



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Medicaid Policy & School Mental Health

Part 2

Presenter: Adam S. Wilk, Ph.D.

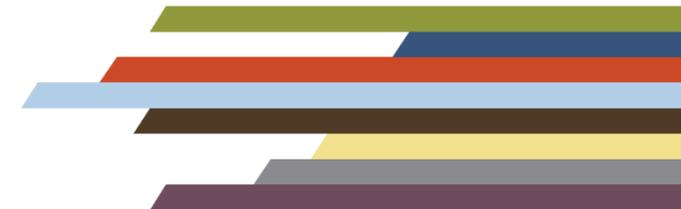
Moderator: Kellay Chapman

School Mental Health Initiative

Southeast Mental Health Technology Transfer Center (MHTTC)

Rollins School of Public Health, Emory University

December 13, 2023



DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

About the Southeast Mental Health Technology Transfer Center (MHTTC)

The Southeast MHTTC is located at the Rollins School of Public Health, Emory University.

Serve states in HHS Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.



Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

Our Vision: Widespread access to evidence-based mental health services for those in need.



Southeast Mental Health Technology Transfer Center
Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee



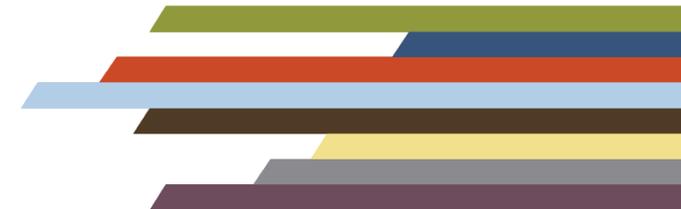
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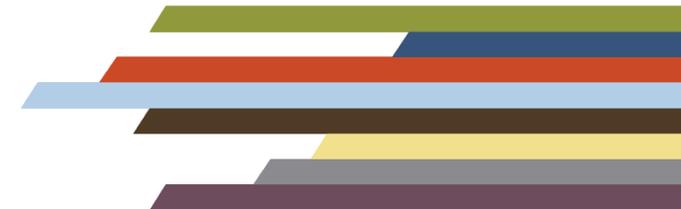
Mental Health Technology Transfer Center Network

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At the conclusion of this webinar,
a link to an **evaluation** form will appear on your screen.

Please take a few minutes to provide us with your
thoughts as this is a very important part of our funding.

We appreciate your feedback!



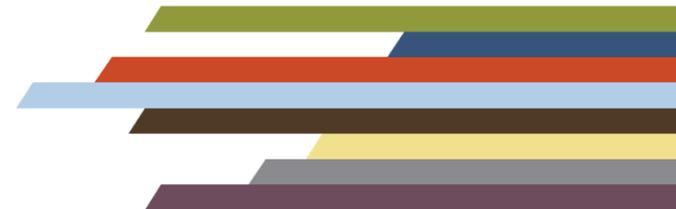
Presenter



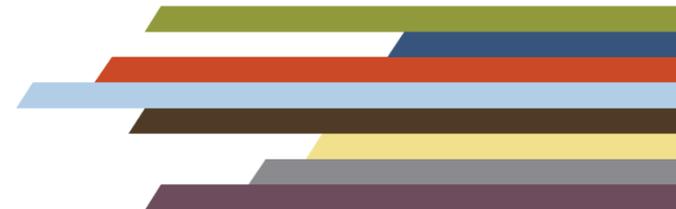
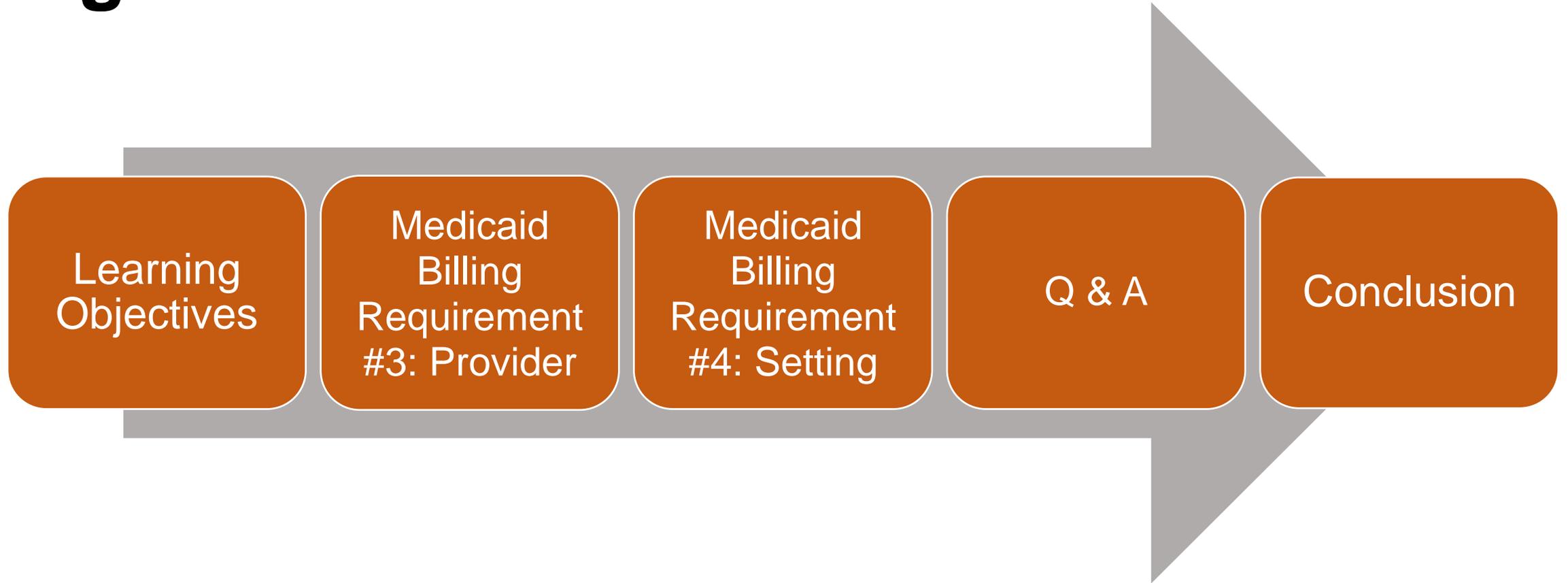
Dr. Adam Wilk

