

# Primer for Local Education Agencies (LEAs) on Medicaid School-Based Services

Thursday, January 25, 2024

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



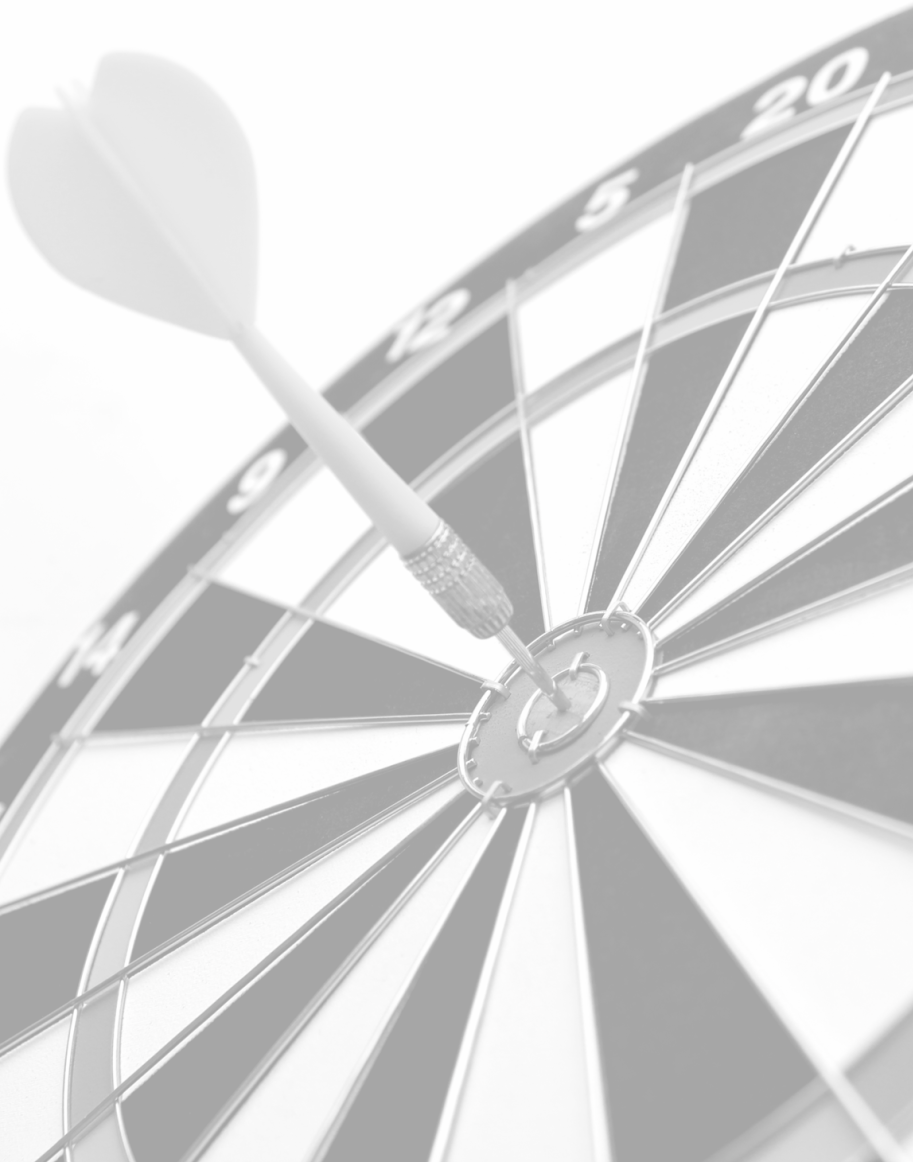
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# Agenda

- › Welcome
- › Objectives
- › Understanding the basics of Medicaid school-based services (SBS)
- › Identifying how schools can promote student access to Medicaid SBS
- › Panel discussion: Working to increase access to Medicaid SBS – A local educational agency’s real-life perspective
- › Questions, conclusion, and adjournment
- › Resources



- › By the end of this webinar, attendees should understand:
- The basics of Medicaid, including the Federal/State Medicaid partnership and the authority allowing school districts to obtain Medicaid reimbursements for services under an individualized education program (IEP) and the Centers for Medicare & Medicaid Services (CMS).
  - The current requirements under the Individuals with Disabilities Education Act (IDEA) and Medicaid for services to students with disabilities.
  - Ways to engage in State work to provide access to Medicaid SBS to all Medicaid-enrolled students, including resources and solutions to support and promote State Medicaid SBS expansions.
  - Promote understanding of local educational agency (LEA) engagement through a panel discussion.

# **Understanding the Basics of Medicaid SBS**

# Medicaid Overview

- Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to more than half of American children (~40 million).
  - **Medicaid** is a State-administered health coverage program that provides free or low-cost health coverage to some low-income people, families and children, pregnant individuals, the elderly, and people with disabilities.
  - **CHIP** provides health coverage to uninsured children in families with incomes too high to qualify for Medicaid coverage but too low to afford private coverage.
- States are responsible for administering their own unique Medicaid programs.
- Medicaid and CHIP are funded through a combination of Federal and State funds.
- Children may be eligible for Medicaid or CHIP based on:
  - Household income.
  - Unique health needs (e.g., disability).
  - Foster care status.

