Accessing Medicaid Funds for School-Based Mental Health Services

Over the past several decades, our national public education system has seen a shift in responsibility for meeting student needs. Beyond education, schools are providing an increasing scope of mental and behavioral health services. While less than 20% of school-aged youth needing mental health services actually receive them, the majority of those that do receive mental health services receive them through the schools.[1] About a third of school districts are providing mental health services on campus, and a quarter are working with community-based mental health providers to serve students in need.[2] Delivering these mental health services to thousands of students each year has put districts in precarious financial positions.[3] Shrinking school budgets continue to be a major concern in public school districts in the United States.[4] However, growing recognition at the national level of the need for prevention efforts, accessible health insurance, and comprehensive health services for young people has resulted in new opportunities for schools to fund these services.

There are Medicaid reimbursement programs in most states that allow schools to recoup the cost of administering health services for students enrolled in Medicaid. In January 2016, in recognition of the key role that schools play in the overall health and wellness of children, the U.S. Department of Health and Human Services and the U.S. Department of Education jointly released a letter and *Healthy Students, Promising Futures* toolkit to urge schools and health care providers to collaborate. Their guidance specifically identifies the implementation of Medicaid-reimbursable health services in schools as a high-impact opportunity, a recommendation that is aligned with other national strategic plans and priorities.[5]

This Issue Brief is to provide schools, districts, and education agencies with strategies to access and utilize these funds to support mental health services in schools.

The number of people enrolled in Medicaid has increased substantially in the last few years. The Patient Protection and Affordable Care Act (2010) has resulted in Medicaid expansion in 28 states and Washington, DC, with over 12.3 million more people enrolling in Medicaid and CHIP (Children's Health Insurance Program).[6] These changes have the potential to result in a larger Medicaid funding stream to schools, the delivery of more comprehensive behavioral health services, and the integration of schools into innovative community-based health systems.[7]

Unfortunately, Medicaid reimbursement programs in school districts remain widely underutilized.[8] The goal of this Issue Brief is to provide schools, districts, and education agencies with strategies to access and utilize these funds to support mental health services in schools.

Understanding How to Optimize Medicaid Programs

Medicaid is a complex health coverage program that is administered nationally by the Centers for Medicare and Medicaid Services (CMS) and at the state level by health and human services departments. It is up to each school district to create and facilitate their Medicaid reimbursement program to allow for maximal funding. The key to maximizing Medicaid reimbursements is to understand the complexities of the state and federal requirements, how to best fit Medicaid's billing options with your individual district's needs, and how productive partnerships can improve these processes. Being aware of the hurdles you may face at the program and district levels can help alleviate some frustration.

Research into the regulations and how to utilize the available billing options is the best way to customize Medicaid claims for a specific school district. There are three critical steps you can take to help you optimize Medicaid funding in your district.

Step 1: Research the State Plan

Medicaid claiming regulations are written and enforced independently in each state. Every state operates its own Medicaid program within the broad context of the federal Medicaid law. States have latitude to establish their own eligibility criteria, and to determine the type, amount, duration, and scope of services. States set their own rates for service payment, and administer their own programs.[9] The document that is responsible for outlining each state's regulations is called the State Plan. The first step to initiating or revising a Medicaid reimbursement program at the district level is to become familiar with the State Plan.

Medicaid.gov has an interactive map of State Medicaid and CHIP Profiles, including State Plan Amendments for each state: https://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html. In addition, you can find links to each state's State Plan in the Medicaid Handbook, "Module 9: Practical Guides to Medicaid State Plans and Waivers": https://store.samhsa.gov/shin/content/SMA13-4773/SMA13-4773_Mod9.pdf

