



Medicaid Virtual Training Sessions

August 16, 2023

Session 1: Overview of Federal and State
Updates



Welcome!



- Introduction of Presenters
 - Linda Williams, Oregon Health Authority (OHA) Policy
 - Lasa Baxter, OHA contractor from InterMountain Education Service District (IMESD) Policy
 - Jennifer Dundon, Oregon Department of Education (ODE) Policy
 - Patti Vickers, Oregon Department of Education (ODE) Analyst

Review of Scheduled Sessions

- ❖ Session 1: Overview of Federal and State Updates
 - The 2023 Centers for Medicare and Medicaid Services guide: “Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming”
 - Oregon’s 2023 Medicaid State Plan Amendment (SPA)
- ❖ Session 2: New Provider Enrollment Requirements
 - Presented by Todd Howard (OHA) and Linda Williams (OHA)
- ❖ Session 3: Feasibility, Readiness, and Looking Forward
 - Determining Feasibility of Billing
 - Determining Readiness for Implementation
 - Looking Forward – “Free Care”

Housekeeping



- ❖ Raise your hand or put your questions in the chat (preferred)
- ❖ We will attempt to answer questions but may have to table some pending additional research
- ❖ Q&A will be turned into an FAQ that will be shared
- ❖ Presentations will be sent out to participants and made available on the ODE website

Community Agreements



- ❖ Stay engaged
- ❖ Create a safe space for people to share information and ideas
- ❖ Listen with an equity lens



Introduction to Medicaid in Schools



School Based Health Services (School Medicaid)

- ❖ Medicaid is a state and federal partnership focused on funding health and medical services for enrolled beneficiaries.
- ❖ The Oregon Health Authority (OHA) is Oregon's State Medicaid Agency, and its Health Systems Division administers the School Based Health Services (SBHS) program. The Medicaid State Plan establishes how a state will adhere to Medicaid requirements in the Social Security Act and associated federal regulations.

School Based Health Services (School Medicaid)

School districts can utilize two Medicaid billing programs to optimize Medicaid billing: (1) School Based Health Services (SBHS) Medicaid billing and (2) Medicaid Administrative Claiming (MAC).

1. **SBHS Medicaid Billing Fee for Service:** a cost-sharing program that allows school districts to seek reimbursement for eligible health-related services provided in the school setting under the IDEA for services pursuant to an IEP/IFSP or a Section 504 plan.
2. **Medicaid Administrative Claiming (MAC):** provides reimbursement to school districts for activities related to the administration of Medicaid. This includes activities such as referrals to medical or dental services, assisting a student in enrolling in the Oregon Health Plan, and care coordination of Medicaid services.

Types of Programs Leveraging Medicaid Eligible for Federal Financial Participation (FFP)

Fee-For-Service Federal Medical Assistance Percentage (FMAP) based on Medicaid enrolled child/student's benefit package for OHP and CHIP: [Local Match Rates page](#)

School-Based Health Services (SBHS) are Medicaid covered services provided to enrolled children birth to 21:

- receiving a health-related service specified on IEP/IFSP, required by IDEA, that is also considered as a Medicaid covered service under Oregon's Medicaid State Plan Amendment (SPA); and
- provided by or under the direction of medically qualified staff

These services may be reimbursed by Medicaid on a fee for service basis when the service is considered "Necessary and Appropriate" (AKA Medically Necessary) and provided and billed to Medicaid within the limitations established by the Medical Assistance Program and the School Based Health Services rules.

Types of Programs Leveraging Medicaid Eligible for Federal Financial Participation (FFP)

Medicaid Administrative Claiming (MAC) Plan (50/50 Match)

- ❖ **School MAC activities** are designed to assist Medicaid enrolled and potentially eligible school children and their families in accessing the benefits and services available to them through the Oregon Health Plan.
- ❖ **Utilizes Random Moment Time Study (RMTS)** three periods per year to record activities approved by Centers for Medicare and Medicaid Services (CMS) for Oregon's School MAC Plan performed by participating LEAs for **outreach, referral, coordination and monitoring, and health services program planning, policy development and interagency coordination** for the proper and efficient administration of the State's Medicaid State Plan.