# Why Is Medicaid Important to LEAs?

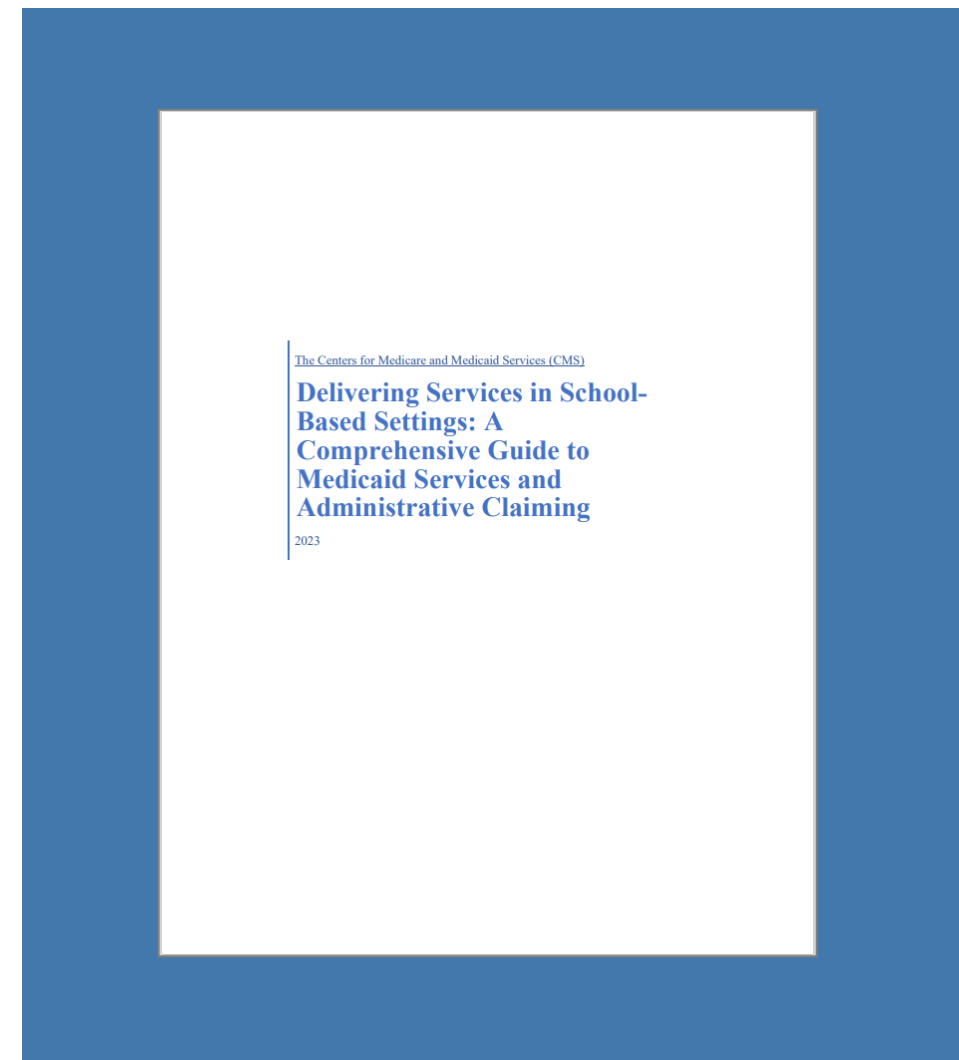
- Medicaid services can be provided to students in school-based settings and play a key role in the health of students.
- Congress specifically allows LEAs to receive reimbursement from Medicaid for health-related services on a child's IEP.
  - Medicaid is the payor of first resort for these services.
- The school setting:
  - Offers a unique opportunity to enroll eligible students in Medicaid or CHIP.
  - Facilitates access to coverage.
  - Provides health services directly to Medicaid and CHIP beneficiaries who are students.
  - Provides an opportunity to meet students where they are and to deliver services where children spend most of their time each week.
  - Can compensate school providers serving students, lessening the need to use general education dollars.

# Background of Medicaid SBS

In 2014, CMS provided the [State Medicaid Director Letter \(SMDL\) #14-006](#), which provided guidance to clarify that Medicaid payment is allowed for services covered under a State's Medicaid plan for Medicaid-eligible beneficiaries without charge to the beneficiary.

The Bipartisan Safer Communities Act (BSCA)\* provided the authority and a directive to clarify Medicaid SBS guidance.

In 2023, [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#) was issued in order to level the playing field for States to better understand Medicaid reimbursement in school-based settings.



\*For more information on the BSCA, please see the appendix section of this training.



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

The 2023 Claiming Guide provides guidance on Medicaid SBS that may be reimbursable (if included within an approved State Plan Amendment (SPA)). This includes:

- Helping eligible students enroll in the Medicaid and CHIP programs.
- Connecting students' Medicaid- and CHIP-eligible family members with health coverage.
- Offering Medicaid- and CHIP-covered services that support at-risk Medicaid- or CHIP-eligible students.
- Providing Medicaid- and CHIP-covered health services in schools:
  - Includes physical therapy, occupational therapy, nursing, dental, mental health, and SUD services, among others, as well as seeking payment for furnished services to make those services financially sustainable.
  - Reduces emergency room visits.
- Performing State program administrative activities:
  - Improve student wellness.
  - Promote a healthy environment and learning.
  - Improve educational outcomes.



# High-Level Understanding of State Medicaid Structure

LEAs work closely with both State Medicaid agencies (SMAs) and State education agencies (SEAs) to administer the Medicaid School-Based Program within the parameters set by the SMAs.

## SMAs

- Administer and supervise the State Medicaid plan, Time Study Implementation Plan (TSIP), Public Assistance Cost Allocation Plan (PACAP), etc.
- Develop Medicaid policies and determine what services are covered under Medicaid within the State.
- Determine SBS billing arrangements.



## LEAs

- Ensure that a free appropriate public education (FAPE) is available to each eligible child.
- Provide school-based services.
- Implement SMA and SEA policies, Medicaid SBS procedural billing, and documentation.



## SEAs

- Administer State-level policies and provide oversight to LEAs.
- Provide education and assistance to LEAs.
- Provide State funding to LEAs, subgrant federal funds to LEAs including IDEA subgrants.

