



Medicaid, Schools, and School-Based Health Centers

SPONSORS

Senator Gordon Smith
Senator Barack Obama



John Schlitt

**National Assembly on
School-Based Health Care**

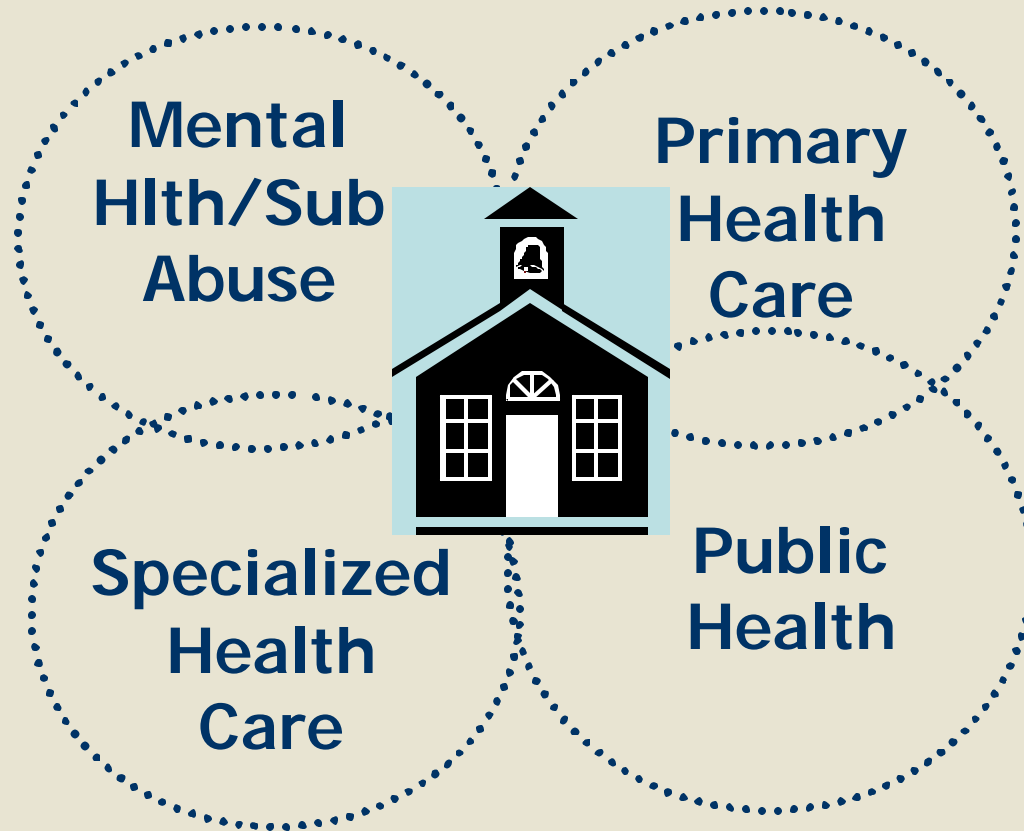


NASBHC Believes...

- **Every child deserves an equal opportunity to be healthy.**
- **The school setting is a sensible, appropriate and valuable site to deliver care.**
- **School success and good health are inextricably linked and that community health and education partnerships are key to student success.**



Health Care in Schools





Medicaid and Schools

- **Primary care (including mental health and dental) for income eligible children/adolescents**
- **Health-related services for students with disabilities in accordance with IDEA**
- **Medicaid administration**



Health-related services for students with disabilities

- **Typically delivered by school-owned/contract employees**
 - **Audiology**
 - **Developmental assessments**
 - **Nursing services**
 - **Occupational therapy**
 - **Physical therapy**
 - **Psychological services**
 - **Social work**
 - **Speech/language pathology**



Medicaid Administration

- **Typically performed by school employees**
 - outreach
 - eligibility intake
 - information and referral
 - coordination and monitoring of health services
 - interagency coordination



HHS Office of Inspector General Audits

- **Audit of Administrative costs of Medicaid administrative activities performed in schools**
- **Are costs allowable or adequately supported in accordance with Federal and State regulations?**



HHS Office of Inspector General Audits

“five of eight local education agencies did not accurately allocate administrative costs to reflect relative Medicaid benefits received...”

“Did not properly monitor the school-based health services administrative match program...”