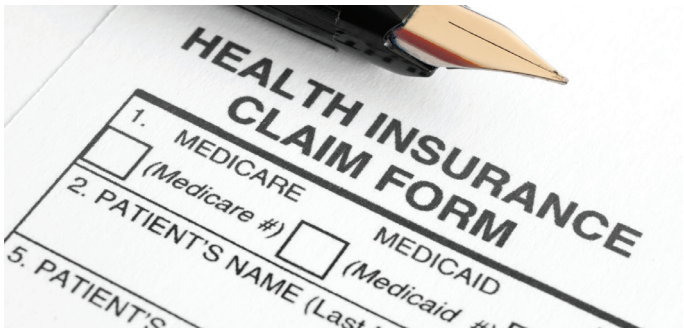
There is considerable variance regarding billable school-based psychological services from state to state. This is a result of the differing needs across different parts of the country, and because some states have worked with educational agencies to create their State Plan more than others. If the current regulations do not meet the needs of the school districts, the state can apply to CMS for a State Plan Amendment (SPA). This is the only way to change state program regulations. (Through a separate process, states can opt-out of specific federal Medicaid requirements by obtaining waivers.)[10] Along with better meeting the needs of the school districts, SPAs can be levied to gain additional Medicaid funding. Additional Medicaid dollars may free up state and local monies that were previously used to sustain Medicaid-covered services to provide new or uncovered services.[11]

Step 2: Know what Medicaid billing options are available and how best to utilize them to meet the district's needs

There are two Medicaid claiming programs school districts can utilize to maximize their reimbursements: Fee-for-Service Claiming and Administrative Claiming. There are also collaborative strategies that are cost-effective for districts and allow students to receive a wider variety of services. Understanding how these strategies can work together will allow a district to achieve the most comprehensive results for its student population.

Similar to the variety found in the State Plans, how states execute the two reimbursement programs can be quite different. While the overall objectives will be the same, the method for producing and submitting claims will depend on the state agency that is providing oversight.

Fee-for-Service Claiming - The traditional method of billing for health services under which a health care provider charges separately for each patient encounter or service rendered.[12]



Within fee-for-service claiming, school practitioners will submit claims for services covered by the Medicaid Sate Plan delivered to students with Medicaid insurance. Reimbursement is based on state-determined levels. In most states, the claimed service must be required by the student's Individualized Education Program (IEP). It is very important to be aware of the documentation required in case of an audit, as fee-for-service claiming requires intensive record-keeping.[13] These requirements can be found in the state regulations.

Administrative Claiming - A program for LEAs [local education agencies] to be reimbursed for staff activities necessary for the proper and efficient administration of the Medicaid program.[14]

Under administrative claiming, school personnel who do not meet the requirement of being Medicaid providers can claim activities. If fee-for-service claiming is reimbursement for the direct service, administrative claiming can be thought of as the reimbursement for the time district staff dedicate to initiating or referring to Medicaid covered services and case management. Administrative claiming requires less documentation and therefore tends to be less burdensome on the staff. It can also provide funding for services that are otherwise difficult to fund, such as outreach and Medicaid enrollment activities, collaboration, and case management.[15]

"Schools present a wonderful opportunity for Medicaid outreach. That is, because schools are by definition 'in the business of serving children,' they can be a catalyst for encouraging otherwise eligible Medicaid children to obtain primary and preventive services, as well as other necessary treatment services" (The Center for Medicaid and State Operations, p.13).

Fee-for-service claiming and administrative claiming are not mutually exclusive. Depending on the size and scope for the district, participating in both can be the most financially rewarding.

Step 3: Create Medicaid-funded partnerships

When school districts are able to create partnerships with local or county agencies, supplementary funds and resources may become available. For example, when a district has the staff and ability to provide a service but not Medicaid funding, the county can use its funding to support the services. Alternatively, the county can utilize a school district's Medicaid dollars to provide services to students if the services are not available through the district. Leveraging funds in this way increases the capacity of the school district to provide needed mental health services.

Creating the best Medicaid reimbursement program is going to depend on the need, size, location, and many other variables for each school district. An urban school district with 200 school sites that span from pre-K to high school will possess specific opportunities for providing billable services. Their Medicaid outreach strategies may not be practical for a small rural district that serves a fraction of the students at only the elementary levels.

