



MISSOURI SCHOOL  
BOARDS' ASSOCIATION

# MSBA

Missouri School Boards' Association

# Medicaid 101

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# Our Reality

- Schools are held accountable for each student's academic achievement/progress.
- Children who are not physically/mentally healthy do not achieve to potential.
- Historically, MO has not adequately funded access to resources.
- We have not taken advantage of all the funding streams to ensure our children are well served.
- BOE's have a fiduciary responsibility to their community to avail themselves of every possible financial resource.

# What is the connection between public schools and Medicaid?

- 1975 P.L. 94-142 - Later to be reauthorized as the Individuals with Disabilities Education Act or IDEA
- Predicted the cost= 40% more than educating children without disabilities
- Federal government would cover the cost
- Greatest % covered to date = 19%
- Results of 2010 federal and state studies= Actual cost 200% more to educate students with disabilities

# Relief for Medical Costs Incurred under IDEA

- 1988 - *Catastrophic Health Care Act* specified:
- Students with IEP's and with Medicaid coverage
- Whose IEP had a stated need and provision of medical services (services summary on IEP),
- Medicaid would be the payor of first resort for those medical services specified in the State's Medicaid Plan.

# Terminology and Acronyms

- Centers for Medicare and Medicaid Services = **CMS**
- Medicaid = **MO HealthNet**
- MO HealthNet Division = **MHD**
- Department of Social Services = **DSS**
- School District Administrative Claiming = **SDAC**
- Medicaid Eligibility Rate = **MER or MEV**

# Three Billable Areas for Schools

Three distinct areas under which public schools can bill MO HealthNet (Medicaid):

1. School District Administrative Claiming (SDAC)
2. Direct Services or Fee-For-Services
3. Non-Emergency Medical Transportation (NEMT)

# History and Purpose of School District Administrative Claiming

- The *purpose* of SDAC is to form a partnership between MHD and individual school districts.
- MHD and the district share the responsibility for promoting access to health care for students,
- for preventing long-term health care problems for at-risk students, and
- for coordinating students' health care needs with providers.



# Core Principles of SDAC

- Connect uninsured children with MO HealthNet for benefits
- Link children with appropriate healthcare
  - Preventive healthcare
  - Treatment for identified healthcare issues
  - Coordination, follow-up and monitoring
- Plan for efficient delivery of healthcare within the school and community.

# What services are covered by MO HealthNet?

- ▣ Primary, Acute, and Preventative Care
- ▣ Hospital Care, In/Out Patient
- ▣ Dental Services
- ▣ Immunizations
- ▣ Physical, Occupational and Speech Therapy
- ▣ Hearing Aids, Related Care
- ▣ Eye Exams, Glasses
- ▣ Lab & X-ray
- Prescription Drugs
- Physician Services
- Medical Supplies and Equipment
- Behavioral Services—outpatient counseling and in-patient psychiatric
- Check Up's and Sports Physicals
- Substance Abuse Treatment
- Home and Community-based Services

# Relevance to Schools

- SDAC activities are directly related to student learning outcomes.



# How Does SDAC Work?

- Main factors contributing to a claim:
  - Personnel Roster (Salaries + benefits)
  - Random sampled activities
  - Medicaid Eligibility Rate
- MSBA Medicaid Consortium assists schools with claiming approximately \$4.7 m quarterly.

# Selecting Personnel for the SDAC Roster: SDAC Activities are Routine Functions of the Position

- MO HealthNet Outreach
- Facilitating MO HealthNet Eligibility Determination
- Transportation-Related Activities in Support of MO HealthNet Covered Services
- Translation Related to MO HealthNet Services
- Program Planning, Policy Development, and Interagency Coordination Related To Medical Services
- Medical/MO HealthNet Related Training
- Referral, Coordination and Monitoring of MO HealthNet services

# Personnel to Consider

- Direct Providers of Medical Services (Cost Pool 1) and
- Special Education staff (generally not paras)
- Alternative Program staff—ELL, pregnant teen and infant care, mental health programs, credit recovery programs...
- Members of student assistance teams
- Parents as Teachers
- Home School Communicators; Community Liaisons
- Principals and assistant principals

# Direct Services Claiming

## Direct Services

- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Transportation (NEMT)

## Expanded Direct Services

- Private Duty Nursing
- Personal Care Assistant
- Behavioral Health Services/Counseling
- Hearing(Audiology)

# Mental Health Crisis

- National crisis and Missouri crisis:
  - The first signs around 2014
  - More young people said they felt overwhelmed and depressed.
- Reported to MSBA by Board Members and School Superintendents
  - No access to Behavioral Health services
  - Achievement and safety issues are prominent
  - Students using school nurse as urgent care
  - Children are dying



The mental health crisis among America's youth is *epidemic*. It is real and it is staggering.

- [The National Survey on Drug Use and Health](#), administered by the U.S. Department of Health and Human Services, Surveyed over 600,000 Americans. (March 2019)
- From 2009 to 2017, **major depression** among 20- to 21-year-olds more than doubled, **rising from 7% to 15 %**.
- **Depression surged 69%** among 16- to 17-year-olds.

# Mental Health Crisis

- **Serious psychological distress**, which includes feelings of anxiety and hopelessness, **jumped 71%** among 18- to 25-year-olds from 2008 to 2017.
- **Twice as many 22- to 23-year-olds attempted suicide** in 2017 compared with 2008, and 55% more had suicidal thoughts.
- The increases were more pronounced among girls and young women. By 2017, **one out of five 12- to 17-year-old girls had experienced major depression** in the previous year.

# Students in Crisis

- You are experiencing it on the front lines:
  - Increased physical symptoms
  - Increased absenteeism
  - Increased self harm (Cutting and suicide attempts)
- MSBA convened the School-Based Health Center (SBHC) Task Force July 2016
- Quarterly meetings for 2.5 years

# Outcomes of the MSBA SBHC Task Force

- In 2016, five programs in the state
- Today 325+ school-based health programs, majority of them mental health
- Policy change at MO HealthNet Division
  - Allows schools to file claims for ANY Medicaid eligible child receiving Behavioral Health services at school from a qualified provider
  - Allows community providers to come into schools and bill Medicaid for their services

# Outcomes of the MSBA SBHC Task Force

- Creation of the *Show-Me School-Based Health Alliance of Missouri*
- Resources and support services for schools
- Website: [www.mosba.org/behavioral-health](http://www.mosba.org/behavioral-health)
- July 19, 2019—Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools (SAMHSA and CMS)

# Crisis in Missouri: Children Losing Medicaid Coverage

- Between January 2018 and June 2019, nearly 95,000 Missouri children who were previously enrolled lost Medicaid coverage in MO.
- Schools have much to lose:
  - Absenteeism of children
  - Children come to school sick
  - Services provided by schools not reimbursed
  - Medicaid \$ significantly decreased for schools
  - Still accountable for performance even with fewer \$

# Schools Can be Part of the Solution

- Schools have access to families
- Schools can help families determine if they lost coverage
- Schools can help families re-enroll
- MSBA Medicaid Consortium
  - Call to Action
  - Medicaid Alert
  - Individual District Reports and Training Video on assisting families