Medicaid in the Schools: An Innovative Partnership

COALITION FOR COMMUNITY SCHOOLS
2010 National Forum
Philadelphia, PA
April 9, 2010
Elaine Lerner, National Alliance for Medicaid in Education
Larry Charny, The Charny Group, LLC
Who’s Here In This Audience…?

- Education
- Youth development
- Health and human services
- Family services and supports
- Neighborhood and community development
  - Business
  - Government
  - Philanthropy
- Higher education
- Other related fields
Who is NAME?

The National Alliance for Medicaid in Education, Inc. (NAME) is a non-profit organization

Members have programmatic responsibility for administering the Medicaid reimbursement to public schools programs

Members are from
• Medicaid and Education state agencies
• Local Education Agencies /public schools participating in the Medicaid reimbursement program
NAME Mission Statement

NAME bridges Medicaid and Education to promote the integrity of school based health services.
NAME Supports Children with Disabilities by….

- Sharing information
- Providing professional development
- Facilitating networking
- Building relationships with federal agencies
- Focusing on collaboration – not on taking positions or lobbying
Purposes of NAME

• Provide leadership

• Promote integrity, collaboration and success

• Facilitate a network to share information.
History of NAME

• Established in 2003
• Needed a national forum for addressing the complexities and challenges of Medicaid in school settings.

Is a unique clearinghouse for information
• Draws on the expertise of highly informed and specialized sources from around the country,
• Information sharing helps members choose the best directions in difficult to navigate waters.

• Only organization in the country for Medicaid, education, and LEA stakeholders.
• Provides information and training to bridge the gap between the worlds of education and Medicaid.
Some Ways NAME Informs Members

- **The Annual Conference.** Largest project—200 attendees, Fall
- **Telephonic town meetings:** focused on one topic for dynamic dialogue and interaction of participants.
- **Website:** provides an archive of materials from previous conferences, an expanding database of relevant documents for research, links to other websites and organizations with shared interests, and current news from field
- **Newsletter:** 6-12 issues a year, as one-page distillation of most recent organizational activities, significant stories in media.
- **Liaison with** other professional organizations around the nation.
- **Research and survey projects** pull together and interpret information from around the country, to help members in field better understand what others are doing in response to state and federal directives and mandates.
Who are the Members of NAME?

• Professionals working on a state or local level who are
  • Involved in school based health and related services provided for students with special education that Medicaid may reimburse.
  • Active in monitoring, interpreting and analyzing policies related to Medicaid and Special Education, which are constantly evolving
  • Addressing how to submit claims to Medicaid for reimbursement
• Quality assurance overseers
• Program developers, administrators
• Policy makers
• Policy implementers
• Educators
• Clinicians or health care providers working in school settings
Where Do NAME Members Come From?

Presently there are:

- 266 members
- Representing 41 states & DC

Comprising:

- State Medicaid Agencies
- State Education Agencies
- Local Educational Agencies
- Professional Organizations
NAME is Organized by CMS* Regions
(Federal *Centers for Medicare and Medicaid Services)

- **Region I** – Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island
- **Region II** – New Jersey, New York, Puerto Rico, Virgin Islands
- **Region III** – District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia
- **Region IV** – Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
- **Region V** – Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
- **Region VI** – Arkansas, Louisiana, New Mexico, Oklahoma, Texas
- **Region VII** – Iowa, Kansas, Missouri, Nebraska
- **Region VIII** – Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
- **Region IX** – Arizona, California, Hawaii, Nevada
- **Region X** – Alaska, Idaho, Oregon Washington
Another View of CMS Regions
What is Medicaid?

• Medicaid is a federal-state matching program designed to help reimburse for health services for low-income individuals
• Medicaid currently serves more than 57 million Americans, which includes 28 million children and 8.6 million individuals with disabilities
• The program was created by Title XIX of the Social Security Act of 1965
• Each State has responsibility for further designing and administering in their State
• The Early and Periodic Screening, Diagnosis and Treatment program (EPSDT) was added to the Medicaid program in 1967 to provide well-child and comprehensive pediatric care for children up to 20 years of age.
What is Medicaid? (cont’d)

• State Medicaid programs must follow broad parameters of federal Medicaid law and regulations, but some flexibility allowed so states can tailor their Program
• Some services must be covered in each state such as: hospitalization; nursing homes; physician services; family planning, many more
• Each state describes its Medicaid program in a State Medicaid Plan that includes details for: eligibility, services provided, service and provider requirements and the methods for payment for services, among others
• So each State Medicaid Program is the same but different
Medicaid Reimbursement

• Is a matching program
• Federal share must be at least 50%, and state pays rest
• Federal match rate varies from 50% to 83% of the cost, based on the poverty level of the state
• So as US economy has worsened, federal share is increasing for many states
IDEA and Medicaid

• Ten years after the Medicaid program began, the Education of All Handicapped Children Act of 1975, now known as the Individuals with Disabilities Education Act –IDEA— was enacted by Congress.