Deputy Director & Policy Lead
Southeast MHTTC School Mental Health Initiative

Associate Professor
Department of Health Policy and Management,
Rollins School of Public Health, Emory University



Agenda



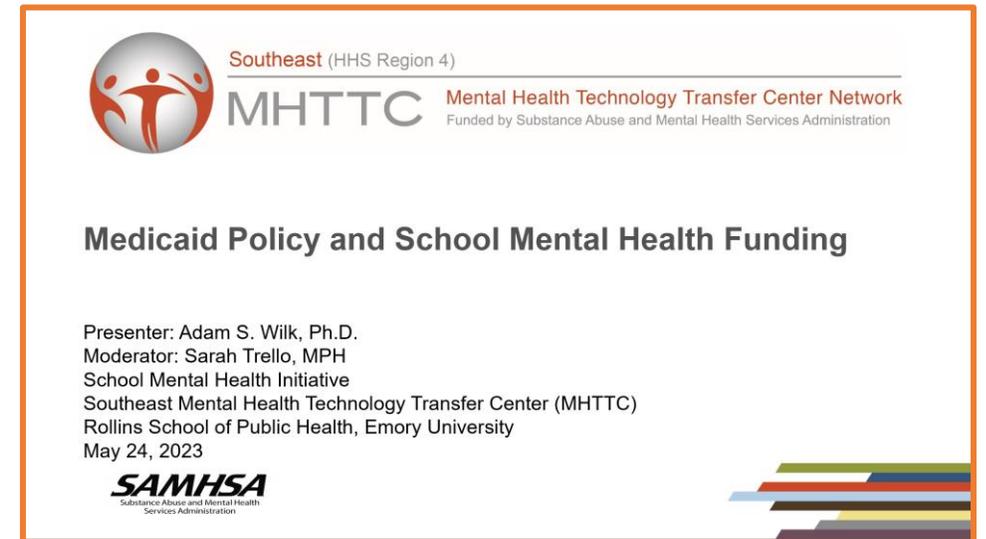
Learning Objectives

- 1 Characterize the four requirements that must be met for billing Medicaid for school mental health services.
- 2 Discuss the Medicaid policies that can affect which providers can bill Medicaid for services and whether services provided at schools can be billed to Medicaid.
- 3 Describe how state Medicaid policies on eligible providers and covered settings can be reformed in support of school mental health.

May webinar & Nov.-Dec. 2-part series

The current two-part webinar series covers similar content to our May 2023 webinar, but...

- At a slower pace
- In greater depth
- With greater emphasis on relevant contemporary policy developments and reform opportunities



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Medicaid Policy and School Mental Health Funding

Presenter: Adam S. Wilk, Ph.D.
Moderator: Sarah Trello, MPH
School Mental Health Initiative
Southeast Mental Health Technology Transfer Center (MHTTC)
Rollins School of Public Health, Emory University
May 24, 2023

 **SAMHSA**
Substance Abuse and Mental Health
Services Administration



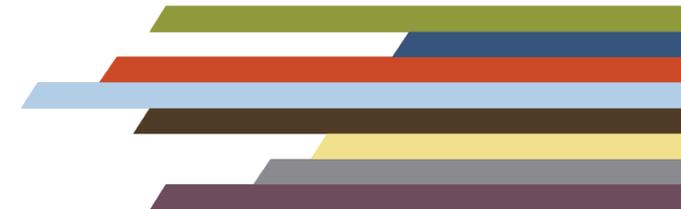
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POLL QUESTION #1





MEDICAID AND SCHOOL MENTAL HEALTH SERVICES: FAQs



JU-CHEN HU, MHSA,
ADAM S. WILK, PHD,
JANET R. CUMMINGS, PHD

SOUTHEAST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER
ROLLINS SCHOOL OF PUBLIC HEALTH, EMORY UNIVERSITY,
ATLANTA, GEORGIA



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Medicaid and School Mental Health Services: FAQs

In this report, we discuss how schools can finance school mental health services through Medicaid by answering some frequently asked questions.