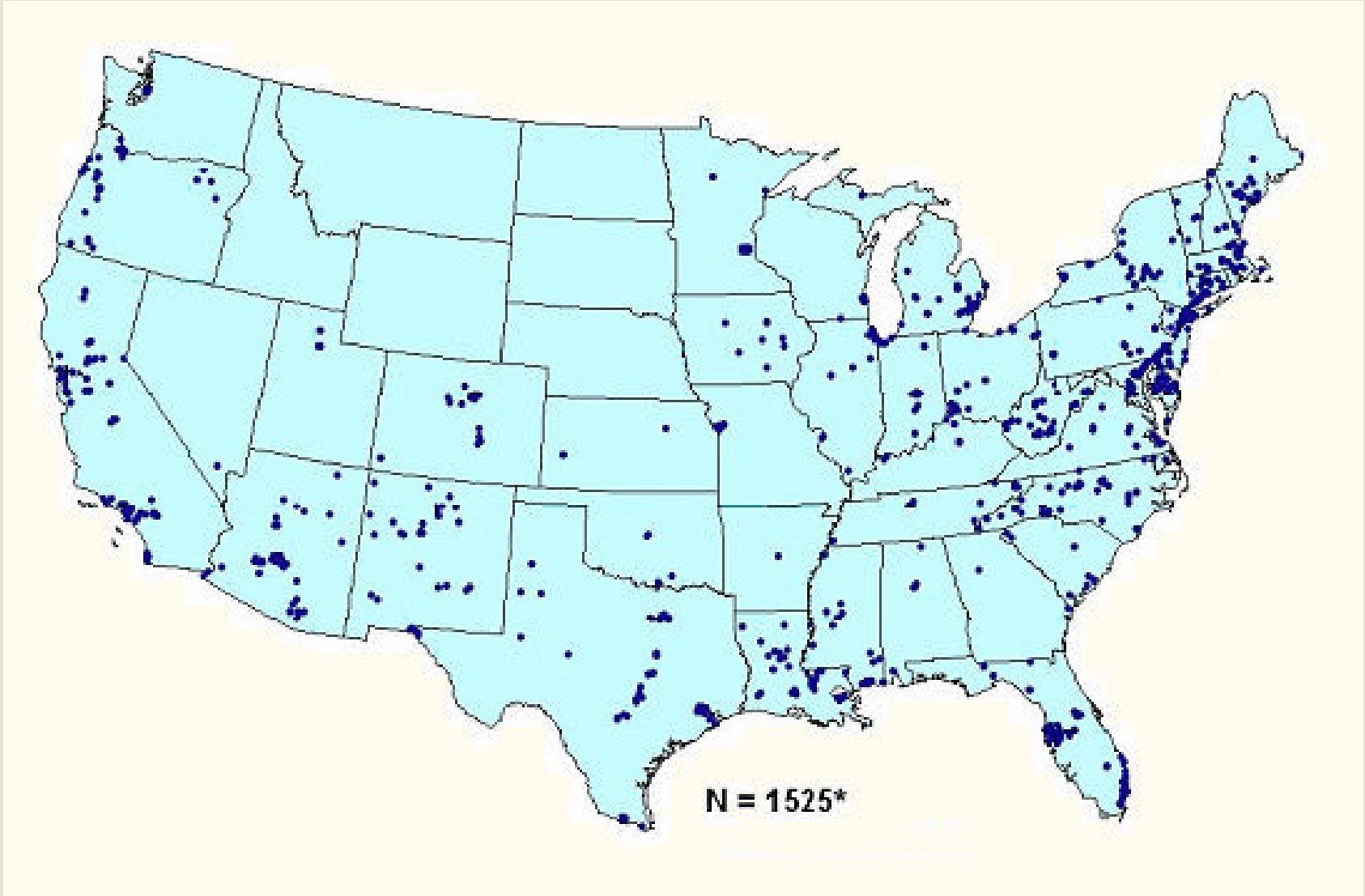
“...overstated their claims by \$4,952,453”

“The 4 school districts reviewed completed 773 of 1,937 time studies inaccurately”

“...did not allocate administrative indirect costs using a Medicaid share percentage that accurately reflected Medicaid benefits received”