# Importance of School-Based Services

## Providing SBS can:

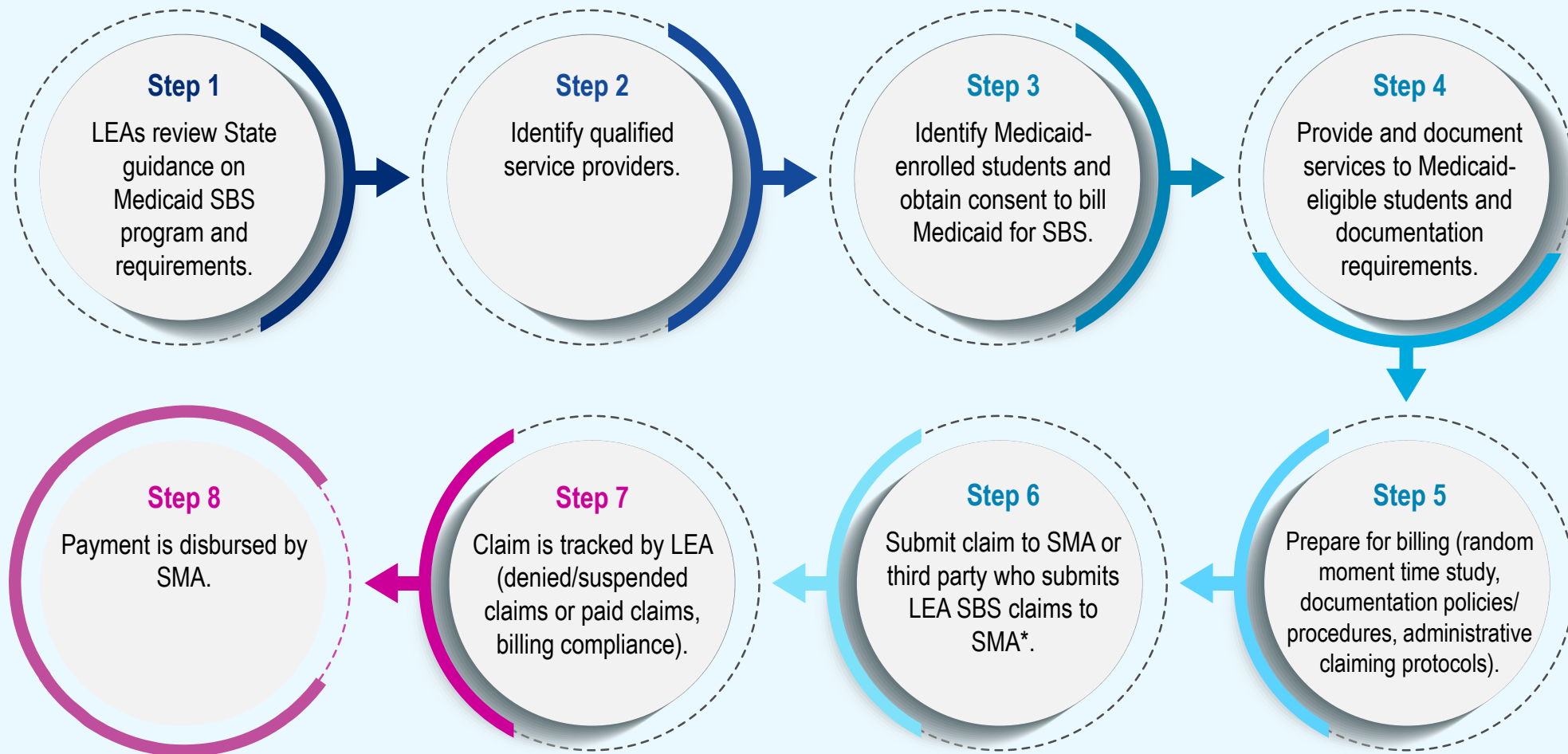
- Be a sustainable source of Federal funding for Medicaid-enrolled children to access healthcare services within a school setting.
- Offer an opportunity to meet students where they are and to deliver services where children spend most of their time each week.
- Enhance identification of health needs and can connect students to a broad range of healthcare services, including mental health and substance use disorder (SUD) services, in the community.
- Allow children to obtain primary and preventive services as well as other necessary treatment services.
- Expand the number of children who access Medicaid and CHIP.



SBS providers can help promote health and educational equity and may increase school attendance

# Example of How LEAs Access Medicaid Funds

Accessing funds depends on a State's approved payment methodology. Example: Cost-Based Reimbursement for Medicaid eligible special education services



\*Before claiming, LEAs should contract with the SMA or third-party payer.

# Establishment of SBS Technical Assistance Center (TAC)

BSCA also established the SBS TAC to:

- Assist and expand the capacity of SMAs, SEAs, LEAs, and school-based entities to provide services under Medicaid.
- Reduce administrative burdens for such agencies and health centers or entities.
- Support SEAs, LEAs, and school-based entities in obtaining payment for the provision of assistance under Medicaid.
- Ensure ongoing coordination and collaboration between the U.S. Department of Health & Human Services (HHS) and the U.S. Department of Education (ED) with respect to the provision of and payment for assistance under Medicaid by LEAs.
- Provide information to States and LEAs on how to utilize funding.



