

# **How to Obtain Medicaid Funding for School-Based Services: A Guide for Schools in System of Care Communities**

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In the effort to meet students' educational needs, schools have become increasingly involved in delivering a broad range of services, such as medical, social, rehabilitative, and support services, to address barriers to learning, increase school safety, and enhance learning outcomes (Learning First Alliance, 2001; Osher, Dwyer, & Jackson, 2003). Schools, for example, may offer individual or group counseling to youth at risk for mental illness or substance abuse. Similarly, schools may arrange with various organizations to provide students with needed health, mental health, and social services. Some schools also conduct diagnostic exams, such as screening students for vision, hearing, and emotional problems.

For many children, schools are the primary point of entry to receiving needed health and social services. As such, they have increasingly shouldered the costs and responsibilities for ensuring the health and well-being of children with behavioral, emotional problems, and mental health problems. School staff and officials are not always aware that Medicaid funding is available for many of the services that schools provide. Even when they do know about the availability of Medicaid, many do not take advantage of it because the process of billing and collecting reimbursements is complicated and sometimes not worth the cost (Evans et al., 2002).

Accessing Medicaid funds can be daunting. The documentation and billing requirements may seem overwhelming. Requirements may also vary significantly from state to state. Finally, Medicaid policies and procedures change frequently, making it difficult for providers and advocates to keep up with the different requirements they have to meet. Despite the complexities involved, some schools and districts have used Medicaid as a large and reliable source of funding for school-based health and mental health services. Because Medicaid is the largest and most comprehensive source of health care for low-income children, who are at greatest risk of developing social and emotional problems, schools cannot pass up the opportunity to use the program to strengthen and expand services for this population.

As the nation's strongest financial commitment to ensuring the health and mental health of poor children, Medicaid represents a significant potential source of funds for expansion and improvement of mental health and health services in initiatives serving school-age children and youth.

*—Maximizing Medicaid Funding to Support Health and Mental Health Services for School-Age Children and Youth  
(Bundy & Wegner, 2000)*

This guide is geared to helping schools and mental health workers in system of care communities access Medicaid funding for health and mental health services provided in schools. Readers should note that this guide contains information specific to the Medicaid program. Obtaining funding through the State Children's Health Insurance Program (SCHIP) is beyond the scope of this guide because it is a separate program with its own requirements that are

also defined on a state-by-state basis. Although many of the general principles discussed in this guide can be applied to SCHIP, mental health providers who want to obtain SCHIP reimbursement should contact their state SCHIP agency for specific details.

## The Basics of Medicaid

Medicaid is a federal-state program that provides health insurance to millions of low-income Americans. It was established in 1965 as Title XIX of the Social Security Act to help states offer medical assistance to persons with low incomes. It is jointly financed by the state and federal governments.

The federal government sets broad guidelines, but states have a great deal of flexibility in how they design and administer the Medicaid program. Within the scope of broad federal regulations, each state decides

- who is eligible for coverage;
- the type, amount, and scope of covered services;
- which providers can obtain Medicaid reimbursement; and
- how much providers get paid for their services.

One of the most important things that people should know about Medicaid is that the program differs widely from state to state. Someone who is eligible for Medicaid in Arkansas may not be eligible in Florida. Along the same lines, a medical treatment that is covered by Medicaid in California may not be covered in Illinois.

Medicaid is particularly attractive as a funding source because it is an entitlement program. The program has no preset funding limit and no set number of individuals who can be covered. That is, schools and students do not have to compete with one another to get Medicaid funding. As long as providers follow the state rules for reimbursement, they will get paid for Medicaid services.

## Maximizing Medicaid Funding

Schools can use three primary strategies for maximizing Medicaid funding for services. Because regulations vary by state, it is important to check with the education, mental health, and Medicaid agencies in your state to determine how to capitalize on these sources.

- **Fee-for-Service Claiming.** Under fee-for-service claiming, Medicaid reimburses for the cost of direct services provided, such as an occupational therapy or counseling session. Schools in states that reimburse on a fee-for-service basis may be reimbursed for some or all Medicaid-eligible services, such as individual and group psychotherapy conducted by a certified Medicaid provider in the schools. Medicaid reimbursement may make it possible for schools that do not yet provide Medicaid-eligible services to do so. Claims for the cost of services are submitted to the state Medicaid agency.

- **Administrative Claiming.** Another form of Medicaid reimbursement available to schools is administrative claiming. Through administrative claiming schools can get reimbursed for work related to the provision of direct services, such as providing referrals and case management. Its advantage is that it requires less detailed documentation of the costs for large amounts of work done by local agency staff. By using a formula to arrive at the amount of time spent and the number of individuals involved, schools can calculate costs quickly.
- **Leveraged Funds.** Another strategy is for two or more agencies to create a formal partnership to leverage new or additional Medicaid funding. These funds are generated through an agreement between two or more agencies, at least one of which has access to Medicaid reimbursement funds and at least one of which has access to non-Medicaid funds and resources. Alone, neither the Medicaid-certified agency nor the ineligible agency can generate new revenue; together, they can. For example, schools can partner with a mental health agency that is a Medicaid certified provider to provide services to Medicaid eligible students in the schools. This is a particularly attractive option for schools within system of care communities because it capitalizes on partnerships that already exist.