More resources and details on Medicaid financing for school mental health services can be found in this FAQs report.

Overview | Four Requirements for seeking Medicaid reimbursement for school mental health services

Service

Medicaid covers the service

Recipient

The student-client is enrolled in Medicaid

Provider

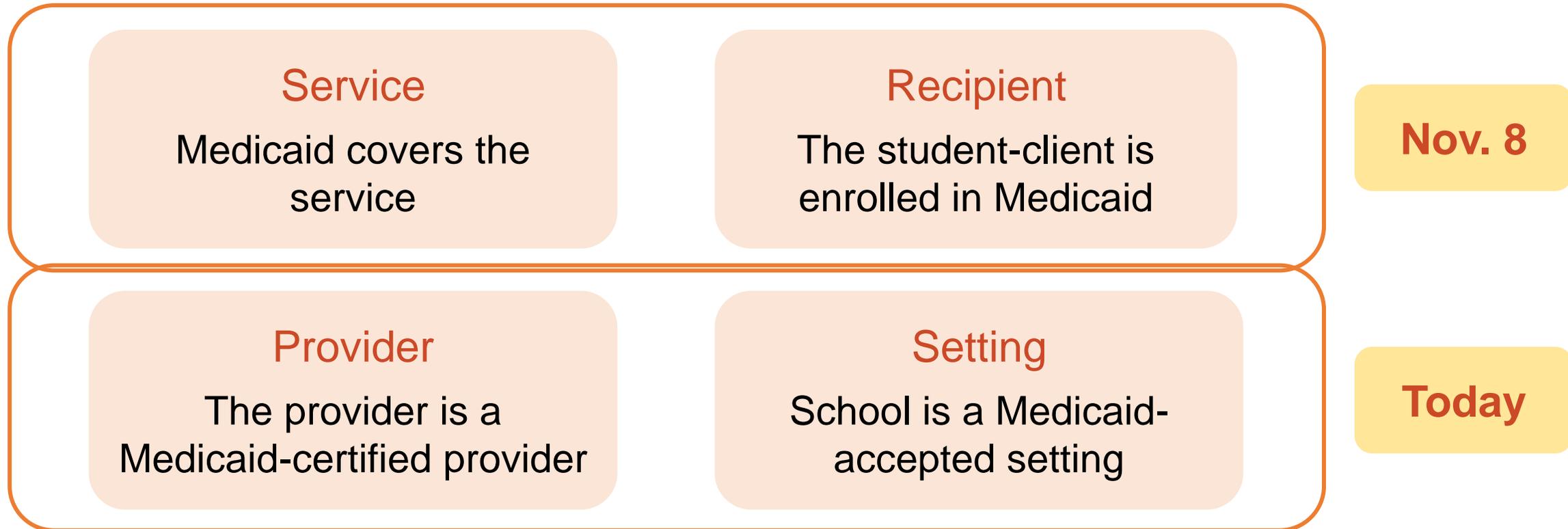
The provider is a Medicaid-certified provider

Setting

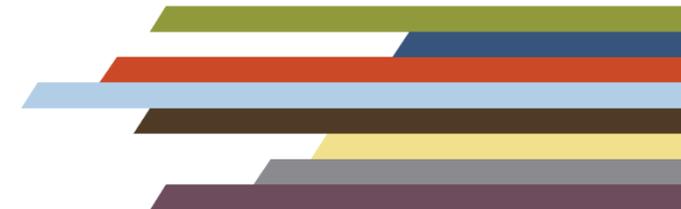
School is a Medicaid-accepted setting

*For each requirement, key terms vary by state.

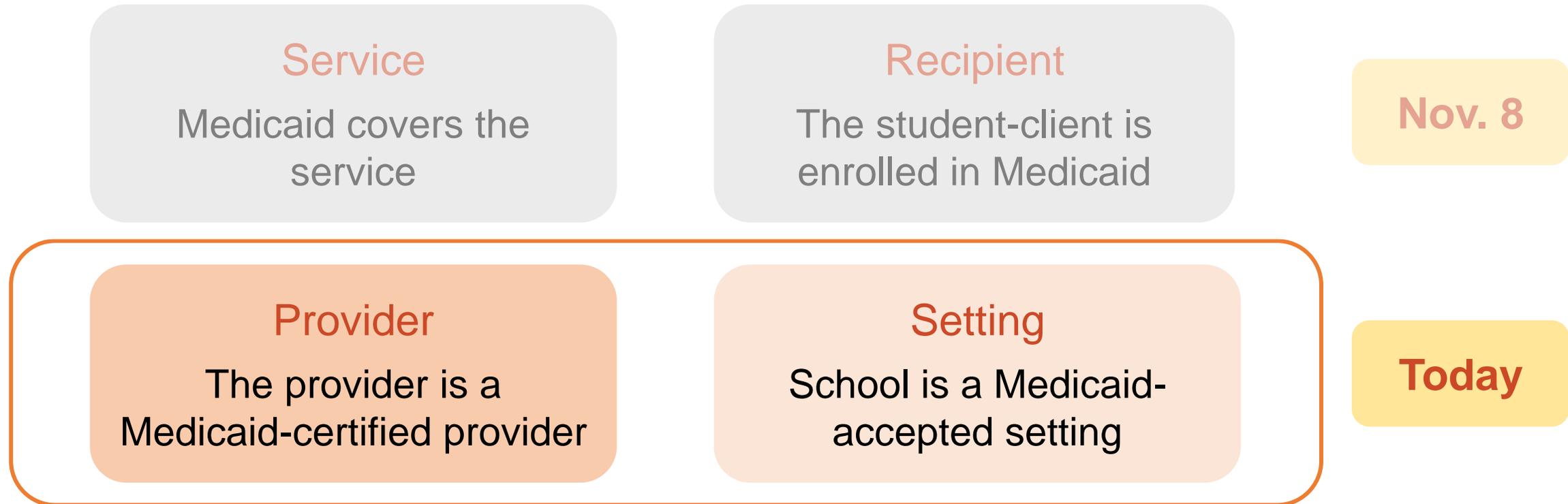
Overview | Four Requirements for seeking Medicaid reimbursement for school mental health services