MAC Periods:

September - December

January - March

April - June (to include LEA remainder of contract salary and benefits)



Overview of The 2023 Centers for Medicare and Medicaid Services Guide:

*Delivering Services in School-Based Settings:
A Comprehensive Guide to Medicaid Services and
Administrative Claiming (released May 18, 2023)*



Federal Update

- ❖ On May 18, 2023, as directed by the Bipartisan Safer Communities Act, the Centers for Medicare and Medicaid Services (CMS) released an updated guidance document for School Based Health Services entitled: [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#).
- ❖ This is exciting news as CMS had not released an updated SBHS guidance document since 2003.
- ❖ There is a lot of information contained in the guidance. OHA, in partnership with ODE and the School Medicaid Core Team, are working to determine what flexibilities the new guidance may offer.

Key Updates/Changes



- ❖ Clarified the reversal of the “free care” policy and provided states with guidance on how to add billing for eligible non-IDEA health services
- ❖ MAC reporting timelines
- ❖ Documentation of Start/Stop Time
- ❖ Proposed Written Notification and Parent Consent Final Rule
- ❖ Third Party Liability
- ❖ Provider Enrollment

“Free Care” Policy

- ❖ Prior to 2014, CMS policy on “free care” only allowed federal reimbursement for no cost services on an IEP or IFSP provided to Medicaid-enrolled children. The updated guidance document is affirming the policy reversal and provides guidance for states on how to update their State Plan Amendments (SPAs) to allow for billing for no cost eligible health services beyond the IDEA.
- ❖ “Free Care” may include billing for Section 504 plans as well as preventative services like health care screenings, vision exams, dental sealants, etc. that are provided to all students free of charge. These services must be provided by medically-qualified staff.
- ❖ We will go over Oregon’s recently approved SPA and implementation process in the next section.

MAC and RMTS

- ❖ Oregon's MAC Plan was submitted to CMS on April 27, 2020, during the COVID global pandemic to request alternative payment methodology for a state of emergency.
- ❖ CMS approved Oregon's request for MAC Plan changes July 16, 2021, but also required other changes to the MAC plan due to OIG audit findings in 10 other states.
- ❖ May 18, 2023, CMS 2023 Guidance made reference to new compliance for a shorter notification time for their MAC survey date and shortened the reporting period.
- ❖ For Oregon, the shortened notification time was changed from a 5-day notice to 24-hour notice. The survey reporting period was also shortened from a 5 to 3-day window.
- ❖ Oregon implemented the required shortened time periods as part of an automated seamless process built into MESD MAC data capture utilized for participating in MAC.

Documentation Requirements

- ❖ OHA anticipates documentation of the start/stop time for billing SBHS Medicaid FFS will be required.
- ❖ No specific implementation date has been established for documenting start/stop times. However, additional guidance and training will be provided as information becomes available.
- ❖ OHA recommended best practice is to begin adding start/stop times in documentation for services billed to Medicaid.

Proposed Written Notification and Parent Consent Final Rule

- ❖ 34 CFR 300.154(d) of the IDEA has written notification and parent consent requirements that must be met before a school district or program can access the child's public insurance (Medicaid).
- ❖ On May 18, 2023, in attempt to reduce administrative burden, the U.S. Department of Education proposed a rule to modify the written notification and parental consent requirement in 34 CFR 300.154(d).
 - ❖ The public comment period for the proposed rule closed on August 1, 2023.
 - ❖ We will continue to monitor this situation and may adapt policy as information becomes available.
 - ❖ Please Note: This proposed rule will not modify personal identifiable information (PII) disclosure protections in the Family Educational Rights and Privacy Act (FERPA) and 34 CFR 300.622 of the IDEA.

Third Party Liability (TPL)

- ❖ A third party is an individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance for Medicaid-covered services furnished under the Medicaid State Plan. Under Medicaid law and regulations, Medicaid is generally the payer of last resort. Congress intended that Medicaid, as a public assistance program, pay for health care only after a beneficiary's other health care resources have been exhausted.
- ❖ Per the updated federal guidance document, this requirement would apply to billing for "free care". However, the guidance does allow states to suspend or terminate efforts to seek reimbursement from a liable third party if they determine that the recovery would not be cost-effective pursuant to IDEA and 504 plans.

