorandum of Understanding to define responsible parties.
 - [Microsoft Word - 3.2.a Blank MOU Template - with guidance in red.doc \(embr.mobi\)](#)



Example Service Delivery Model: Building Partnerships for Care Delivery

Identify healthcare providers to engage in the provision of Medicaid SBS.

- › Foster partnerships to expand access to Medicaid SBS.
- › Determine specific needs and partnerships that can meet the need.
- › Doing this the right way does take time.
- › Remember that parents retain the choice of where their child receives services.



Purpose: LEAs can expand their school-based health services program through a combination of partnerships, school-based providers, and other models. This can help increase the number of students who receive the services they need.

Knowledge Spotlight: HRSA-Supported Health Centers

- What are Health Resources and Service Administration (HRSA)-supported health centers?
 - HRSA-supported health centers, often referred to as community health centers or Federally Qualified Health Centers, are community-based and patient-led organizations that deliver comprehensive, culturally competent, high-quality primary health care.
- Health centers can partner with schools to determine how best to meet the healthcare needs of the students in the school.
- For more information: [Partnerships between Schools and HRSA-Supported Health Centers: 10 Need-to-Know Tips](#)

Revising a State's Claiming Guidance

Guidance Language: Best Practices to Ensure Accurate Medicaid SBS Delivery and Billing



Essential Practices:

- ▶ Review and update provider billing manuals, ensuring that billing and documentation requirements for providers are clear and concise and can reasonably be met by providers furnishing SBS.
- ▶ Conduct frontline training to SBS providers on Medicaid documentation standards and audit processes.
- ▶ Ensure LEAs have adequate funding to support necessary Medicaid billing infrastructure and training. When such investments and activities are undertaken as allowable Medicaid administrative activities, Federal matching funds are available.

Coalition Work: Updating State Claiming Guidance

LEAs benefit from having clear instructions and guidance on how to implement Medicaid SBS.



Identify areas for revision to the State claiming guidance.

SMAAs are responsible for updating the guidance.

Claiming guidance should be the culmination of the work of the coalition in determining the services, providers, and billing methodology decisions for the State.

- › Should identify what is covered and not covered.
- › Options for service delivery.



Purpose: To help SBS providers operating in schools know what is expected of them when participating in the program.

State Claiming Guidance



Documents instructions and directions to LEAs to inform the provision and billing procedures for Medicaid SBS.

This guide typically outlines the following information:

- Vision, mission, values of the program.
- Provider information.
- Service descriptions and utilization management.
- Time Study Implementation Plans.
- Covered populations and Medicaid enrollment.
- Process for billing for Medicaid coverable services and administrative activities.
- Program audit and compliance.
- Managed Care Medicaid Plans.
- Terminology and definitions.
- Other requirements.

Roles and Responsibilities: State Claiming Guide

SMA

- Define the Medicaid coverable and administrative service language to align with the Medicaid State Plan/SPAs.
- Define and instruct on provider enrollment activities, qualification requirements and associated processes.
- Define Medicaid eligibility requirements.
- Define the Time Study Implementation Plan.
- Describe audit and compliance review processes.
- Provide support to SEAs and LEAs in the administration of Medicaid SBS.

SEA

- Define service provision and provider types.
- Describe Time Study Implementation Plan and billing methodology.
- Outline the goals and intent of a State's Medicaid SBS.
- Provide support to LEAs in the administration of Medicaid SBS.

LEA

- Utilize guidance in the execution of the plan.
- Communicate questions and challenges in plan implementation.

State Claiming Guide: Time Study Implementation Plan



CMS requires the SMA to submit an SBS Claiming Time Study Implementation Plan (also called the Medicaid Administrative Claiming Plan) that provides a comprehensive description of the mechanisms and processes for claiming Medicaid administrative costs and conducting a time study for Medicaid coverable services costs.

- An SBS Time Study Claiming Implementation Plan details the SBS activities, including both administrative activities and Medicaid coverable services, performed by LEAs and the methods used to allocate SBS activities and services to the Medicaid program.
- The SBS Time Study Implementation Plan contains the elements needed for approval for States to initiate SBS claiming.

Elements of a Time Study Implementation Plan

»»» The State claiming guide should outline how this plan is conducted at the school-level. This typically includes:

- Description of services payable by Medicaid.
- Interagency agreements.
- Description of cost pools.
- Source of non-Federal share.
- Sample design/Random Moment Time Study (RMTS) description.
- Treatment of indirect costs.
- Monitoring process.

General Approaches to Revising State Guidance



Announce plan to revise guidance and provide a date for when the anticipated release of the guidance will happen.

Include a revised date in the guidance.

Use a summary page to identify what guidance was revised, added, or removed.

Describe the reasons for the revisions and reinforce the vision for the Medicaid SBS program.

Hyperlink the sections and sub-section to allow for easier navigation.

Include appendixes, glossaries, and acronym lists.

Dissemination of State Guidance

Websites/web pages:



Announce changes to the guidance and upload new version.



Offer training and educational opportunities.