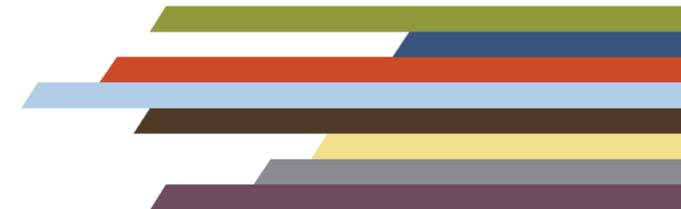
*For each requirement, key terms vary by state.



Overview | Four Requirements for seeking Medicaid reimbursement for school mental health services



*For each requirement, key terms vary by state.



Requirement 3 | The provider is a Medicaid-certified provider

- Providers are required to be **Medicaid-certified** to receive Medicaid reimbursement.
 - Must meet the state's licensure/certification requirements
 - Must complete application
- LEAs: if you plan to seek Medicaid reimbursement, should check if your employee providers (or community partners) are Medicaid-certified

Requirement 3 | The provider is a Medicaid-certified provider

Varies by state: In different states, different types of providers may be eligible to become Medicaid-certified

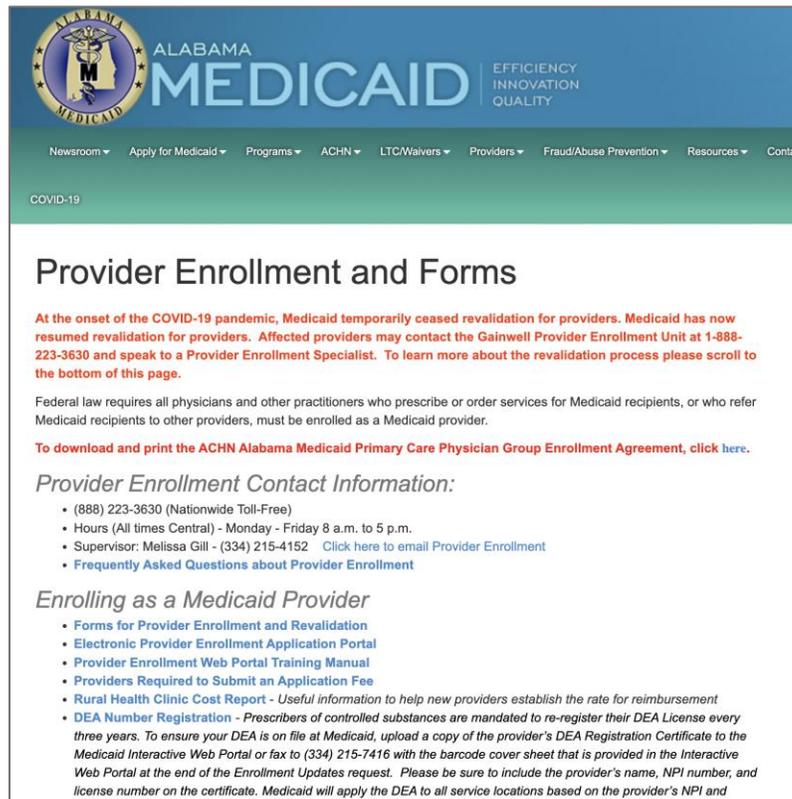
Where to look: State Medicaid websites usually have a section describing terms of certification and providing a link for providers to seek certification

- Providers should know if they are Medicaid-certified

The fine print: When Medicaid benefits are administered through private Medicaid Managed Care plans, some providers may only be in-network with some plans and not others

Requirement 3 | The provider is a Medicaid-certified provider

Where to look -- Examples: Alabama and Tennessee



The screenshot shows the Alabama Medicaid website. The header includes the Alabama Medicaid logo and the text "ALABAMA MEDICAID EFFICIENCY INNOVATION QUALITY". A navigation menu contains links for Newsroom, Apply for Medicaid, Programs, ACHN, LTC/Waivers, Providers, Fraud/Abuse Prevention, Resources, and Contact. Below the header, a "COVID-19" banner is present. The main content area is titled "Provider Enrollment and Forms" and contains the following text:

At the onset of the COVID-19 pandemic, Medicaid temporarily ceased revalidation for providers. Medicaid has now resumed revalidation for providers. Affected providers may contact the Gainwell Provider Enrollment Unit at 1-888-223-3630 and speak to a Provider Enrollment Specialist. To learn more about the revalidation process please scroll to the bottom of this page.