Before a district begins to submit Medicaid claims it is helpful to understand the scope and purpose of the program within the district. Answering these questions will be helpful when defining and facilitating the processes of the district's Medicaid program.

- What services does the district currently provide and how does that fit within the Medicaid model?
- Are there any adjustments that could be made in order to be more compatible with this model and possibly be eligible for higher reimbursements?

Further considerations for developing partnerships are also discussed in the next section.

Understanding the Hurdles

Though Medicaid has been an important resource in advancing mental and behavioral health services by providing funding to educational institutions, districts have come across significant program-level and district-level hurdles. Below is an outline of some common barriers to Medicaid reimbursement, and suggestions for how to overcome them.

Program-Level Hurdles:

School districts will find some disconnect between the regulations of the State Plan and the scope of services on school sites. Medicaid primarily functions in the world of health care and schools are not traditionally arranged as full-fledged health service providers. This may cause districts to experience some frustrations due to the limitations of the program regulations.

Challenge 1: IEP Limitations at the Federal Level. From 1997-2014, CMS guidance included the "free care" policy: schools could not receive Medicaid reimbursement for services provided to Medicaid-enrolled students if those services were provided free of charge to non-Medicaid students. This included services such as mental health screenings, physical health screenings, and funding Medicaid-eligible health providers (like licensed social workers). Students with IEPs were an exception to the free care rule, meaning that schools could still bill "free" services to Medicaid if the student had an IEP. However, receiving funding for those services was complex, which often discouraged schools from billing to Medicaid at all.[16]

In addition, many mental and behavioral health services are not typically considered to be IEP types of services in school districts. The IEP model does not focus adequately on early screening, diagnosis, and treatment of mental and behavioral health disorders before they become severe enough to require special education services. As a result of these issues, schools lacked crucial Medicaid funding to provide services to students with or without IEPs.

Solution 1: Changes to the Free Care Rule. In December 2014, CMS released new guidance that stipulated schools are not prohibited from billing to Medicaid for services that are provided free of charge to non-Medicaid-enrolled students. This change means that there is the potential for schools

to receive Medicaid funding for many more students than before, and as a result, schools may be able to afford offering more health services. The explicit goal of the new guidance was "to facilitate and improve access to quality healthcare services and improve the health of communities" (Mann, 2014).[17] The implications of this change are discussed more below.

Challenge 2: IEP Limitations at the State Level. Previously, under the free care rule, Medicaid would only reimburse for "free" services if students were enrolled in Medicaid and covered by an IEP. Most State Plans integrated the free care policy by stipulating that school-based mental health services could only be provided to students with IEPs. Although the federal guidance changed in 2014, only a small number of State Plans have been updated to reflect this. As a result of this delay, many school districts are still only able to provide mental health services to students with IEPs.[18]

Solution 2: Amend the State Plan to Reflect Current Policy. To take full advantage of the prevention and treatment funding opportunity presented by the new guidance, most State Plans will need to update with an SPA.[19] It is helpful to establish a working relationship with the state agency responsible for overseeing the school-based Medicaid programs. In many states, the state-level agency responsible for Medicaid billing is the Department of Health and Human Services, which is often siloed from the Department of Education. Developing a collaborative relationship can benefit both parties: State Plans can be stronger when they incorporate input from local and state education agencies, and Medicaid reimbursement processes can be smoother when education agencies are in direct communication with the health and human services agency that oversees the process. If an SPA is needed, the process can be improved when educational personnel have effective working relationships with state Medicaid agencies.[20, 21]

District-Level Hurdles:

As one of the largest federal funding sources for children and families, Medicaid financing is complex. However, the potential to fund mental health services for students makes considering approaching these challenges worthwhile. Planning a strategy for overcoming hurdles in advance leads to a greater likelihood of success. Districts that begin billing for services without investing the time and energy into fully comprehending the program complexities often encounter negative outcomes.