School-Based Health Centers



Medicaid, Schools, School-Based Health Centers



SBHC: Common Characteristics

- **Partnerships created by schools and community health organizations**
- **Provide on-site medical and mental health services**
- **Promote the health and educational success of school-aged children and adolescents.**
- **Works in collaboration with school nurse and other service providers in the school and community.**



SBHC: Common Characteristics

- **Have a policy on parental consent.**
- **Typically open every school day**
- **Make provisions for care beyond the centers' operating hours or scope of service.**
- **Unique vantage point - team emphasizes prevention and early intervention.**



SBHC: Common Characteristics

- **Services determined locally**
- **May include but are not limited to:**
 - **primary care for acute and chronic health conditions**
 - **mental health services**
 - **substance abuse services,**
 - **case management**
 - **dental health services**
 - **reproductive health care**
 - **nutrition education**
 - **health education and health promotion.**

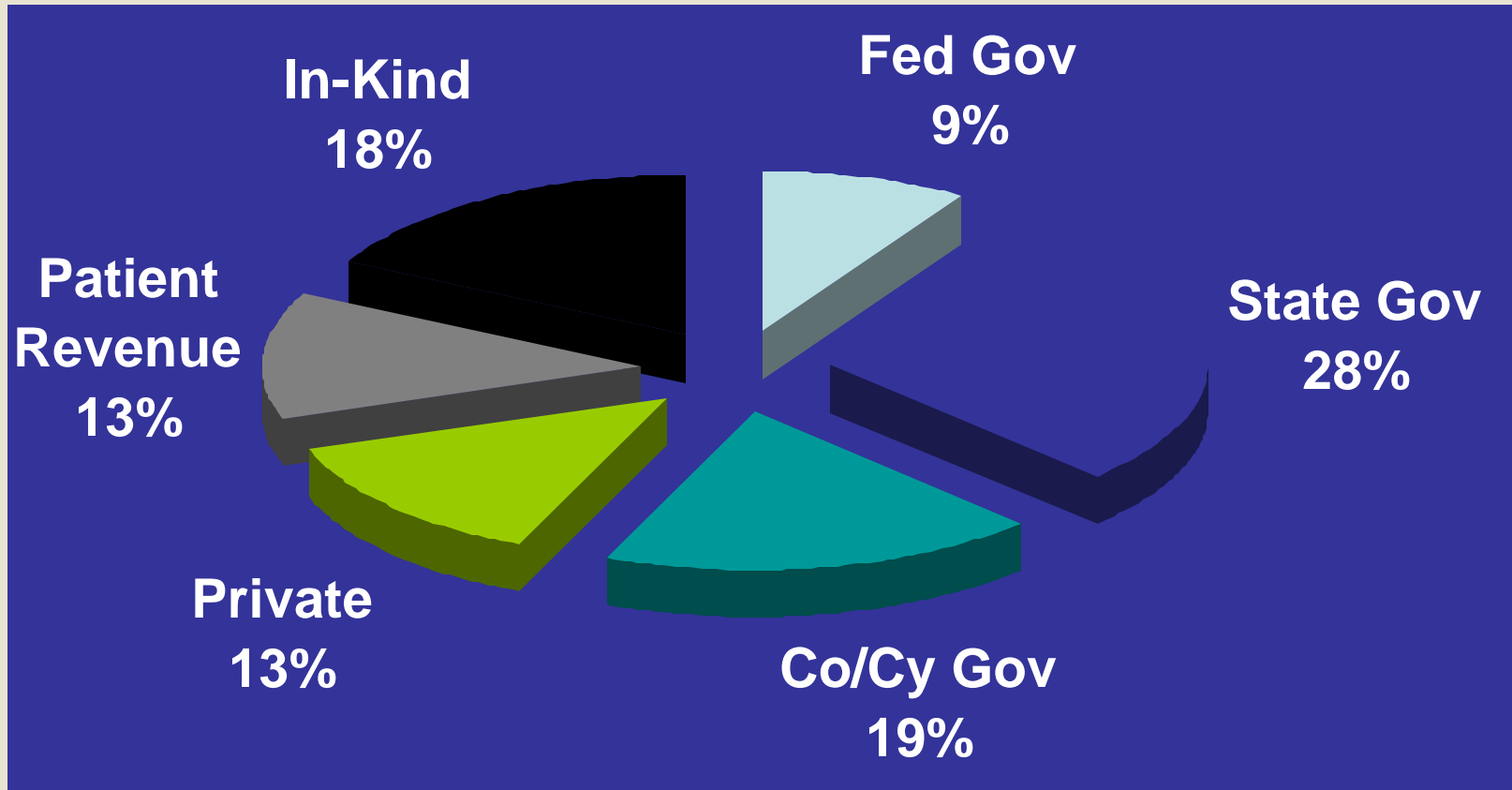


SBHC: Common Characteristics

- **Supported by local, state, and federal public health and primary care grants, community foundations, students and families, and reimbursement from public and private health insurance.**