# **Facilitating Greater Access to Medicaid SBS**

# Student Access to Medicaid SBS

Medicaid and CHIP programs are intended to provide healthcare or funding to support services to students and children in need. For LEAs specifically, this is accomplished through:



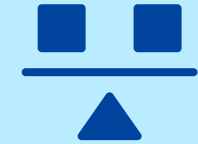
**Early and Periodic  
Screening, Diagnosis, and  
Treatment (EPSDT) benefit**



**Funding special  
education and related  
services included within  
Medicaid to children with  
disabilities through a  
child's IEP**



**Promoting  
mental healthcare**



**Addressing  
health equity**

# Highlights of the EPSDT Benefit

- All Medicaid-enrolled children can receive a broad range of medically necessary services as defined in the EPSDT benefit\*, and the services can be delivered in school and are eligible for reimbursement by Medicaid.
  - Promotes increased school attendance and better access to education.
  - Receipt of services in school would not decrease the benefit.
  - Promotes “one-stop shopping” for healthcare services.
  - Increases physical health and better outcomes.
    - Graduation rates.
    - Economic contributions of future adults.

\* For more information on the EPSDT benefit, please see the appendix section of this training.

# Examples of EPSDT Benefit in Schools

Examples of SBS that can be identified as an EPSDT benefit include:

- Physical Health:
  - Screening, diagnosis, and treatment for dental, vision, and hearing problems.
  - Health examination.
  - Immunization, well-child care, chronic disease management.
  - Physical and occupational therapy services.
  - Speech pathology and audiology services.
- Mental Health and SUD Services:
  - Screenings, diagnosis, and treatment for mental health and SUD.
  - Prevention and early intervention for children with and without diagnosed mental health conditions.



# Student Access to Medicaid SBS: EPSDT Benefit



## Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit

### ► What can LEAs do?

- Ensure proper student identification for EPSDT benefits.
- Identify plan for service provision (who, what, when, why, and how).
- Review: [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)



Funding special education and related services included within Medicaid to children with disabilities through a child's IEP



Promoting mental healthcare



Addressing health equity

# IDEA Overview

- Under IDEA, students with disabilities have an IEP that includes special education, related services, and supplementary aids and services.
  - Funding special education and related services is included within Medicaid to children with disabilities through a child's IEP.
  - Some services (e.g., speech therapy, occupational therapy, and mental health) are eligible for funding under Medicaid.
- IDEA services must be individualized to the child and delivered at no cost to the child's family.
- Parents must provide informed written consent for personally identifiable information to be shared for purposes of Medicaid billing in accordance with IDEA and the Family Educational Records Privacy Act (FERPA).
  - IDEA also requires that prior to accessing Medicaid, and annually thereafter, there must be written notification to the child's parents regarding the LEA's use of Medicaid and their rights under IDEA and FERPA.

\*For more information on IDEA, please see the appendix section of this training.

# Student Access to Medicaid SBS: IDEA services



## Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit

### ► What can LEAs do?

- Ensure proper student identification for EPSDT benefits.
- Identify plan for service provision (who, what, when, why, and how).
- Review: [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)



## Funding special education and related services included within Medicaid to children with disabilities through a child's IEP

### ► What can LEAs do?

- Understand how SBS works in your State.
- Develop systems to compile necessary data to submit claims.
- Obtain parental consent and inform parents of their rights when accessing Medicaid.



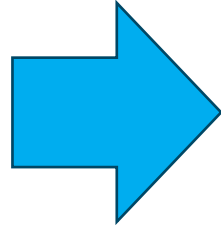
## Promoting mental healthcare



## Addressing health equity

# Mental Health and SUD Services – Facilitating Greater Access to Healthcare

There is an urgent need to identify children and adolescents who have or are at risk for mental disorders, including SUDs, and to connect these children and adolescents with other services they need.



- 10 percent of children and adolescents have a serious emotional disturbance.
  - 80 percent of those children and adolescents do not receive needed services.
- 80 percent of children and adolescents with mental health diagnoses have unmet mental health needs.

Children are six times more likely to complete mental health treatment in schools than in community settings, and mental health services are most effective when integrated into students' academic instruction.

Early access to appropriate mental health and SUD services conducted by comprehensive school-based mental health and substance use treatment systems has been associated with:

- Enhanced academic performance.
- Decreased need for special education.
- Fewer disciplinary encounters.
- Increased engagement with school.
- Elevated rates of graduation.

\* For references on statistics provided, please see the resources section of this training.

# Joint Guidance for Schools on Behavioral Health and SUD

CMS and the Substance Abuse and Mental Health Administration (SAMHSA) issued a [joint information bulletin](#) to address mental health and substance use issues in schools.

- Identifies best practices for addressing behavioral health and SUDs in schools.
- Identifies Medicaid authorities that States may use to cover mental health and SUD services.
- Offers multi-tiered models for implementing mental health and SUD services.
  - [TAC Virtual Meeting #2: Comprehensive School Mental Health Systems](#)

SAMHSA partners with SMAs and schools wanting to expand the use of the 988 Suicide and Crisis Lifeline that is available to anyone experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress.

→ [Technical Assistance Materials | Medicaid](#)



Addressing mental health and SUD issues within schools has proven to increase 988 calls, reduce 911 calls, reduce emergency room use, and support better access to education.

# ED's Commitment to Invest in Students' Mental Health

Mental health and well-being is a priority to U.S. Department of Education Secretary Dr. Miguel Cardona.



Lead the World

## Raise the Bar: Mental Health and Wellbeing

*Goal: Invest in every student's mental health and well-being by increasing school-based health services for students and building schools that support students' overall well-being.*

### *Strategies*

The Department is committed to working with parents, families, educators, and others to meet students' mental health needs.

ED is assisting State and local leaders to:

- Grow the knowledge and skills of professionals currently in schools;
- Expand the supply and capacity of mental health professionals who can work with students; and
- Increase access to funding through the Medicaid program to support school health services, including mental health services.

# Supporting Schools to Address Student's Mental Health

## Office of Safe and Supportive Schools (OSSS) Safe & Supportive Schools - Office of Elementary and Secondary Education addresses:

- Health and well-being of students.
- School safety, security, and emergency management and preparedness.
- Though the administration, coordination, and recommendation of policy and grant programs and by providing technical assistance centers addressing the overall safe and health school community.

## Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs (PDF)

- Providing focused information and additional resources to enhance the promotion of mental health and social/emotional well-being among students.

# Student Access to Medicaid SBS: Mental Health and SUD Services

Medicaid and CHIP programs are intended to provide healthcare or funding to support services to students and children in need. For LEAs specifically, this is accomplished through:

## Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit

### ► What can LEAs do?

- Ensure proper student identification for EPSDT benefits.
- Identify plan for service provision (who, what, when, why, and how).
- Review: [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)

## Funding special education and related services included within Medicaid to children with disabilities through a child's IEP

### ► What can LEAs do?

- Understand how SBS works in your State.
- Develop systems to compile necessary data to submit claims.
- Obtain parental consent and inform parents of their rights when accessing Medicaid.

## Promoting mental healthcare

### ► What can LEAs do?

- Identify current mental health services needs.
- Secure mental health provider access for students.
- Develop a plan to address mental health crises and needs.

## Addressing health equity

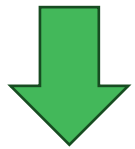


# Health Equity – Facilitating Greater Access to Healthcare



By increasing access to Medicaid SBS, schools can help promote health and educational equity.

Children from low-income, racial or ethnic minority populations, and rural communities in the United States are:



Less likely to have a conventional source of medical care.



More likely to develop chronic health problems.

Many of these children are already enrolled in or are eligible for Medicaid.

- Approximately 37% of all school-aged children and 79% of school-aged children living in poverty receive health coverage through Medicaid and CHIP.
- In 2019, 2.3 million children were eligible for, but not enrolled in, Medicaid or CHIP.

Compared with children who were uninsured, children who were enrolled in Medicaid were more likely to do better in school, miss fewer school days due to illness or injury, finish high school, graduate from college, and earn more as adults.

\* For references on statistics provided, please see the Resources section of this training.

# School-Based Service Expansion Award

- The Health Resources and Services Administration (HRSA) provides funding to expand school-based service sites. The purpose of these awards is to expand access to primary health care services, including mental health services, through the Health Center Program award recipients' new and/or existing service delivery sites located at schools.
  - In 2023, a total of \$25.2 million was awarded.
  - Awards were provisioned for proposing a new site or expanding an existing site.
  - The current performance period is 2 years
    - Award could be extended based on performance and availability of funds.

# Student Access to Medicaid SBS: Health Equity

Medicaid and CHIP programs are intended to provide healthcare or funding to support services to students and children in or LEAs specifically, this is accomplished through:

## Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit

### ► What can LEAs do?

- Ensure proper student identification for EPSDT benefits.
- Identify plan for service provision (who, what, when, why, and how).
- Review: [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)

## Funding special education and related services included within Medicaid to children with disabilities through a child's IEP

### ► What can LEAs do?

- Understand how SBS works in your State.
- Develop systems to compile necessary data to submit claims.
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## Promoting mental healthcare

### ► What can LEAs do?

- Identify current mental health services needs.
- Secure mental health provider access for students.
- Develop a plan to address mental health crises and needs.

## Addressing health equity

### ► What can LEAs do?

- Establish protocols for periodic Medicaid outreach and enrollment activities.
- Increase access to healthcare by addressing social determinants of health and other social issues.
- Develop partnerships to expand access.

# **Identifying Ways LEAs Can Promote Access to Medicaid SBS**

# 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 to 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, add new services, and expand services to small and rural LEAs (e.g., using intermediate school districts).



# Medicaid SBS Expansion Status by State

As of January 2024, 16 States have fully or partially expanded their Medicaid SBS programs and have a CMS-approved State Plan Amendment (SPA) to do so.

- For the purposes of:
  - Bringing in additional resources to expand access to health services for vulnerable students.
  - Addressing the increased demand for mental health services in schools.

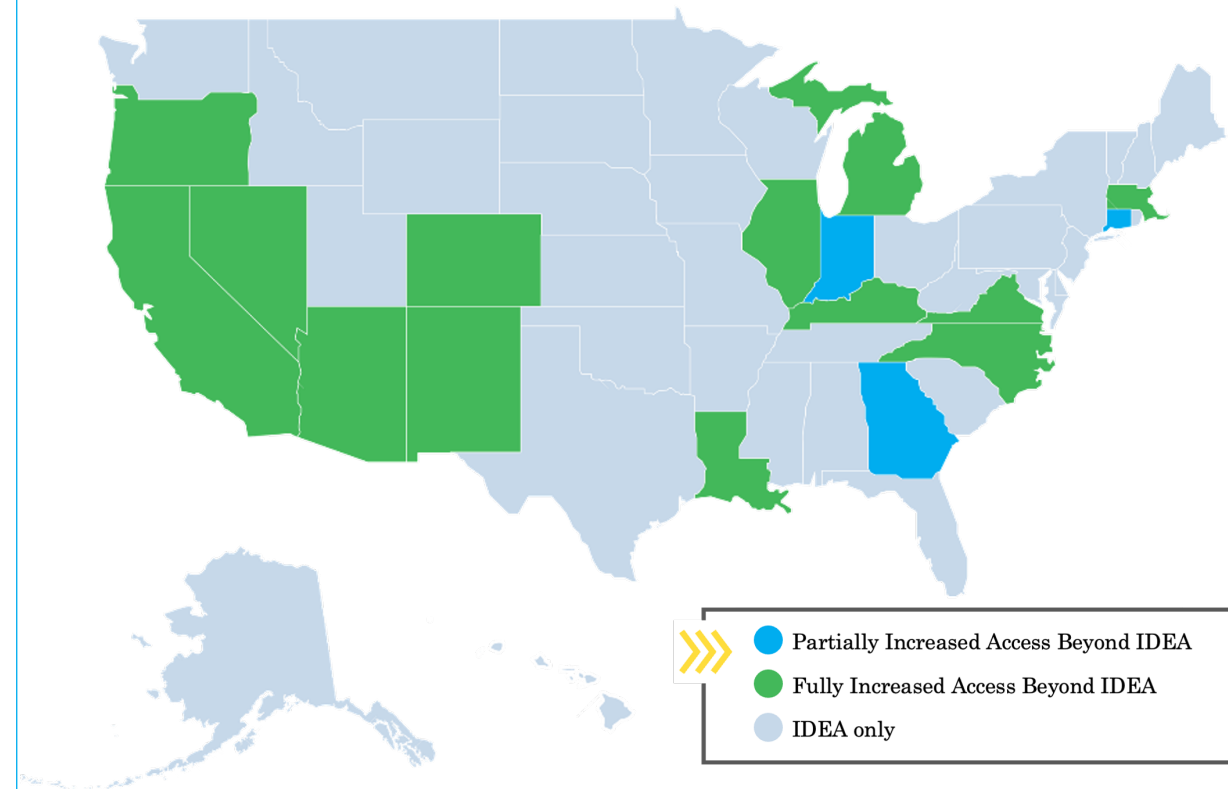
As of January 2024, many States have not taken formal action to implement or align their State Medicaid plans (if necessary) with the 2014 Free Care SMDL.