Federal law requires all physicians and other practitioners who prescribe or order services for Medicaid recipients, or who refer Medicaid recipients to other providers, must be enrolled as a Medicaid provider.

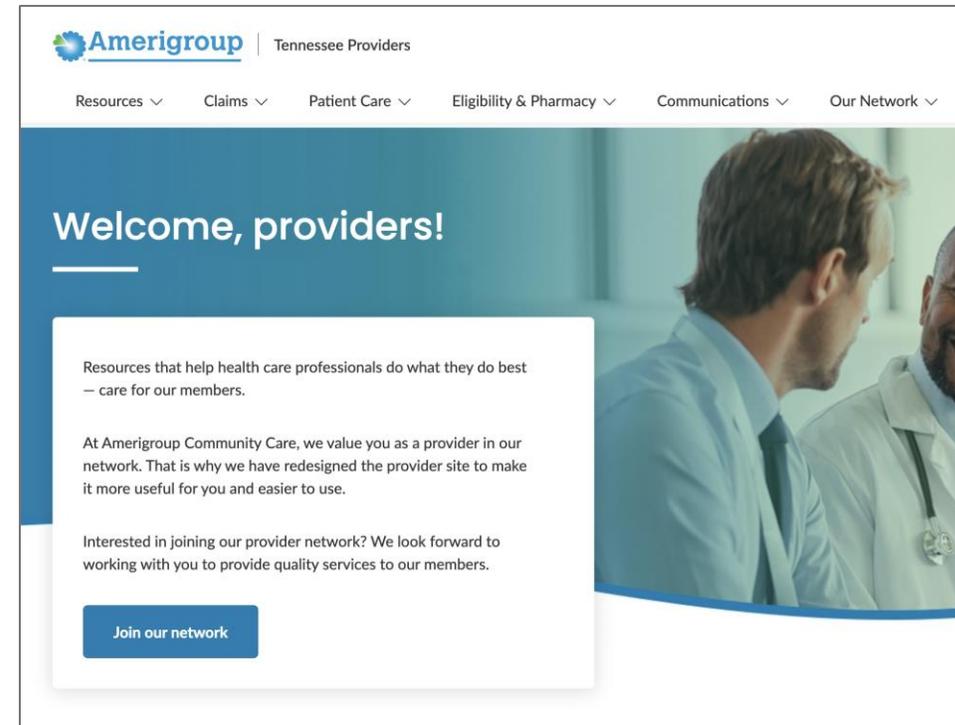
To download and print the ACHN Alabama Medicaid Primary Care Physician Group Enrollment Agreement, [click here](#).

Provider Enrollment Contact Information:

- (888) 223-3630 (Nationwide Toll-Free)
- Hours (All times Central) - Monday - Friday 8 a.m. to 5 p.m.
- Supervisor: Melissa Gill - (334) 215-4152 [Click here to email Provider Enrollment](#)
- [Frequently Asked Questions about Provider Enrollment](#)

Enrolling as a Medicaid Provider

- [Forms for Provider Enrollment and Revalidation](#)
- [Electronic Provider Enrollment Application Portal](#)
- [Provider Enrollment Web Portal Training Manual](#)
- [Providers Required to Submit an Application Fee](#)
- [Rural Health Clinic Cost Report](#) - Useful information to help new providers establish the rate for reimbursement
- [DEA Number Registration](#) - Prescribers of controlled substances are mandated to re-register their DEA License every three years. To ensure your DEA is on file at Medicaid, upload a copy of the provider's DEA Registration Certificate to the Medicaid Interactive Web Portal or fax to (334) 215-7416 with the barcode cover sheet that is provided in the Interactive Web Portal at the end of the Enrollment Updates request. Please be sure to include the provider's name, NPI number, and license number on the certificate. Medicaid will apply the DEA to all service locations based on the provider's NPI and



The screenshot shows the Amerigroup Tennessee Providers website. The header includes the Amerigroup logo and the text "Tennessee Providers". A navigation menu contains links for Resources, Claims, Patient Care, Eligibility & Pharmacy, Communications, and Our Network. Below the header, a large blue banner features the text "Welcome, providers!" and a background image of two healthcare professionals. A white box contains the following text:

Resources that help health care professionals do what they do best — care for our members.

At Amerigroup Community Care, we value you as a provider in our network. That is why we have redesigned the provider site to make it more useful for you and easier to use.

Interested in joining our provider network? We look forward to working with you to provide quality services to our members.