### **Los Angeles Unified School District- Partnering to Leverage Funds**

The Los Angeles Unified School District (LAUSD) is an example of how a school-based health center successfully partnered with a provider organization to obtain Medicaid reimbursement and expand its services. With 722,000 students, LAUSD is one of the largest school districts in the United States. The district runs more than 30 school-based health clinics and four school-based child psychiatry clinics.

Originally, the district funded its mandated mental health services through general funds. In 1992, LAUSD contracted with the Los Angeles County Department of Mental Health to become a certified Medicaid provider. With the new contract in place, LAUSD began to claim Medicaid reimbursement for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, thereby freeing up district funds. LAUSD used these funds to extend its services to other low-income children who did not qualify for Medicaid.

Table 1 outlines these three strategies and points out some things that should be considered when deciding which strategy to use to obtain Medicaid funding. Keep in mind that these strategies are not mutually exclusive. Often schools who obtain Medicaid funding use a combination of fee-for-service claiming, administrative claiming, and leveraged funding.

**Table 1: Practical Considerations for Obtaining Medicaid Reimbursement Through Fee-for-Service and Administrative Claiming**

	<b>Reimbursable Services</b>	<b>Advantages</b>	<b>Disadvantages</b>
<b>Fee-for-Service Claiming</b>	<ul style="list-style-type: none"> <li>Various clinical and rehabilitative services, as long as they are specified in the state's Medicaid plan</li> </ul>	<ul style="list-style-type: none"> <li>Can pay for services previously funded through general funds, freeing up funds to serve more children or to offer a broader array of services</li> </ul>	<ul style="list-style-type: none"> <li>May require start-up funding and resources in advance because it takes time to receive reimbursements</li> <li>Requires intensive record keeping</li> <li>Has state-determined reimbursement levels, which may not be enough to cover the costs of billing</li> </ul>
<b>Administrative Claiming</b>	<ul style="list-style-type: none"> <li>Outreach activities to inform parents and children about Medicaid</li> <li>Activities to help enroll children into Medicaid</li> <li>Certain transportation and translation services</li> <li>Special education services, such as developing an Individualized Education Plan (IEP)</li> </ul>	<ul style="list-style-type: none"> <li>Offers funding for activities that are otherwise hard to fund, such as collaboration and case management</li> <li>Requires less documentation than fee-for-service claiming</li> </ul>	<ul style="list-style-type: none"> <li>May require significant resources for start-up because the Centers for Medicare and Medicaid Services (CMS) requires recipients to develop activity codes, conduct a time study to sample staff activity, and calculate a rate formula</li> </ul>
<b>Leveraged Funds</b>	<ul style="list-style-type: none"> <li>All services reimbursable through fee-for-service and administrative claiming</li> </ul>	<ul style="list-style-type: none"> <li>Offers reimbursement for both services and administrative activities related to providing the services</li> <li>Allows both partnering organizations to generate new revenue that they cannot generate individually</li> </ul>	<ul style="list-style-type: none"> <li>Requires time to create a formal partnership because the organizations involved must have a shared vision of what the partnership entails</li> </ul>

## **How to Get Medicaid Reimbursement for Services: Step-by-Step**

Medicaid is a complicated program. To a certain extent, it is underused because of confusion about policies and procedures. Mental health professionals and other providers need to know three things to get Medicaid reimbursement for their services:

- **Rule 1:** Whoever provides the services must meet state Medicaid qualifications and have a provider agreement with the state Medicaid agency.
- **Rule 2:** Students receiving services must be eligible for or enrolled in Medicaid.
- **Rule 3:** Services provided must be covered under the state's Medicaid plan.

If schools adhere to these three rules, they should be able to get Medicaid reimbursement. The remainder of this guide outlines what schools and school-based providers have to do to follow these three rules.

### **Step 1: Find out what types of practitioners are eligible to provide Medicaid services and how they can become a Medicaid-certified provider in their state**

Whoever is providing the service has to meet provider qualifications and have a provider agreement in place with the state Medicaid program to get reimbursement. Many states give Medicaid provider status to licensed social workers, mental health practitioners, and school psychologists, but whether a particular person qualifies and can be certified as a Medicaid provider really depends on the state where he or she lives. Each state has different requirements for different types of providers, but in general, all states require providers to have the following:

- Proof of licensure or certification
- Proof of educational degree
- Proof of malpractice insurance

Check with the state Medicaid agency about other requirements for becoming a Medicaid provider. Each state Medicaid agency has a phone number (see the Appendix) that a provider can call to discuss provider enrollment issues or to request an application.

Once the state Medicaid agency approves an application to become Medicaid certified, the provider must enter into a provider agreement. This agreement describes the responsibilities of a Medicaid provider and outlines billing and reimbursement procedures. In general, the agreement requires Medicaid certified providers to do the following:

#### **To become a Medicaid-certified provider:**

- ✓ Check with the state Medicaid agency whether it will certify individuals in your profession.
- ✓ Find out what requirements you have to meet to become a Medicaid certified provider.
- ✓ Have ready your proof of licensure or certification, educational degree, malpractice insurance, and other forms that your state Medicaid agency requires.
- ✓ Complete and turn in the application to become a Medicaid provider.
- ✓ Enter into a provider agreement with your Medicaid state agency.