- Note: States may or may not have to update their State Medicaid plan, TSIP, PACAP, etc., to achieve this.

**LEAs do not have to implement every service in the State plan and can decide which services to implement.**

## Medicaid School-Based Services Expansion by State

as of January 2024



# Path to Getting Started: States Without Medicaid SBS Expansion

LEAs provide services to ensure FAPE is provided and can work to increase the number of LEAs participating in the State's existing SBS program.

Action Step

Empower and educate on perspective

Action Step

Understand how to provide more existing services.

Action Step

Determine what is feasible

Action Step

Make your voices heard



# Working with SEAs to Identify Student Needs

- Look for opportunities to support the SEAs' work on the Comprehensive Review and Analysis (CRA).
- Identify provider gaps and staffing shortages.
  - Recommended school counselor to student ratio: 1:250
    - National average: 1:444
  - Recommended school social worker to student ratio: 1:250
    - California average: 1:6,132
    - Texas average: 1:5,200
    - Louisiana average: 1:1,979
    - North Carolina: 1:1,289
  - Recommended school psychologist to student ratio: 1:500
    - National average: 1:1,382



# Path to Getting Started: States With Medicaid SBS Expansion

There are opportunities to learn what expansion looks like and to strengthen leadership and collaboration.

Action  
Step

Understand your  
State's expansion  
for SBS

Action  
Step

Identify existing LEA  
partnerships

Action  
Step

Identify service  
delivery models used  
in your State

# LEAs Getting More Involved: CRA

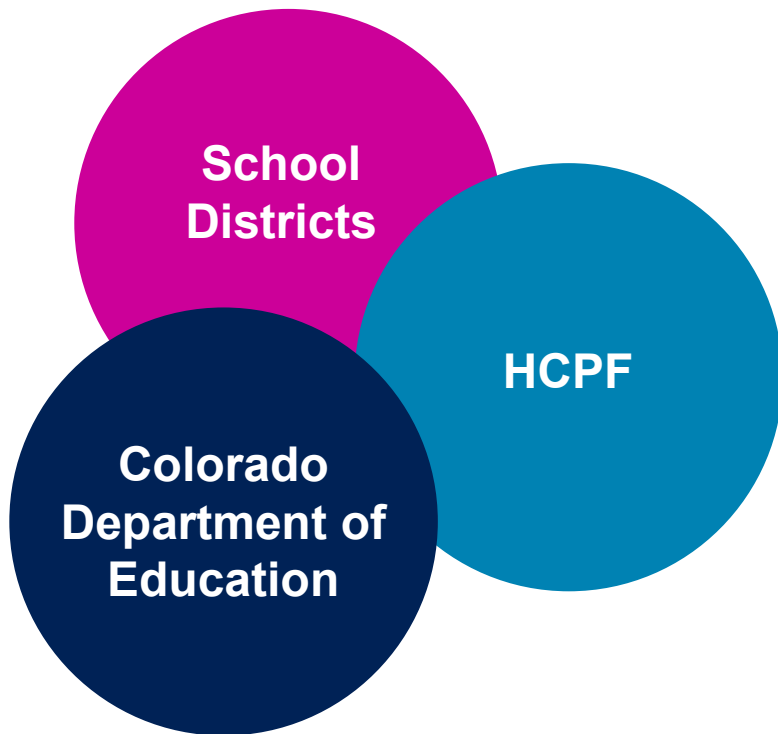
- As SMAs and SEAs begin their work to expand Medicaid SBS, they conduct a CRA to better understand the current Medicaid SBS landscape.
- The CRA is a resource that is informed by:
  - State Medicaid plan, State guidance, time studies, direct service billing, revenue/cost reports, community mental health plans, prior community health needs assessments (in some cases performed by LEAs), audits, etc.
  - **LEA perspectives on school-based healthcare needs.**
- LEAs support SMAs and SEAs in the development of the CRA through data sharing. This helps to illustrate what is happening in schools by identifying:
  - Which services are being delivered.
  - What provider types are working in your school.
  - How they assess for and identify unmet student health needs.
- LEAs can inform SMAs, SEAs, and stakeholders on why Medicaid expansion matters.