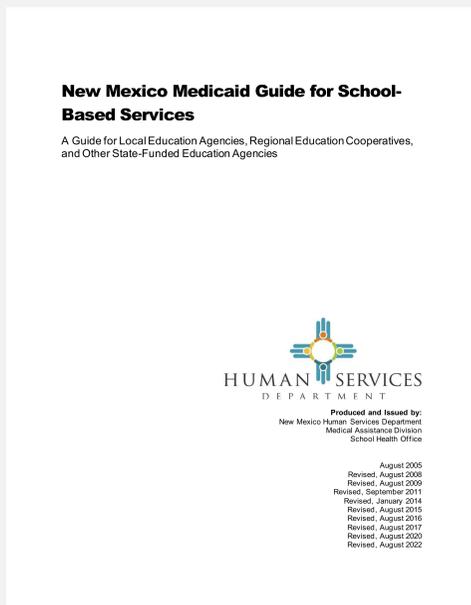
Provide additional resources.



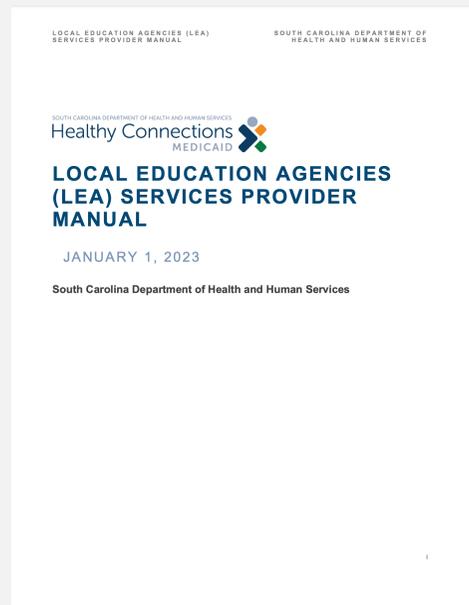
Offer email and help desk links and Technical Assistance Center Information.

Examples of State Claiming Guidance

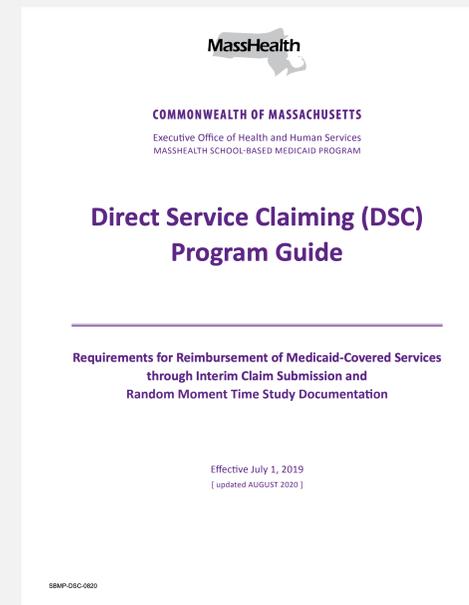
The State guides should be easy to locate for LEAs and be easy to navigate.



[New Mexico Medicaid Guide for SBS](#)



[South Carolina LEA Services Provider Manual](#)



[Commonwealth of Massachusetts Direct Service Claiming Program Guide](#)

Overview

Informed by the new guidance and with the goal of assisting SMAs and SEAs in understanding the work of their coalition to advance Medicaid SBS, we reviewed the following:

- Work to establish the primary aim to advance Medicaid SBS.
- Examples of the work of States who engaged in the advancement of Medicaid SBS.
- Work to identify the Medicaid coverable services and administrative activities that could be considered as part of a State's plan to increase access to Medicaid SBS.
- Elements of a State's claiming guidance that should be marked for revision/enhancement.

The Centers for Medicare and Medicaid Services (CMS)

Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

2023



Questions?

Email: SchoolBasedServices@cms.hhs.gov



Resources

- Bipartisan Safer Communities Act:
 - [eCFR :: 34 CFR Chapter III -- Office of Special Education and Rehabilitative Services, Department of Education](#)
 - [eCFR :: 34 CFR 300.154 -- Methods of ensuring services.](#)
- Theoretical stages of a team's psychological development (Tuckerman, 1965):
 - <https://www.wcupa.edu/coral/tuckmanStagesGroupDevelopment.aspx>
- Colorado Expansion Study:
 - [Colorado-RMTS-Case-Study-August-2020-HSPF.pdf \(healthyschoolscampaign.org\)](#)
 - [Draft FY 2021-22 Colorado SHS Program Flyer](#)
- Understanding Medical Necessity:
 - [Plans of Care Policy Brief \[PDF\] \(healthystudentspromisingfutures.org\)](#)
 - [MassHealth School-Based Medicaid Program \(mass.gov\)](#)
- Medicaid Unwinding post the PHE:
 - <https://www.cms.gov/newsroom/press-releases/coverage-half-million-children-and-families-will-be-reinstated-thanks-hhs-swift-action>

Resources (cont.)

- Telehealth:
 - <https://telehealth.hhs.gov/providers/best-practice-guides/school-based-telehealth>
 - [Licensing Across State lines | Telehealth.HHS.gov](#)
- Memorandum of Understanding for Partnerships:
 - [Microsoft Word - 3.2.a Blank MOU Template - with guidance in red.doc \(embr.mobi\)](#)
- Examples of Administrative Claiming Guidance:
 - New Mexico: [New Mexico Medicaid Guide for SBS](#)
 - South Carolina: [South Carolina LEA Services Provider Manual](#)
 - Commonwealth of Massachusetts: [Commonwealth of Massachusetts Direct Service Claiming Program Guide](#)