- **Agree to accept Medicaid payment as payment in full.** Medicaid providers cannot collect additional fees from other sources. For example, if a school bills Medicaid \$100 for a service and Medicaid reimburses \$80, the school cannot recover the remaining \$20 that Medicaid did not pay from other funding sources.
- **Ensure that claims are processed expediently.** Providers must submit all claims to the state Medicaid agency no later than 12 months from the date of service (some states may allow less time for providers to bill).
- **Address all free care issues.** Medicaid will not pay for services that are available for free to the general public (people who are not covered by Medicaid).
- **Bill all liable third parties before billing Medicaid.** Medicaid is considered the payer of last resort. This means that if the child who receives the service has health coverage from other sources (such as a private insurance policy), providers must bill those sources before they bill Medicaid. In general, Medicaid will pay the remaining amounts not reimbursed by third parties for Medicaid-eligible services. The exception to this rule is a service provided to a child under the Individuals with Disabilities in Education Act (IDEA). Medicaid will pay prior to the Department of Education for Medicaid-covered services listed in a child's IEP or Individual Family Service Plan (IFSP).
- **Maintain all necessary documentation.** Providers must keep organized and confidential records containing details on the service provided and the individual receiving services. Relevant documentation includes all the screening elements of an EPSDT screen; the dates, duration, and location of services; the provider of the service; any required medical documentation related to the diagnosis or medical condition; and third-party billing information.

## **Step 2: Find out whether the child who needs the services is eligible for or enrolled in Medicaid**

Medicaid covers three broad population groups: low-income women and their children and two-parent families in some states; individuals with disabilities; and the elderly. To qualify, individuals must have low or moderate incomes, but Medicaid eligibility is also linked to age, with specific eligibility categories for elderly persons and children. Individuals also need to meet certain criteria to be Medicaid eligible, such as residency requirements and citizenship or immigration status. Again, because Medicaid is a state-based program, the requirements that individuals need to meet depend on the state in which the person lives.

Many times children are eligible for Medicaid but are not enrolled because their parents do not know about the program or the application and enrollment process is too hard for their parents to navigate. To maximize enrollment in the Medicaid program, it is important to address both issues. Step 2 of how to obtain Medicaid funding consists of three parts:

- Conducting outreach activities to tell children and families about the Medicaid program
- Finding out whether the child is eligible for Medicaid benefits
- Helping children and families enroll for Medicaid

### **Reach out and inform families about Medicaid**

Many families are not aware that they or their children may qualify for Medicaid coverage. Increasing awareness about Medicaid benefits and about who qualifies is essential to generating applications from potentially eligible individuals.

The following tips will help pupil services staff and mental health professionals conduct outreach to help inform children and families about Medicaid:

- Work with the school principal or superintendent to determine which outreach activities are allowed by school policies.
- Piggyback on school efforts, such as PTA meetings, parent-teacher conferences, and athletic events, to distribute information about the availability of public health insurance.
- Include Medicaid information and applications in report card envelopes and back-to-school packets sent home with children in September.
- Determine whether the school will add health insurance questions to mandatory health forms and free or reduced-price school lunch applications.
- Present enrollment information at workshops and seminars for school staff.

Keep in mind that in conducting outreach activities, it is important to target messages to children and families who fall within eligibility guidelines.

### **Find out whether a child is Medicaid eligible**

Often parents know about Medicaid but do not apply because they believe that they are ineligible. This represents a lost opportunity to provide needed health services to low-income families. It is important to identify individuals who might be eligible so that they can be encouraged to apply for Medicaid. As mentioned previously, eligibility for Medicaid varies from state to state, although in general an uninsured family of four with a yearly income of \$33,400 is

Schools are the primary resource for identifying children who are eligible for Medicaid and other publicly funded health insurance programs. The following are some innovative practices for enrolling children in the State Children's Health Insurance Program (SCHIP) through the schools.

- In South Carolina, an incentive program gave \$5 to each child with a completed CHIP application. Schools with the most applications were rewarded with pizza parties.
- In Nevada, 70% of CHIP applicants first heard about the program through the school system. Schools used parent-teacher conferences and athletic programs to disseminate information. Also, to help facilitate enrollment, schools targeted students in the free or reduced-price lunch program as potential CHIP beneficiaries.

*The Centers for Medicare and Medicaid Services (1999)*

likely to qualify. One way to approximate whether an individual qualifies is to compare his or her household income with the state income thresholds. (To check each state's threshold, visit <http://www.statehealthfacts.kff.org>.) Having an income that is below the state threshold will probably qualify an individual for Medicaid. The Health Assistance Partnership has developed a screening tool with specific questions for determining eligibility status (<http://www.healthassistancepartnership.org>). Finally, each state Medicaid agency has staff available to help determine eligibility.

### **Help children and families enroll in Medicaid**

Even after parents find out about Medicaid and decide to apply, they may still need assistance with the process. In a nationwide survey of low-income parents, more than half indicated that they do not even attempt to enroll their children in Medicaid because the forms are too complicated and the application process is too long (Perry, Kannel, Valdez, & Chang, 2000). School social workers and staff can take several steps to help families enroll in Medicaid:

- Help parents gather the documents they need to apply, such as proof of citizenship and income.
- Ensure that language assistance is available to non-English-speaking parents who want to apply.
- Be available to answer questions about Medicaid or to refer parents to agencies and organizations that can help with the enrollment process.

