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

- Mental Health/Sub Abuse
- Specialized Health Care
- Primary Health Care
- Public Health
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
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.
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 in-patient 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.