[Join our network](#)

Requirement 3 | The provider is a Medicaid-certified provider

Note: Who Employs the Provider Matters

Rules for Medicaid certification may differ for providers who are:

LEA-employed (or contracted) VS Community-based

- In some states, regulations may **prohibit** LEA-employed (or contracted) mental health providers from becoming Medicaid-certified (e.g., Colorado, pre-2020)

Requirement 3 | The provider is a Medicaid-certified provider

Note: Who Employs the Provider Matters

Relevant financial implications for LEA option of hiring vs. partnering with community-based providers:

- Hiring and retention expenses
- Administrative burdens
- Learning curve with respect to billing, data security



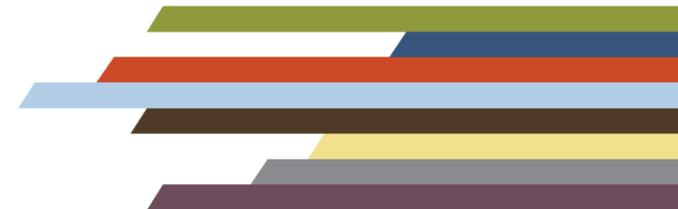
See Southeast MHTTC resource “[A Key Consideration When Staffing School-Based Mental Health Programs: Hire or Partner?](#)” for more information.

Requirement 3 | The provider is a Medicaid-certified provider

Note: Who Employs the Provider Matters

Medicaid Managed Care is also a consideration. In states where Medicaid is administered through managed care organizations (MCOs), many community providers will have already...

- Established contracts, in-network status
- Learned MCOs' billing rules, routines
- Built relationships with MCO staff





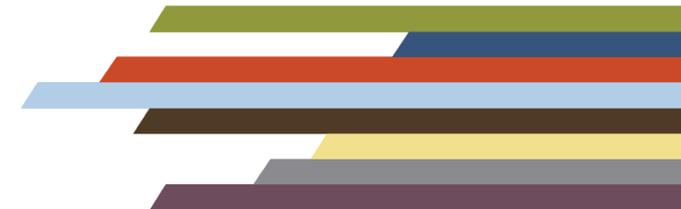
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POLL QUESTION #2



Overview | Four Requirements for seeking Medicaid reimbursement for school mental health services

Service

Medicaid covers the service

Recipient

The student-client is enrolled in Medicaid

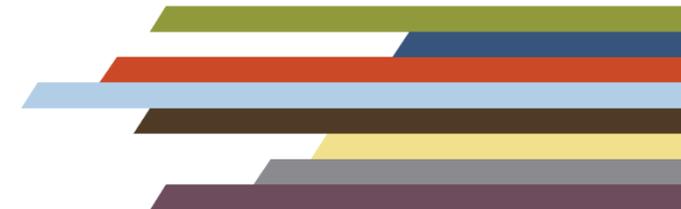
Provider

The provider is a Medicaid-certified provider

Setting

School is a Medicaid-accepted setting

*For each requirement, key terms vary by state.



Requirement 4 | School is a Medicaid-accepted setting

As of December 2014, billing Medicaid for services in school settings is now permissible for students without an individualized education program (IEP).

- Per new guidance from Centers for Medicare and Medicaid Services concerning the “**Free Care Rule**”

Regardless of the Free Care Rule guidance, Medicaid will cover *school-based* behavioral and medical services as specified in a student’s IEP.

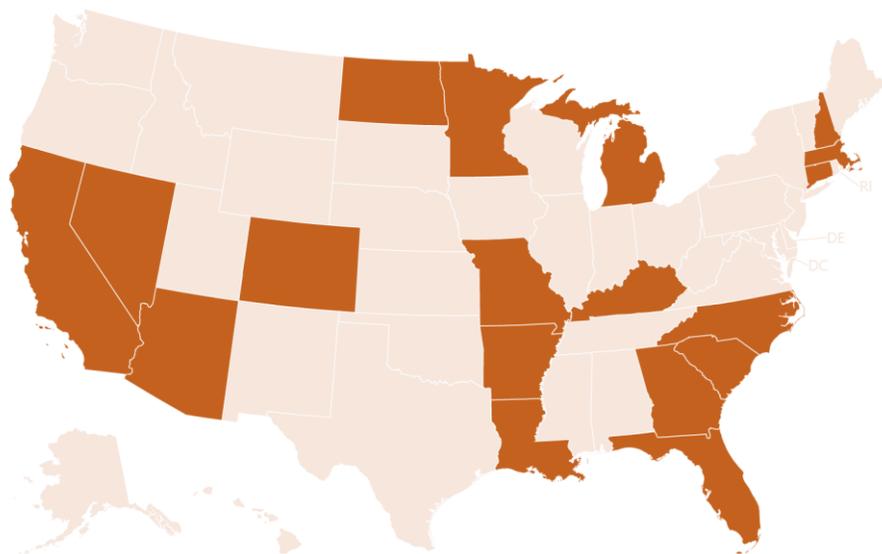
Requirement 4 | School is a Medicaid-accepted setting

Varies by state: Many (but not all) states are now leveraging the updated federal guidance on the “Free Care Rule”