Although these tasks may seem daunting, in the end they will reap significant benefits. Schools in system of care communities are also uniquely positioned to undertake these tasks because access to students and parents is readily available. Fortunately, Medicaid also pays for many of these activities through the administrative claiming method.

### **Step 3: Find out whether the services needed are Medicaid eligible**

For schools and mental health workers to receive reimbursement for health services, the services provided must be among those listed in the state's Medicaid statute. Although states have flexibility in shaping their state Medicaid plans, the federal government requires states to offer assistance for certain basic medical services (mandatory services). In addition to mandatory services, each state can elect to cover additional services (optional services) identified by CMS. Table 2 illustrates the various clinical and rehabilitative services that are defined in state Medicaid plans. Check with the state Medicaid agency for a list and definition of the services that Medicaid will pay for.

**Table 2: Children's Clinical and Rehabilitative Services Defined in State Rules**

	Clinical Services											Rehabilitative Services									
	Physician Services			Other Clinical Services								Day Treatment			After School				Summer Camp/Programs		
	Individual Psychotherapy	Family Psychotherapy	Group Psychotherapy	Medication Management	Family Education	Partial Hospitalization	Substance Abuse Counseling	Independent Practice Psychologist: Testing	Independent Practice Psychologist: Counseling	Independent Practice Social Workers	Intensive Home-Based	Day Treatment	After School	Summer Camp/Programs	Therapeutic Preschool	Therapeutic Nursery	Family Support/ Wrap-around	Therapeutic Foster Care	Independent Living Skills Training	Child Respite Care	Targeted Case Management for SED
AL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
AK	✓	✓	✓	✓	✓	✓	✓				✓	✓				✓	✓				✓
AR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
AZ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CA	✓	✓	✓	✓	✓	✓					✓	✓									✓
CO	✓	✓		✓	✓	✓					✓	✓					✓	✓			✓
CT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓
DC	✓	✓	✓	✓	✓	✓					✓	✓				✓					
DE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓
FL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓
IA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓
ID	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓
IL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓
IN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓
MA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
MD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ME	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
MI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
MS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
MT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NC	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ND	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NJ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NY	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OK	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TX	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓											
VA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: American Institutes for Research (forthcoming). *Medicaid and mental health: A consumer's guide*. Washington, DC: Center for Mental Health Services, Substance Abuse and Mental Health Services Agency.

## **IDEA services and Medicaid**

The Individuals with Disabilities in Education Act (IDEA) ensures that school-aged children with special education needs receive a free appropriate public education. It requires schools to prepare an Individualized Education Plan (IEP) for each child needing special services. The IEP specifies all of the child's special education and related health care needs.

Some health-related services specified in the IEP can be paid for through Medicaid as long as they are in the list of services outlined in the state plan. Although Medicaid and the IDEA are separate entitlements covering somewhat different populations, many children do qualify for both (Seltzer & Parker, 2003).

In this case, Medicaid is the primary payer to the Department of Education, although providers still have to bill other insurance companies (if any). In addition, Medicaid-covered services in a student's IEP are exempt from the free care rule. That is, Medicaid will still pay for services that are provided for free to non-Medicaid-eligible individuals if the services are required by the IEP.

## **Preventive and treatment services, EPSDT, and Medicaid**

Children have special status under Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provision. EPSDT requires states to screen eligible children under the age of 21, diagnose any conditions found through the screen, and furnish appropriate treatment to correct or ameliorate illnesses and conditions discovered through the screen. What is noteworthy about EPSDT is that when children are identified as needing services as a result of an EPSDT screen, states have to provide the services regardless of whether or not they are listed in the state plan.

The EPSDT program offers a comprehensive array of benefits and requires the following screening services:

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations and laboratory tests
- Health education, including parent education and counseling, that provides information about the benefits of health lifestyles and practices and accident and disease prevention

- Vision services, including diagnosing and treating vision defects and providing eyeglasses
- Dental services, including pain relief, treatment of infections, teeth restoration, and dental health maintenance
- Hearing services, including diagnosing and treating hearing defects and providing devices such as hearing aids
- Other necessary care to diagnose and treat physical and mental health conditions discovered through an EPSDT screen

### **What Medicaid will not pay for**

Providers always need to keep in mind that in general, Medicaid will not pay for services that are offered to the general public for free, even if the services are listed in the state Medicaid plan. For example, if a school provides free vaccinations to all children in the school, Medicaid will not pay for the vaccinations given to Medicaid eligible children even if it is a covered service. The only exception to this rule is when the service is listed in a student's IEP plan.

### **Gearing up to claim Medicaid reimbursement**

When trying to obtain Medicaid reimbursement of school-based health services, schools and mental health workers should always ask these three questions:

- Are you a Medicaid-certified provider and do you have a provider agreement with your state Medicaid agency?
- Are the children who need your services eligible for Medicaid and are they enrolled in the program?
- Are the services that children need listed as a covered service under your state Medicaid plan?