Third Party Liability (TPL) in Oregon

- ❖ There is no TPL for billing School Medicaid for services pursuant to the IDEA in Oregon. OHA requested and received CMS rescission for existing waivers for 42 CFR 433.139(b)(1) for School-Based Health Services (SBHS) leveraging Medicaid for covered health-related services required by the IDEA
- ❖ OHA intends to obtain this same allowance for services provided pursuant to Section 504 plans.

Provider Enrollment for LEAs and Medically Qualified Staff Employed by or Contracted by LEA

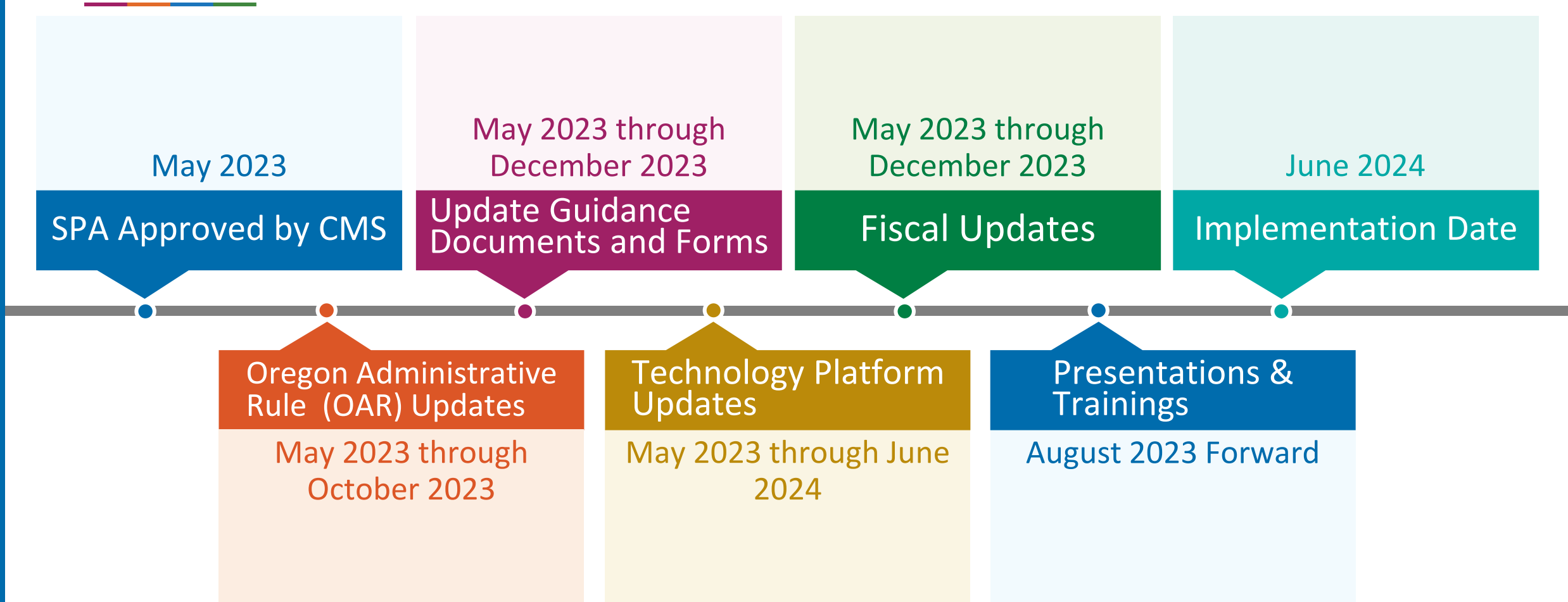
- ❖ Providers of physical therapy, occupational therapy, speech therapy, and audiology services **must meet federal provider requirements in 42 C.F.R. § 440.110** regardless of any State or local standards for qualifying those service providers.
- ❖ States are reminded that for services covered by Medicaid to be reimbursed, including those furnished in the school setting, **the provider furnishing the services must be enrolled as a participating provider in Medicaid.** See SSA § 1902(a)(78) standards for qualifying those service providers.
- ❖ The Affordable Care Act created new requirements related to the screening of enrolled providers, **including providers who may only prescribe, order or refer patients for services**, see SSA §§ 1902(a)(77), (kk) (as amended); 42 C.F.R. Part 455. At the time it implemented the screening requirements through regulation, **CMS confirmed that these requirements applied equally to school-based providers.** See Final Rule, 76 Fed. Reg. 5862, 5905 (Feb. 2, 2011).
- ❖ **Please Note: This will be discussed in detail in Session 2.**