SBHC Funding Sources





Common barriers to recovering Medicaid reimbursement

- **School-based health centers are not universally recognized by state Medicaid agencies as a provider or service type.**
- **Medicaid managed care policies limit school-based health centers' role as primary care providers and create administrative burdens for seeking reimbursement.**



Common barriers to recovering Medicaid reimbursement

- **Restrictions on types of services and providers considered non-reimbursable by Medicaid or Medicaid health plans limit cost recovery for large scope of SBHC services – especially for important preventive care.**
- **In many states, Medicaid policies that assure reimbursement to health care safety net providers for the full cost of providing health services do not include SBHCs**



Why School-Based Health Centers Should Be Recognized by Medicaid

- **Avert school-age Medicaid enrollees from inpatient and ER**
- **Greatly improve access to health and mental health services**
- **Serve as a medical home for many young people who have no other health care resources**



Why School-Based Health Centers Should Be Recognized by Medicaid

- **Partner with PCP to ensure continuity of care throughout the child's school career.**
- **Integrate primary care and mental health services to ensure that all aspects of young people's health are addressed.**
- **Provide easy access and effective management for Medicaid enrollees with chronic illnesses, such as diabetes, asthma, overweight, or depression**



Why School-Based Health Centers Should Be Recognized by Medicaid

- **Meet important federal standards and national quality outcomes**
 - immunizations, well child exams, and risk assessments
 - indicators that challenge many Medicaid programs and managed care organizations



Policy Makers Must Help Eliminate Medicaid Reimbursement Barriers

- **Federal and state policymakers can significantly improve ability of SBHCs to sustain themselves and assist millions more children in need.**
- **Can be achieved by removing barriers that prevent SBHCs from being fully compensated for care delivered to Medicaid enrollees.**
- **Harkin HELP Bill**



Harkin HELP Bill

- **Medicaid Reimbursement in School-Based Health Care Settings**
 - Encourages Medicaid providers to reimburse licensed school based health care providers for services that are reimbursed for those same providers when working in other settings.



Exemplary State Medicaid Policies

- **Set quality standards for SBHCs consistent with the health care industry practice.**
- **Define SBHCs as Medicaid Provider Type**
- **Prior Authorization Exemption**
- **Health Plans Required to Reimburse SBHC**
- **SBHCs Exempted from Managed Care**
- **Mandate Contracts**
- **Mental Health Reimbursement**



Policies that Protect and Promote SBHCs

- **Federal and state Medicaid policy should recognize school-based health centers as an eligible provider or primary care service type.**
- **This could be accomplished by linking standards and reimbursement to the health centers' sponsoring organization (such as a hospital, community health center, public health department or other non-profits) or through a distinct standard specifically for school-based health centers.**



Policies that Protect and Promote SBHCs

- **Federal and state Medicaid policies should facilitate the participation of school-based health centers as primary care providers and child and adolescent specialists in managed care organizations and provider networks.**



Policies that Protect and Promote SBHCs

- **Federal and state Medicaid policy should establish school-based health center reimbursement methodologies that compensate the inter-disciplinary, comprehensive school-based health services model at 100% of cost.**



Policies that Protect and Promote SBHCs

- **Federal and state Medicaid policy should emphasize access to preventive care, routine assessment and screening, early intervention for medical and behavioral problems, and effective management of chronic illnesses.**
- **Policy should also reward performance measures that align with nationally recognized standards of preventive care for children and adolescents.**



Policies that Protect and Promote SBHCs

- **Federal and state Medicaid policy should prohibit cost-sharing for primary care services (such as co-pays or premiums), and eliminate burdensome requirements that force school-based health centers to seek payment from low-income children and adolescents ineligible for Medicaid.**