If the answer to these three questions is yes, then obtaining Medicaid reimbursement should be relatively simple. Also, following these general principles will help as they try to become established as a Medicaid provider:

- **Always check with the Medicaid agency in the state about specific requirements.** Remember that Medicaid is different from state to state, so be sure to know the state's provider requirements, beneficiary eligibility requirements, and covered services.
- **Start small.** Becoming familiar with Medicaid is a complicated task. It is best not to take on other new activities while mastering the ins and outs of how to obtain and maximize Medicaid funding. Schools and providers that are already providing Medicaid-eligible services should try to get reimbursement for these services first before attempting to offer and receive reimbursement for new services.
- **Collaboration is the key.** Many organizations have the capacity and infrastructure to fulfill some, but not all, of the requirements to obtain Medicaid funding. Schools have access to Medicaid-eligible children but are not necessarily qualified as Medicaid providers. Health clinics may be Medicaid certified but not have the ability to reach Medicaid-eligible individuals. Working together, however, schools and health clinics have the capacity to deliver a comprehensive array of services to children through Medicaid and EPSDT.
- **Documentation is the bottom line!** Medicaid agencies conduct routine audits to prevent fraud and abuse. Providers should always make sure that they keep well-maintained documentation about the services they offer and the health needs of the students receiving the services.

## **Selected Resources on Medicaid and School-Based Health Services**

### **The Medicaid Program and CMS Guidance on Accessing Medicaid Funds**

- **The Medicaid Resource Book by Andy Schneider, Risa Elias, Rachel Garfield, David Rousseau, and Victoria Wachino, The Kaiser Commission on Medicaid and the Uninsured**  
Written to help the public and policymakers understand the structure and operation of the Medicaid program, this reference book contains comprehensive information about four major components of Medicaid: eligibility, benefits, financing, and administration. The book can be downloaded at <http://www.kff.org/medicaid/2236-index.cfm>.
- **Medicaid and School Health: A Technical Assistance Guide by The Centers for Medicare and Medicaid Services**  
This publication is a source of comprehensive technical assistance for Medicaid funding of school health programs. It explains Medicaid financing mechanisms and requirements and summarizes Medicaid regulations and policies related to school funding. Schools seeking Medicaid funding can use the guide to ensure compliance with regulations, anticipate possible complications, and develop a broad understanding of Medicaid funding issues related to school-based health care. Download this publication at <http://www.cms.hhs.gov/medicaid/schools/scbintro.asp>.
- **Medicaid School-Based Administrative Claiming Guide by The Centers for Medicare and Medicaid Services**  
This publication provides guidance to schools to ensure compliance with federal regulations on administrative claiming. It provides an overview of the regulations and requirements to obtain Medicaid funds for administrative activities, discusses the general principles of administrative claiming, and describes commonly encountered issues. The guide also features a section on how to pair administrative claiming with EPSDT and IDEA activities. The guide is available for download at <http://www.cms.hhs.gov/medicaid/schools/macguide.pdf>.

### **Strategies for Maximizing Medicaid Funding for School Based Health Services**

- **Maximizing Medicaid Funding to Support Health and Mental Health Services for School-Age Children and Youth by Andrew Bundy and Victoria Wegner, The Finance Project**  
This publication begins with a background description of Medicaid and EPSDT and then guides readers in obtaining Medicaid funding for school-based mental health services. It describes different financing options including fee-for-service and administrative claiming, leveraged funding, and statewide payment systems. For each type of funding strategy, the publication highlights case studies, practical considerations, and potential barriers and suggests ways to overcome those barriers. Download this strategy brief at [www.financeproject.org/Brief5.htm](http://www.financeproject.org/Brief5.htm).
- **Teaming Up: Using the IDEA and Medicaid to Secure Comprehensive Mental Health Services for Children and Youth by Tammy Seltzer and Rebekah Parker, Bazelon Center for Mental Health Law**  
This publication addresses the intersection of the Individuals with Disabilities Education Act (IDEA) and Medicaid as a funding possibility for mental health services. It is designed to educate attorneys who practice either IDEA or Medicaid law on the intricacies of these mandates and how they work

in conjunction with each other. The overall purpose is to provide detailed information about the program in which these attorneys do not specialize so that ultimately they can access both sources of funding to assist their clients. Although geared toward the legal advocacy community, this document is relevant to anyone interested in the funding of school-based mental health services. The publication uses case studies to illustrate how court precedents can be used to advocate for mental health service financing and how integrated financing can compensate for gaps in coverage. The publication can be downloaded at <http://www.bazelon.org/issues/children/publications/teamingup/report.pdf>.