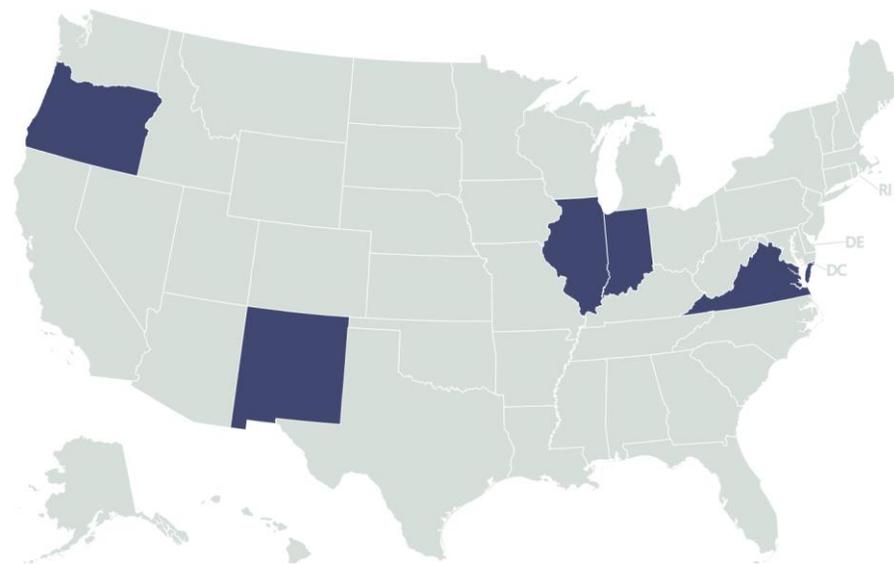
Where to look: Healthy Schools Campaign resource tracking state actions concerning free care rule implementation for each state

The fine print: Different states may need to take different legislative or regulatory actions to implement the Free Care Rule’s updated guidance.

Healthy Schools Campaign Resource



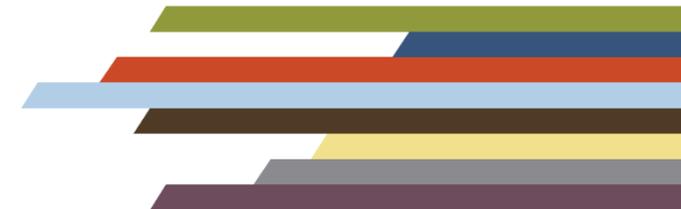
Expanded Medicaid Coverage* in Schools



In Process of Expanding Medicaid Coverage* in Schools

* Not necessarily for mental health services

Source: "State Data on Medicaid-Eligible School Health Services & Providers." Healthy Students Promising Futures, a Healthy Schools Campaign Initiative:
<https://healthystudentspromisingfutures.org/map-school-medicaid-programs/>



Requirement 4 | School is a Medicaid-accepted setting

Take note!

Does the student-client have an IEP?

This requirement (#4) applies differently for Medicaid-enrolled youth with an IEP, versus youth without an IEP.

- School-based services in the IEP will always be covered (provided the provider is Medicaid-certified, the client is a Medicaid enrollee).

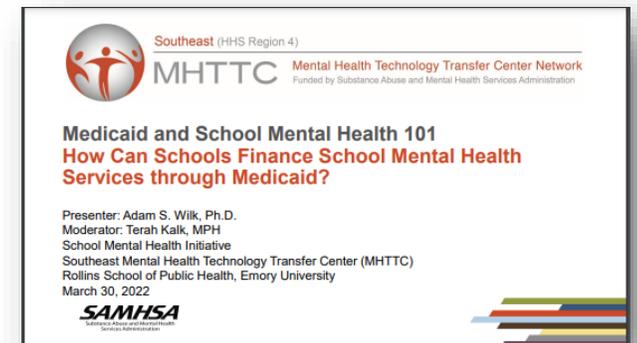
In states that have not implemented the Free Care Rule for mental health services, Medicaid cannot be billed for services provided in schools for youth without an IEP.

Additional resource about Medicaid and School Mental Health Financing

- Overview of Medicaid
- Introduction to how Medicaid finances school mental health services

Resource | Medicaid and School Mental Health 101: How Can Schools Finance School Mental Health Services through Medicaid? (Webinar)

This webinar provides an overview of Medicaid and an introduction to how Medicaid finances school mental health services.



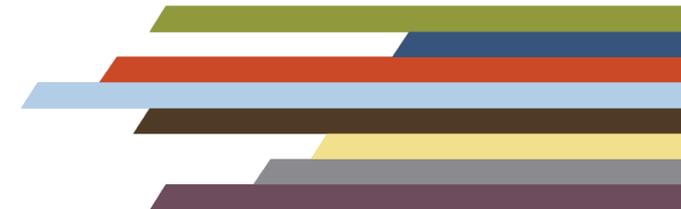
Types of Medicaid Reforms

➤ With examples!



Southeast Mental Health Technology Transfer Center

Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee





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(POLL) QUESTION #3

Are you aware of any *changes* that have been made—or that may be underway—in your state related to these four requirements?

Key Resource: Medicaid and School Mental Health Services: FAQs

Section discusses:

- Legislation
- Regulatory Changes
- State Plan Amendments
- Medicaid Waivers
- State Examples: implementing new federal guidance under the “Free Care Rule”



WHAT ARE THE MAJOR TYPES OF MEDICAID REFORMS?

Medicaid and School Mental Health Services: FAQs

As we’ve noted throughout this report, every state’s Medicaid program has their own requirements for reimbursing school mental health services. State and local leaders in school mental health may consider working with state Medicaid leadership to modify these requirements to improve Medicaid financing for school mental health services. Such modifications could include expanding terms of coverage, changing reimbursement processes, and adjusting fee schedules (i.e., what the state will pay for each service).