Oregon's State Plan Amendment (SPA)



State Level Implementation Timeline



Key Updates in new SPA

- ❖ Increases the types of billable services
- ❖ Increases the number of medically licensed staff that can provide billable services
- ❖ Adds Section 504 plans and any other documented individualized health or behavioral health plans or as otherwise determined medically necessary for services provided in school programs and settings
- ❖ Adds potential for “free care”
- ❖ OHA, in partnership with ODE and the School Medicaid Core team, will work to amend the 410-133 SBHS Oregon Administrative Rules (OARs) in a temporary filing to align with 2023 CMS approved SBHS SPA services and changes. A temporary filing can remain in effect no longer than 180 days. No billing for Section 504 services can occur until the temporary OARs are filed.

2004 and 2023 SPA Comparison

2004 CMS approved SBHS SPA for health-related services specified on IEP/IFSP required by IDEA only, provided by:

- Physical Therapists
- Occupational Therapists
- Speech Therapists
- Audiologists
- Psychologists
- Psychiatrists
- Licensed Clinical Social Workers
- Nurse Practitioners
- Registered Nurses
- Physician
- Transportation services

2023 approved SBHS SPA includes IDEA, 504, other medically necessary plans, services identified in the 2004 SPA and the services below:

- Behavioral Health Services
- Dental Health Services
- Diagnostic, screening, preventive, developmental and rehabilitative services
- Nutritional Health Services
- Personal Care Services
- Respiratory Therapy Services

Comparison: IDEA and Section 504

	IDEA	Section 504
Ages	0-21	Preschool through post-secondary
Parent Consent to Access Public Insurance (Medicaid)	Yes	Yes
3rd Party Liability (TPL)	No, CMS TPL rescission	Yes
Billable Services/ Providers/Documentation 2023 SPA	Yes	Yes, but excludes billing transportation for 504 medical services
Written Recommendation	Yes	Yes
CMS approved cost-based methodology to establish hourly rates for services rendered by medically qualified staff utilizing prior year audited costs	Yes	Yes (excludes transportation)
Payment Intergovernmental Transfer (IGT) process calculated by OHA MMIS for LEA claims submissions	Yes	Yes
Provider Enrollment LEA School Medicaid Provider type 62	Yes	Yes

Written Notification and Parent Consent

- ❖ The ODE has updated the written notification and parent consent forms
- ❖ The forms:
 - ❖ May be used for both IDEA and Section 504
 - ❖ Have been translated into 8 languages
 - ❖ Can be found on ODE's [School Age Forms](#) web page

Section 504 Services

- ❖ Section 504 of the Rehabilitation Act of 1973 protects the rights of individuals with disabilities in programs and activities that receive federal funding.
- ❖ At its core, Section 504 is an anti-discrimination law.
- ❖ All children who are eligible for IDEA are also students with disabilities protected by Section 504.
- ❖ Children who are only eligible under 504 are also entitled to related aids and services as well as supplementary aids and services identified on their Section 504 plans.

Examples of Billable 504 Services

- ❖ Nursing services (such as diabetes management)
 - Example accommodation: student will be allowed breaks for blood sugar checks and medication management by nurse
 - Billable service is medication management by nurse
- ❖ Audiological services
 - Example accommodation: audiologist will train student and staff on use of FM system in classroom
 - Billable service is training by audiologist
- ❖ Mental/behavioral health services
 - Example accommodation: student will participate in weekly counseling sessions with school-based licensed clinical social worker (LCSW)
 - Billable services is counseling by LCSW

Preparing for Billing Medicaid for Section 504 Services

- ❖ OHA, in partnership with ODE and the School Medicaid Core Team, are working to develop a checklist to help districts understand the requirements needed to bill Medicaid for Section 504 services.
- ❖ Medicaid billing of IDEA and Section 504 services requires collection of the same claims data.
- ❖ The checklist will not be required but may be a starting point for determining where this information is housed in your student information system or other data systems.
- ❖ Due to the many similarities between billing for IDEA and Section 504 services, the OHA/ODE estimate that school districts will be able to bill Medicaid for eligible Section 504 services by the 2024-2025 school year.

Contact Information for Non-Medicaid Related Section 504 Questions

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Question and Answer Session

Thank you!

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