## Reaching Out and Enrolling Children in Medicaid

- **Covering Kids and Families Back-to-School Action Kit by The Covering Kids Initiative of the Robert Wood Johnson Foundation**  
This toolkit was developed for the Covering Kids and Families Back-to-School campaign, an outreach program to inform parents about health insurance coverage for children. The toolkit contains information and materials on how to conduct outreach activities and enroll children in Medicaid and CHIP. You can download the toolkit at <http://coveringkidsandfamilies.org/communications/bts/kit>.
- **Putting Express Lane Eligibility Into Practice: A Briefing Book and Guide for Enrolling Uninsured Children Who Receive Other Public Benefits Into Medicaid and CHIP by The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured**  
This report discusses the concept of express lane eligibility, a process of linking Medicaid and CHIP applications and enrollment to other means-tested services, such as free or reduced-price lunch programs, that schools provide. The report highlights proven strategies for automatically enrolling children into public health programs and provides multiple case studies and sample program application forms that schools can adapt. It discusses factors to consider when using express lane eligibility, including confidentiality issues, adherence to current Medicaid law, and state-to-state variation in enrollment. It is available for download at <http://www.kff.org/medicaid/2211-index.cfm?RenderForPrint=1>.
- **Medicaid and Children, Overcoming Barriers to Enrollment: Findings From a National Survey by The Kaiser Commission on Medicaid and the Uninsured**  
This report highlights the findings from a survey of low-income parents on barriers to enrolling their children in Medicaid. It discusses how to overcome these barriers and describes various methods that schools can employ to facilitate the Medicaid enrollment process. The report is available for download at <http://www.kff.org/medicaid/2174-index.cfm>.
- **Enrolling Children in Health Coverage Programs: Schools Are Part of the Equation by The Covering Kids Initiative of the Robert Wood Johnson Foundation**  
This brief demonstrates the importance of the role of schools in enrolling students in Medicaid and CHIP. It presents strategies that schools can use to reach and enroll eligible students, lists organizations dedicated to assisting schools in this effort, and highlights various ways in which schools can work with community organizations and within the state governments to enroll more students in health programs. This strategy brief is available for download at <http://www.centeronbudget.org/10-1-01health2.pdf>.

- **Children's Health Coverage Outreach: A Special Role for School Nurses by The Covering Kids Initiative of the Robert Wood Johnson Foundation**  
This strategy brief provides information on how to involve school nurses in efforts to reach out and provide information about Medicaid and SCHIP to children and their families. The brief outlines and provides case studies on various outreach strategies. The brief can be downloaded from <http://www.centeronbudget.org/10-1-01health5.pdf>.

## **Organizations That Conduct Activities Related to Medicaid, Mental Health, and Financing of School-Based Services**

- **The Centers for Medicare and Medicaid Services**  
<http://www.cms.gov>  
The Centers for Medicare and Medicaid Services (CMS) administers Medicaid and the State Children's Health Insurance Program (SCHIP). Practitioners can access general information about program rules and regulations, eligibility requirements, and billing on the Web site. Specific information about each state's Medicaid program is available through the U.S. State and Local Government Gateway at <http://www.statelocal.gov>.
- **The Center for Health and Health Care in Schools**  
<http://www.healthinschools.org>  
The Center for Health and Health Care in Schools (CHHCS) is an organization devoted to strengthening children's and youths' well-being by effectively providing health care programs and services in schools. CHHCS serves as a resource for school-based health center (SBHC) administrators, providers, and policymakers. CHHCS works to expand and include mental health services in SBHCs. The CCHCS Web site has links to mental health background information, resources about funding school based mental health through grants or managed care, and state and local school-based initiatives.
- **Bazelton Center for Mental Health Law**  
<http://www.bazelton.org>  
The Bazelton Center for Mental Health Law is an advocacy organization devoted to ensuring and advancing the rights of people with mental disabilities. The Center acts as a legislative watchdog, communicates about court decisions affecting mental health care, and researches mental health policy implications. The Center produces several fact sheets, issue briefs, and other publications on a variety of topics related to mental illness, including children's mental health.
- **The Finance Project**  
<http://www.financeproject.org>  
The Finance Project aims to "support decision-making that produces and sustains good results for children, families and communities." The Finance Project engages in several activities, such as conducting research; organizing expert meetings and forums; and providing technical assistance specifically related to the financing of programs, projects, and initiatives. The Web site serves as the host for the Welfare Information Network, which has a section dedicated to health care and Medicaid that is a clearinghouse for health care funding information.

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- American Institutes for Research (forthcoming). *Medicaid and mental health: A consumer's guide*. Washington, DC: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

## **Appendix: Directory of State Medicaid Agencies**

### **Alabama**

Medicaid Agency of Alabama  
501 Dexter Avenue  
PO Box 5624  
Montgomery, AL 36103-5624  
(800) 362-1504 or (334)-242-5000  
<http://www.medicaid.state.al.us/>

### **Alaska**

Alaska Department of Health and Human Services  
350 Main Street, Room 229  
PO Box 110601  
Juneau, AK 99811-0601  
(907) 465-3030  
<http://www.hss.state.ak.us>

### **Arizona**

Health Care Cost Containment of Arizona  
801 E. Jefferson Street  
Phoenix, AZ 85034  
(800) 962-6690 or (602)-417-7000  
<http://www.ahcccs.state.az.us>

### **Arkansas**

Department of Human Services of Arkansas  
PO Box 1437, Slot 1100  
Donaghey Plaza South  
Little Rock, AR 72203-1437  
(800) 484-5431 or (501) 682-8292  
<http://www.medicaid.state.ar.us/>

### **California**

California Department of Health Services  
PO Box 942732  
Sacramento, CA 94243-7320  
(916) 445-4171  
<http://www.dhs.ca.gov/>

### **Colorado**

Department of Health Care Policy and Financing of Colorado  
1570 Grant Street  
Denver, CO 80203-1818  
(800) 221-3943 or (303) 866-2993  
<http://www.chcpf.state.co.us>