Challenge 1: Role Confusion. School practitioners and administrators can become confused and overwhelmed with the extra responsibilities involved in Medicaid reimbursements. This may lead them to believe the additional funds the district is collecting are not worth the hassle. When accountability for Medicaid billing is not exercised by the district administrators, schools and practitioners fail to realize the lost opportunity for funding. Billing turns into just another form of documentation and gets pushed to the bottom of the priority list.

Solution 1: Create Clear Roles. The districts with the highest functioning Medicaid reimbursement programs combat the hurdle of role confusion by encouraging at least one district administrator to become an expert in the ins and outs of Medicaid billing. They also create a valuable working relationship with an official at the state level that can help answer questions and guide them in best practices. In many states, there are vendors that will contract with schools to assist them in similar capacities. It is also important for schools and community mental health providers to formally define their relationships. This helps avoid Medicaid reimbursement problems, maximizes collaborative opportunities, and delivers the most comprehensive and effective care possible to students. Considerations include shared understanding of what can and cannot be billed to Medicaid, according to state regulations; where and by whom mental health services will be provided; and how records will be created, stored, and shared.[22]

Challenge 2: Data Collection. Challenges emerge when the proper documentation is not collected and/or stored. Practitioners within the educational organization are required to keep up with a great deal of documentation. They may regularly update several databases regarding the students they serve. This documentation is often similar, but not identical, to the details necessary to bill for Medicaid services. This means that in order to recoup reimbursements for their services, practitioners will be documenting the same information in a third, sometimes fourth location. This can be daunting and result in many of the services going undocumented and therefore unbilled.

Solution 2: Learn the Data Requirements in Advance. Districts can learn about the documentation required before they enter into Medicaid billing. By being proactive on this front, they will have the potential to secure higher and steadier reimbursements without overwhelming their staff. Some districts develop their own data collection plan, while others contract with an outside vendor to manage their billing data.

Agreeing on how data will be collected and used is an important part of developing relationships with other agencies and community-based providers. The *Healthy Students, Promising Futures* toolkit recommends using Medicaid funds for wraparound case management services. To provide these comprehensive services, the toolkit also recommends developing data-sharing agreements to maximize student support without compromising student privacy.[23] This recommendation is aligned with federal regulations regarding student privacy, such as the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). For specific resources and tools to facilitate data-sharing, visit the School Mental Health Referrals Pathway Toolkit that was developed in 2015 for Now Is The Time Project AWARE grantees.

The School Mental Health Referrals Pathway Toolkit (http://tinyurl.com/SMHRPtoolkit) is an excellent guidance resource to help schools, districts, and community-based providers develop and formalize their relationships.

Challenge 3: Lack of Faculty and Staff Support. School districts are large organizations that are expected to perform in many arenas at a high level. Conflict can arise over the importance of each program. If the people responsible for implementing the Medicaid funding program do not believe in its importance, they are less likely to be successful.

Solution 3: Create Buy-In From Faculty, Staff, and the Community. Your district can foster success with Medicaid billing by helping faculty and staff understand why this process is a priority. Here are some strategies[24] to get started:

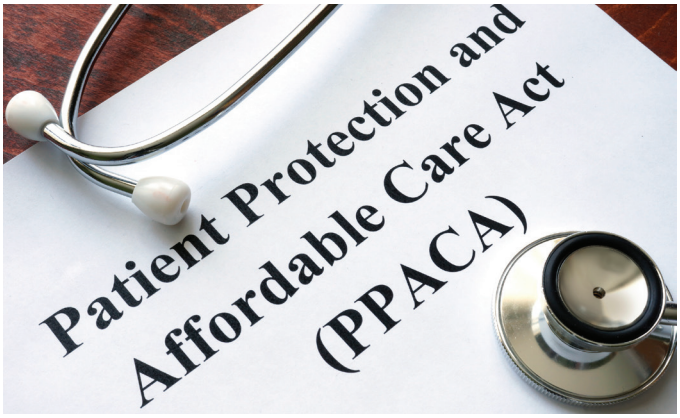
- Use your existing data to show the prevalence of student mental health challenges in your district.
- Use existing professional development opportunities as a forum for demonstrating the link between improved student mental health and student academic success.
- Invite members of your district from schools and communities to participate in a steering committee that supports the implementation of Medicaid billing.
- Talk with other Project AWARE site leaders and cross-initiative leaders (e.g., Safe Schools/ Healthy Students, Healthy Transitions) to identify programs and services that may be beneficial to bring to your community.
- Share innovations with stakeholders as a model for what your schools and districts can achieve.