# Other LEA Involvement

- Actively engage in the work:
  - Attend and participate in State-led forums, committees, trainings, office hours, and other collaborative meetings and events.
- Promote learning and disseminate understanding:
  - Engage fully in opportunities to inform and educate State leadership on what is happening in your schools.
  - Connect with national/regional/local advocacy groups.
  - Seek opportunities to continue to learn more and educate yourselves on the issues and Medicaid SBS.
- Engage with the CMS/ED joint TAC!

# LEAs Getting Involved: Colorado Process Example

- To receive Medicaid reimbursement, each Colorado school district that contracts with the Colorado Department of Health Care Policy and Financing (HCPF) must:
  - Assess the healthcare needs of its students, including an assessment of the needs of uninsured and underinsured students.
  - Obtain and incorporate community input to establish health priorities.
  - Develop a local services plan according to guidelines issued by HCPF and the Colorado Department of Education.
    - The local services plan establishes the health needs, prioritizes those needs, and establishes a budget for funding those needs.
    - Collaboration between school districts, HCPF, and the Colorado Department of Education occurs through:
      - Stakeholder forum.
      - New coordinator mentorship.
      - Monthly office hours.
      - Outreach to non-participating districts.
      - Ongoing training and support.



# LEAs Getting Involved: Colorado Process Example

## 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



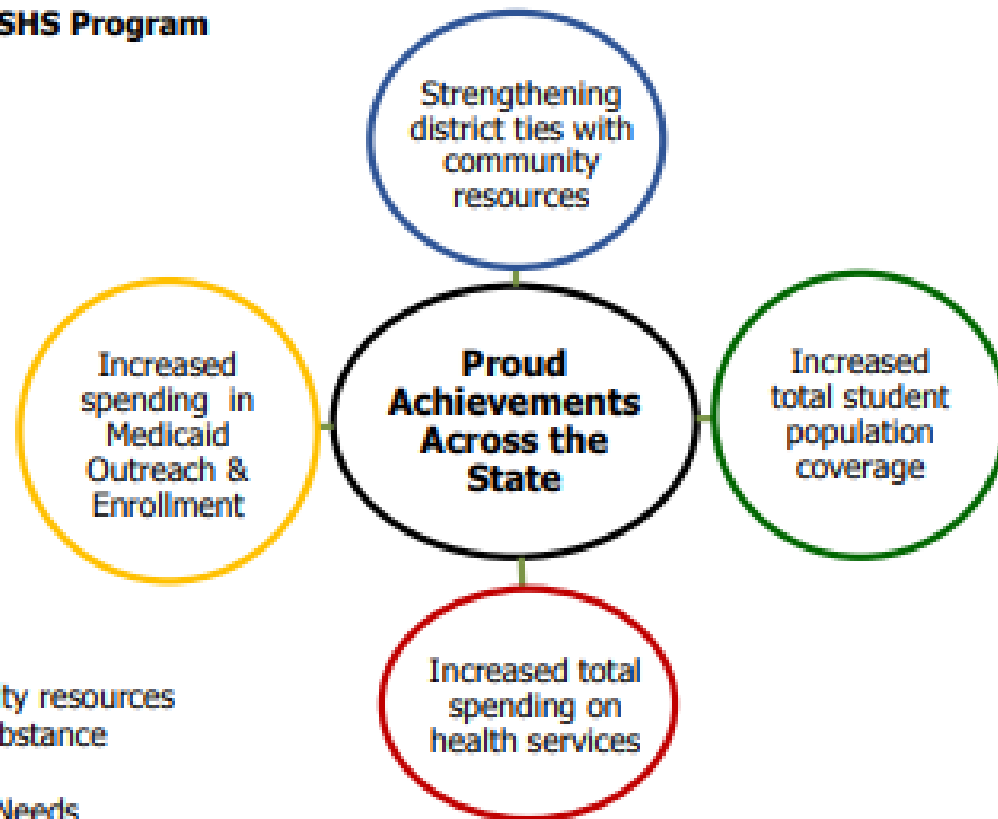
### \$3.2 Million on Health-Related Equipment, Materials, & Supplies

- ✓ 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 SBS TAC Helping to Create Path Forward

The Medicaid SBS TAC provides assistance by:

- Supporting SEAs and SMAs to “move the needle” towards greater student access to Medicaid SBS.
- Working with SMAs and SEAs to help them develop better resources for the LEAs.
- Engaging to understand the challenges and pitfalls to help mitigate issues and carve a path forward for Medicaid SBS expansion in all States.
  - Providing support and resources to help states address the behavioral health crisis, provider shortages, and other issues.



## CMS and TAC

Serving as a technical assistance resource to support SMAs, SEAs, and LEAs **throughout the process** of increasing access to Medicaid SBS.

# LEAs' Path to Action

LEAs are in different places when it comes to increasing students' access to Medicaid SBS.

I'm new to Medicaid, how do I start?



You have already started by reviewing this webinar and increasing your understanding of Medicaid SBS!



Review additional Medicaid SBS trainings and reach out to your SEA and SMA for additional support.

I'm only billing for direct services but not administrative services.



Educate yourself on the issues and reach out to your SEA and SMA.



Review the Medicaid SBS FAQs and Job Aid on Cost Pools and submit questions to the help desk.

My State has expanded school-based Medicaid, but I'm still only claiming for children with IEPs.



Engage with national/regional and local advocacy groups.



Engage with your SEA and SMA. Reach out to the Medicaid SBS TAC.