### **Connecticut**

Department of Social Services of Connecticut  
25 Sigourney Street  
Hartford, CT 06106-5033  
(800) 842-1508 or (860) 424-4908  
<http://www.dss.state.ct.us>

### **Delaware**

Delaware Health and Social Services  
1901 N. DuPont Highway  
PO Box 906, Lewis Building  
New Castle, DE 19720  
(302) 255-9040  
<http://www.state.de.us/dhss>

### **District of Columbia**

DC Department of Health  
825 North Capitol Street, NE  
5<sup>th</sup> Floor  
Washington, DC 20002  
(202) 442-5999  
<http://dchealth.dc.gov/index.asp>

### **Florida**

Agency for Health Care Administration of Florida  
PO Box 13000  
Tallahassee, FL 32317-3000  
(888) 419-3456  
<http://www.fdhc.state.fl.us/index.shtml>

**Georgia**

Georgia Department of Community Health  
2 Peachtree Street, NW  
Atlanta, GA 30303  
(866) 322-4260 or (770) 570-3300  
<http://www.communityhealth.state.ga.us/>

**Hawaii**

Department of Human Services of Hawaii  
PO Box 339  
Honolulu, HI 96809  
(800) 316-8005 or (808) 524-3370  
<http://www.med-quest.us/>

**Idaho**

Idaho Department of Health and Welfare  
450 West State Street  
Boise, ID 83720-0036  
(208) 334-5500  
<http://www2.state.id.us/dhw>

**Illinois**

Department of Public Aid of Illinois  
201 South Grand Avenue, East  
Chicago, IL 60607  
(800) 226-0768 or (217) 782-2570  
<http://www.dpaillinois.com/>

**Indiana**

Family and Social Services Administration of Indiana  
402 W. Washington Street  
PO Box 7083  
Indianapolis, IN 46207-7083  
(800) 457-4584 or (317) 232-4966  
<http://www.in.gov/fssa/>

**Iowa**

Department of Human Services of Iowa  
Hoover State Office Building  
5<sup>th</sup> Floor  
Des Moines, IA 50319-0114  
(800) 338-8366 or (515) 327-5121  
<http://www.dhs.state.ia.us>

**Kansas**

Department of Social and Rehabilitation Services of Kansas  
915 S.W. Harrison Street  
Topeka, KS 66612  
(800) 792-4884 or (785) 274-4200  
<http://www.srskansas.org/hcp/>

**Kentucky**

Cabinet Health Services of Kentucky  
PO Box 2110  
Frankfort, KY 40602-2110  
(800) 635-2570 or (502) 564-2687  
<http://chs.ky.gov/dms/>

**Louisiana**

Louisiana Department of Health and Hospital  
1201 Capitol Access Road  
PO Box 629  
Baton Rouge, LA 70821-0629  
(225) 342-9500  
<http://www.dhh.state.la.us>

**Maine**

Maine Department of Human Services  
442 Civic Center Drive  
11 State House Station  
Augusta, ME 04333-0011  
(800) 321-5557 or (207) 287-3094  
<http://www.state.me.us/bms>

**Maryland**

Department of Human Resources for Maryland  
PO Box 17259  
Baltimore, MD 21203-7259  
(800) 492-5231 or (410) 767-5800  
<http://www.dhr.state.md.us/fia/medicaid.htm>

**Massachusetts**

Office of Health and Human Services of Massachusetts  
600 Washington Street  
Boston, MA 02111  
(800) 325-5231 or (617) 628-4141  
<http://www.state.ma.us/dma/>

**Michigan**

Michigan Department of Community Health  
Sixth Floor, Lewis Cass Building  
320 S. Walnut Street  
Lansing, MI 48913  
(800) 292-2550  
<http://www.michigan.gov/mdch>

**Minnesota**

Department of Human Services of Minnesota  
444 Lafayette Road North  
St. Paul, MN 55155  
(651) 297-3933  
<http://www.dhs.state.mn.us/>

**Mississippi**

Office of the Governor of Mississippi  
239 North Lamar Street, Suite 801  
Robert E. Lee Building  
Jackson, MS 39201-1399  
(800) 421-2408 or (601) 359-6048  
<http://www.dom.state.ms.us/>

**Missouri**

Department of Social Services of Missouri  
221 West High Street  
PO Box 1527  
Jefferson City, MO 65102-1527  
(800) 392-2161 or (573) 751-4815  
<http://www.dss.state.mo.us/dms>

**Montana**

Montana Department of Public Health and  
Human Services  
1400 Broadway, Cogswell Building  
PO Box 8005  
Helena, MT 59604-8005  
(800) 362-8312 or (406) 444-5900  
<http://www.dphhs.state.mt.us/>

**Nebraska**

Nebraska Department of Health and Human  
Services System  
PO Box 95044  
Lincoln, NE 68509-5044  
(402) 471-3121  
<http://www.hhs.state.ne.us>

**Nevada**

Nevada Department of Human Resources, Aging  
Division  
1100 E. William Street  
Suite 101  
Carson City, NV 89701  
(702) 486-5000  
<http://dhcfp.state.nv.us/>

**New Hampshire**

New Hampshire Department of Health and  
Human Services  
129 Pleasant Street  
Concord, NH 03301-3857  
(603) 271-4238  
<http://www.dhhs.state.nh.us/>