Highlighted Resources to Help You Develop Your Medicaid Reimbursement Program

See the toolkit jointly released in 2016 by the U.S. Departments of Education and Health and Human Services: *Healthy Students, Promising Futures: State and Local Action Steps and Practices to Improve School-Based Health*. http://www2.ed.gov/admins/lead/safety/healthy-students/toolkit.pdf

If you want to partner with your community or advocate for changes to your state's Medicaid reimbursement program, see the Community Catalyst's 2016 toolkit, *Advocates' Guide to the Change In The Medicaid Free Care Rule*. http://www.communitycatalyst.org/resources/toolkits/Full-Free-Care-Toolkit-4-27-16.pdf

For sample recommendations to state policymakers to change the SPA after the free care rule reversal, see the California School-Based Health Alliance's *Policy Considerations for California Following the 2014 Reversal of the Medicaid "Free Care Rule"*



(2016). https://www.schoolhealthcenters.org/wp-content/uploads/2016/01/Policy-Considerations-for-CA-Following-2014-Reversal-of-the-Medicaid-Free-Care-Rule.pdf

For information about using Medicaid and other funding sources to create and staff a school-based mental health clinic, see the New York Office of Mental Health's guide to *School and Mental Health Partnerships: Improving School and Community Outcomes For Children and Adolescents with Emotional and Behavioral Challenges* (2015) (note that services require an IEP, which may be different in your state). https://www.omh.ny.gov/omhweb/Childservice/docs/school-based-mhservices.pdf

For information about how the ACA has expanded Medicaid eligibility and how Medicaid may be used to fund school mental health staff, see this article from the National Register of Health Service Psychologists: "School Psychologists and School-Based Medicaid Reimbursement." https://www.nationalregister.org/pub/the-national-register-report-pub/the-register-report-fall-2015/school-psychologists-and-school-based-medicaid-reimbursement/

Medicaid-Reimbursable Services in Your State

Medicaid is one of the largest funding systems for connecting students and families to needed services. And it has played an important role in growing school-based mental and behavioral health programs. Although school districts have had some bumps in the road while participating in these programs, the money generated for furthering school mental health services has been extremely valuable. Changes to federal policy created exciting opportunities for schools to use Medicaid funding to create health services programs, innovate and expand on the services they offer, and partner with the community to provide comprehensive services that support the whole child.

Below is a brief description of the type of mental health providers and the services they may deliver and receive Medicaid reimbursement in each Project Aware-SEA grantee state. School districts must adhere to their state's specific plan. This information is current as of 2016. Please keep in mind that in most states, services must still be IEP-driven, and in other states, the available information may not yet reflect SPAs that overturn the IEP requirement.

Project AWARE-SEA Grantees:

Alaska: School-based Behavioral Health and Therapeutic Services Program. Associate/Behavioral Health Professional, master's degree in psychology, social work, counseling, or a related field with specialization or experience in providing rehabilitation services to recipients with severe behavioral health conditions. Psychosocial evaluation, education related to recipient's behavioral health condition, encouraging and coaching, counseling, and teaching of needed life skills.

California: Licensed Psychologist, Licensed Educational Psychologist, Credentialed School Psychologist, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist. Psychology and counseling treatments which involve the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior. It includes diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders.