• IDEA intent is to ensure children with disabilities receive a free appropriate public education in the least restrictive environment based on individual needs and individualized education programs.

• The Medicaid program provides some reimbursement to schools for some services received by children eligible for special education as identified in their Individualized Education Program (IEP).
IDEA and Medicaid

• In 1988 Congress enacted the Medicare Catastrophic Coverage Act, allowing Medicaid to reimburse school districts for some health and related services in a child’s IEP

• Medicaid reimbursement has provided significant assistance to school districts who enroll with their State Medicaid Program in this program
IDEA and Medicaid

• IDEA has many mandates but does not provide full funding for them
• Special Education costs are significant, and Medicaid reimbursement helps a little:
  – Nationally, Medicaid reimbursement to schools covers less than 2% of the expenditures for special education and related services for children with disabilities.
Medicaid and IDEA

There are four conditions that must be met for Medicaid to reimburse school districts for IDEA-related services.

1. The child receiving the service must be enrolled in Medicaid.
2. The service must be covered in the state’s Medicaid Plan or authorized by the federal Medicaid statute.
3. The service must be in the child’s IEP.
4. The LEA must be enrolled/authorized by the state as a qualified Medicaid provider.
Some Services Medicaid Reimburses Schools

- Speech
- Occupational Therapy
- Physical Therapy
- Nursing
- Medical Evaluations
- Vision & Hearing
- Transportation
- Personal Care/Paraprofessional
- Assistive Technology
- Orientation & Mobility
More: Medicaid School Based Services (SBS)

- SBS reimburses School Districts for providing family outreach for the Medicaid Program.
- Medicaid program, is always undergoing changes so states and providers like schools are challenged to fully understand and participate in all aspects of the program.
- Medicaid is complex, uses the medical model and health care language, so many school districts hire private billing companies.
Medical and Educational Service Delivery Models: An On-Going Debate

“The lion and the calf shall lie down together but the calf won’t get much sleep.”

--Woody Allen
Participating in the dialogue….

“…the new version of the ESEA should also include a focus on students’ nonacademic needs, including health and safety, and making schools into community centers.”
Carmel Matin, Asst. Secretary for Planning, Evaluation and Policy, USDOE

“Can you imagine a federal law that promoted community schools — schools that serve the neediest children by bringing together under one roof all the services and activities they and their families need?…. Schools that include dental, medical and counseling clinics.”
Randi Weingarten, AFT

“Research and common sense tell us that children do better in a school when … family, school, and community work together… delivering ongoing access to medical, dental, and social services.”
Dennis Van Roekel, President, NEA

“When the school becomes the center of community life, great things are going to happen for those families, and great things are going to happen to those children… many partners working collaboratively in one spot to provide a vast array of academic, enrichment, social, and medical services to children and families.”
Arne Duncan, Education Secretary
National Alliance for Medicaid in Education & Coalition for Community Schools

Have a lot in common
We understand the Coalition for Community Schools is….

• An alliance of national, state and local organizations
• Mostly in education K-12
• Involved with youth development
• Working in community planning and development
• Providing family support
• Directly involved in health care and human services
• Aware of government involvement at all levels
• Philanthropy
• A network at the national, state and local community levels
Coalition’s Vision of a Community School

• Both a place and a set of partnerships between the school and other community resources
• Its integrated focus on academics, health and social services, youth and community development and community engagement leads to improved student learning, stronger families and healthier communities.
Coalition of Community Schools Mission, Goals

• To mobilize the resources and capacity of multiple sectors and institutions to create a united movement for community schools. Share information

• Build broader public understanding and support
• Inform public and private sector policies
• Develop sustainable sources of funding
Can We Talk?

How can we work together?

What are your needs?

Where do you see alignments of the needs of the Coalition with what NAME has to offer?
Learn more about NAME

Go To:
www.MedicaidForEducation.org

Please join us:
2010 Annual Conference
September 22-24, Colonial Williamsburg, VA