**New Jersey**

Department of Human Services of New Jersey  
Quakerbridge Plaza, Building 6  
P.O. Box 716  
Trenton, NJ 08625-0716  
(800) 356-1561 or (609) 588-2600  
<http://www.state.nj.us/humanservices/>

**New Mexico**

Department of Human Services of New Mexico  
PO Box 2348  
Sante Fe, NM 87504-2348  
(888) 997-2583 or (505) 827-3100  
<http://www.state.nm.us/hsd/mad/Index.html>

**New York**

New York State Department of Health  
Office of Medicaid Management  
Governor Nelson A Rockefeller Empire State  
Plaza  
Corning Tower Building  
Albany, NY 12237  
(800) 541-2831 or (518) 747-8887  
<http://www.health.state.ny.us/nysdoh/medicaid/medicaid.htm>

**North Carolina**

North Carolina Department of Health and Human Services  
1918 Umstead Drive  
Kirby Building  
Raleigh, NC 27699-2501  
(800) 662-7030 or (919) 857-4011  
<http://www.dhhs.state.nc.us/dma/>

**North Dakota**

Department of Human Services of North Dakota  
600 E. Boulevard Avenue  
Bismarck, ND 58505-0250  
(800) 755-2604 or (701) 328-2332  
<http://lnotes.state.nd.us>

**Ohio**

Department of Job and Family Services of Ohio-  
Ohio Health Plans  
30 E. Broad Street  
31<sup>st</sup> Floor  
Columbus, OH 43215-3414  
(800) 324-8680 or (614) 728-3288  
<http://www.state.oh.us/odjfs/aboutus/0002AboutUs.stm>

**Oklahoma**

Health Care Authority of Oklahoma  
4545 N. Lincoln Boulevard  
Suite 124  
Oklahoma City, OK 73105  
(800) 522-0114 or (405) 522-7300  
<http://www.ohca.state.ok.us/>

**Oregon**

Oregon Department of Human Services  
500 Summer Street, NE  
3<sup>rd</sup> Floor  
Salem, OR 94310-1014  
(800) 527-5772 or (503) 945-5772  
<http://www.dhs.state.or.us/>

**Pennsylvania**

Department of Public Welfare of Pennsylvania  
Health and Welfare Building, Room 515  
PO Box 2675  
Harrisburg, PA 17105  
(800) 692-7462 or (717) 787-1870  
<http://www.dpw.state.pa.us/omap/dpwmap.asp>

**Rhode Island**

Department of Human Services of Rhode Island  
Louis Pasteur Building  
600 New London Avenue  
Cranston, RI 02921  
(401) 462-5300  
<http://www.dhs.state.ri.us/>

**South Carolina**

South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206  
(803) 898-2500  
<http://www.dhhs.state.sc.us/Default.htm>

**South Dakota**

Department of Social Services of South Dakota  
700 Governors Drive  
Richard F Kneip Building  
Pierre, SD 57501  
(800) 452-7691 or (605) 773-3495  
<http://www.state.sd.us/social/MedElig>

**Tennessee**

Department of Finance and Administration of Tennessee  
729 Church Street  
Nashville, TN 37247  
(800) 669-1851 or (615) 741-4800  
<http://www2.state.tn.us/health/>

**Texas**

Health and Human Services Commission of Texas  
4900 N Lamar Boulevard  
4<sup>th</sup> Floor  
Austin, TX 78701  
(888) 834-7406 or (512) 424-6500  
<http://www.hhsc.state.tx.us/>

**Utah**

Utah Department of Health  
288 North 1460 West  
PO Box 143101  
Salt Lake City, UT 84114-3101  
(800) 662-9651 or (801) 538-6155  
<http://health.utah.gov/medicaid/>

**Vermont**

Agency of Human Services of Vermont  
103 S. Main Street  
Waterbury, VT 05676-1201  
(800) 250-8427 or (802) 241-1282  
<http://www.dpath.state.vt.us/>

**Virginia**

Department of Social Services of Virginia  
600 E. Broad Street  
Suite 1300  
Richmond, VA 23219  
(804) 726-4231  
[http://www.dss.state.va.us/benefit/medicaid\\_cove rage.html](http://www.dss.state.va.us/benefit/medicaid_cove rage.html)

**Washington**

Department of Social and Health Services of Washington  
PO Box 45505  
Olympia, WA 98504-5505  
(800) 562-3022 or (800) 562-6188  
<http://fortress.wa.gov/dshs/maa/>

**West Virginia**

West Virginia Department of Health and Human Resources  
350 Capitol Street  
Room 251  
Charleston, WV 25301-3709  
(304) 558-1700  
<http://www.wvdhhr.org/bms/>

**Wisconsin**

Wisconsin Department of Health and Family Services  
1 W. Wilson Street  
PO Box 309  
Madison, WI 53701-0309  
(800) 362-3002 or (608) 221-5720  
<http://www.dhfs.state.wi.us/medicaid/index.htm>

**Wyoming**

Wyoming Department of Health  
147 Hathaway Building  
Cheyenne, WY 82002  
(888) 996-8678 or (307) 777-6964  
<http://wdhfs.state.wy.us/>