**Panel Discussion on Expanding  
Medicaid SBS: A Real-Life Perspective**



# Today's Panelists

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## **Elizabeth Tinguely, R.N.**

Las Cruces Public Schools Medicaid Coordinator  
Las Cruces, NM

## **Mallory Blan Geissler, M.B.A**

Accountability & Operations Senior Director, Albuquerque Public Schools  
Albuquerque, NM

## **Anna Curtis, M.A., L.P.C.C.**

Behavioral Health Coordinator, Bloomfield School District  
Bloomfield, NM

## **Amber Rivera**

Medicaid Specialist, Southwest Regional Education Cooperative #10  
Deming, NM

# Panelist Questions

1. Please describe the Medicaid SBS that are provided in your schools or describe the vision or “wish list” to increase student access to Medicaid SBS in your school districts.
2. What does Medicaid SBS billing look like for your LEA?
3. What are the factors or key decisions that lead to successful implementation of Medicaid SBS?
4. What are the roles that school districts have allotted and/or designated to aid schools in the implementation of Medicaid SBS or goals to increase Medicaid access?
5. Describe a success story of how Medicaid SBS impacted a student’s life in a positive manner.



# Questions?

Email: [SchoolBasedServices@cms.hhs.gov](mailto:SchoolBasedServices@cms.hhs.gov)



# Appendix

# The Bipartisan Safer Communities Act (BSCA)



- On June 25, 2022, President Joe Biden signed the BSCA into law.
- Section 11003 of the 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, for all Medicaid-eligible students.
  - Reduce administrative burden.
  - Support Federal compliance with IDEA requirements.
  - Ensure ongoing coordination and collaboration between HHS and ED.
  - Provide information to SEAs and LEAs on how to utilize funding from HHS and ED and other Federal agencies 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.

# EPSDT Benefit – Facilitating Greater Access to Healthcare

- The Medicaid statute requires that States provide any medically necessary healthcare services listed in Section 1905(a) of the act to individuals who are eligible for EPSDT, even if the services are not otherwise available under the State's Medicaid plan.
- The EPSDT benefit provides comprehensive health services to Medicaid eligible people under the age of 21.
  - **Early:** Assessing and identifying problems early.
  - **Periodic:** Checking children's health at periodic, age-appropriate intervals.
  - **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.
  - **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified.
  - **Treatment:** Control, correct, or reduce health problems found.
- Medicaid SBS can encompass any EPSDT service, including any medically necessary physical, mental health, and SUD services.

# Medicaid as a Funding Source for Special Education Services

- Section 1903(c) of the Social Security Act states that nothing should prohibit the payment for medical assistance for covered services furnished to a child with a disability because such services are included in the child's IEP, established pursuant to Part B of IDEA.
- Between IDEA and Medicaid, Medicaid is the payer of first resort for services included in an IEP.
  - Medicaid is not the payer of first resort for services to students covered solely by Section 504. However, Medicaid will be the payer of first resort for any Section 504 services included in an IEP if an LEA meets its Section 504 obligations to an IDEA-eligible child with a disability through an IEP.
- Most funds generated from SBS come from IEPs.
  - In 2021, Medicaid Budget and Expenditure System (MBES) expenditures reports showed more than \$5.98 billion in total computable payments for SBS (for services identified in an IEP and non-IEP services to Medicaid students).
  - In 2023, schools received \$14.1 billion in Federal IDEA funding.
  - If you are not claiming for IDEA services (which are mandated by law), you are losing money/leaving money on the table.



# Conditions for Medicaid Reimbursement for IDEA-Related Services

- There are five conditions that must be met for Medicaid to reimburse for IDEA-related services:
  1. The child receiving the service must be enrolled in Medicaid.
  2. The services must be medically necessary (as determined by the State).
  3. The services must be covered in the State Medicaid plan or authorized by the Federal Medicaid statute.
  4. The services must be listed in the child's IEP.
  5. The school district or LEA must be authorized by the State as a qualified Medicaid provider.

# Interagency Coordination: Methods of Ensuring Services Under IDEA §300.154



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 (e.g., SMA)):
  - 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 described (above) that are needed to ensure FAPE are provided.

The requirements of an **interagency coordination** can be met through:

- State Statute or regulation;
- Signed agreements between respective agency officials that clearly identify the responsibilities of each agency relating to the provision of services; or
- Other appropriate written methods as determined by the Chief Executive Officer of the State or designee of that officer and approved by the Secretary.

# Interagency Coordination: Methods of Ensuring Services Under IDEA §300.154 (cont.)

The agreement mechanism must include the following:

- (1) 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 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.

# Resources

- [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#)
- [Technical Assistance Center \(TAC\) | Medicaid](#)
- [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)
- [Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools \(samhsa.gov\)](#)
- [School-Based Health Centers to Advance Health Equity - PMC \(nih.gov\)](#)
- [ACS-school-age-kids-FINAL.pdf \(georgetown.edu\)](#)
- [YRBSS Data Summary & Trends | DASH | CDC](#)
- [Draft FY 2021-22 Colorado SHS Program Flyer](#)
- [CO SHS LSP Health Needs Assessment Support \(state.co.us\)](#)
- [Medicaid Payment for Services Provided without Charge \(Free Care\) \[SMD# 14-006\] | CMS](#)
- [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs \(PDF\)](#)

# Resources

- [Social Security Act §1903 \(ssa.gov\)](#)
- [Sec. 300.154 \(d\) \(2\) \(v\) - Individuals with Disabilities Education Act](#)
- [Past Events | Medicaid](#)
- [Raise the Bar: Mental Health and Wellbeing | U.S. Department of Education](#)
- [Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services \(usf.edu\)](#)
- [Safe & Supportive Schools - Office of Elementary and Secondary Education](#)
- [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs \(PDF\)](#)
- [FY 2023 Health Center Program School-Based Service Expansion \(SBSE\) Funding \(HRSA-23-097\) Post Award Recipient Guidance](#)
- [Manage the School-Based Service Expansion \(SBSE\) Award | Bureau of Primary Health Care \(hrsa.gov\)](#)