Colorado: Licensed Psychologist, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Social Worker, Licensed Clinical Social Worker. Psychology, counseling, and social work services are health care, diagnostic, treatments, and other measures to identify, correct, or ameliorate any disability and/or chronic condition. These services are provided as health and behavior interventions to identify the psychological behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical and mental health problems.

Florida: School Psychologists, social workers, Certified Behavior Analyst, Associate Certified Behavior Analyst, Mental Health Counselors, Marriage and Family Therapist, and Guidance counselors. Services include testing, assessment, and evaluation to appraise cognitive development, emotional, social, and adaptive functioning; therapy and counseling; behavioral analysis or assessment and treatment or intervention and activities for the purpose of resolving immediate crisis.

Georgia: Service Providers are limited to only a Clinical Social Worker, involved in assisting children and/or their parents in understanding the nature of their illness or disability, special needs of the child, and the child's development.

Hawaii: Mental health and other behavioral services include individual therapy and evaluations of students with IEPs.

Iowa: Psychological screening, individual psychological assessment, direct psychological service to an individual, direct psychological service in group, consultative services, social work services, social work screening, social work assessment. Direct services to an individual, to determine need, nature, frequency, and duration of treatment. Direct service for the purpose of group and family therapy.

Illinois: Psychologist with a Type 73 Certificate or current Illinois State Board of Education equivalent, or Psychologist licensed by the Illinois Department of Financial and Professional regulations. Services necessary for the development of the students' IEP/ Individual Family Service Plan (IFSP) are diagnostic or active treatments with the intent to reasonably improve the student's physical or mental health. Services include testing, interviews and behavioral evaluations, therapy, and resolving crisis situations.

Kentucky: Licensed Psychologist, Licensed Psychological Practitioner, Certified Psychologist with autonomous functioning, Certified Psychologist, Licensed Psychological Associate, Licensed Professional Clinical Counselor, Board Certified Behavioral Analyst, Licensed Professional Clinical Counselor Associate, Social Worker, Licensed Clinical Social Worker. Guide is not available for actual services.

Maryland: Services include Social Work, counseling, psychological services, and evaluations focused on students with IEPs.

Michigan: Fully Licensed Psychologist under the supervision of a Licensed Psychologist, Master of Social Work in Michigan.

Montana: School Psychologist must have class 6-specialist license. School Psychology and Mental Health Services, Evaluation/Assessment with results written into IEP, Counseling/Individual and group, Consultations with parents as part of child's treatment.

New Hampshire: Psychological services shall be covered services recommended by a certified psychologist to be necessary for evaluation, diagnosis, and treatment of emotional or behavioral problems or disturbances in order for a student to benefit from an education program. Testing and evaluation, individual treatment, group treatment, and family counseling.

Nevada: Nevada Licensed Psychologist (only). Mental health assessment, evaluation, and individual services provided to a student and/or student and family in order to remediate social, emotional, and/or behavioral problems necessary to promote the student's ability to benefit fully from an educational program. Psychological testing, assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized development.

Ohio: Clinical Counselor or Counselor, Psychologist or School Psychologist, Independent Social Worker or Social Worker. Mental health services; diagnosis and rehabilitative treatment; assessment and diagnostic services; psychological and neuropsychological testing; and rehabilitative treatment for purpose of treating, correcting, or alleviating mental/emotional impairment.

Virginia: Psychological and mental health services, psychological testing, neurobehavioral status exam.

Washington: Psychological assessments, including psychological and developmental testing and therapy. (Mental health not mentioned.)

West Virginia: Psychological, personal care (full day student), and personal care (partial day student). Personal services can include behavior modification and/or other remedial services necessary to promote a child's ability to participate in and benefit from the education setting.

Wisconsin: Psychological services, counseling, and social work services include diagnostic or active treatments intended to reasonably improve the child's physical or mental condition. Services include diagnostic testing, therapy and treatment plans, counseling, or social work services to children with psychological or behavioral problems, crisis intervention, and group counseling.

Information could not be located for Tennessee.

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