In general, state policymakers can reform their Medicaid program by: (1) passing legislation and making regulatory changes within the state, or (2) obtaining approval from the federal government for State Plan Amendments or Medicaid waivers. In some cases, a combination of these strategies may be needed to implement a given reform.

WITHIN-STATE REFORMS: LEGISLATION AND REGULATORY CHANGES

States specify their Medicaid program’s covered services and eligible populations in legal statutes,

How can Medicaid be reformed to better support financing of school mental health programs?

In general, state legislators and Medicaid agency leaders can reform their Medicaid program by:

- Passing legislation and making regulatory changes within the state
- Obtaining approval from the federal government for a:
 - State Plan Amendment
 - Medicaid waiver
- In some cases, a combination of these strategies may be needed to implement a given reform.

STATE CONSTITUTION

The state constitution is the highest legal authority in a state.



STATE STATUTES

State statutes are laws and codes enacted by the state legislature. They cannot violate the State Constitution.



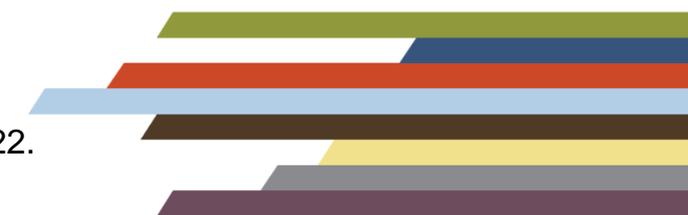
STATE REGULATIONS

State regulations are rules written by state agencies to supplement state statutes. They cannot violate the State Constitution or state statutes.

Hierarchy of legal authority

- States specify their Medicaid program's covered services and eligible populations in statutes (laws)
- Statutes also grant state Medicaid offices authority to create administrative regulations and rules

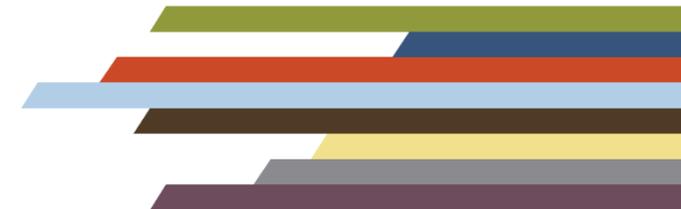
Source: Southeast MHTTC. Medicaid and School Mental Health Services FAQs. Aug. 2022.



Reforming Medicaid to better support financing of school mental health: legislation

By passing **legislation**, states can:

- Remove restrictions on possible reforms
- Grant Medicaid office authority to implement reforms

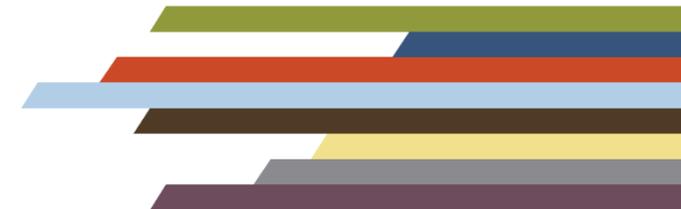


Reforming Medicaid to better support financing of school mental health: legislation



Example: California (2015) – removed restrictions prohibiting LEAs from billing Medicaid for targeted case management for children without an IEP

Source: California State Senate. SB-276 Medi-Cal: Local Educational Agencies. 2015.



Reforming Medicaid to better support financing of school mental health: State Plan amendments (SPAs)

State Plan -- A state-federal agreement about how the state administers Medicaid; can be amended with federal approval

By receiving approval for a SPA, states can change:

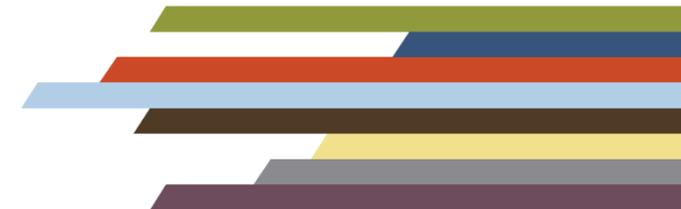
- Rules for determining Medicaid eligibility
- Which services are covered
- Reimbursement rules (e.g., setting of services)

Reforming Medicaid to better support financing of school mental health: State Plan amendments (SPAs)



Example: Massachusetts (2017) – allowed schools to bill Medicaid for services that previously could not be billed when provided in a school setting (e.g., physician services, respiratory services)

Source: Medicaid.gov. Medicaid State Plan Amendments.
<https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>



Requirement 4 | School is a Medicaid-accepted setting

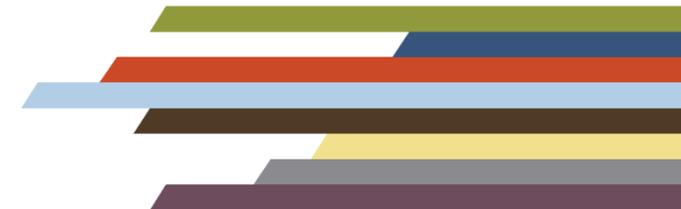
Most recent, relevant State Plan Amendment (highly expansive):



Example: Virginia (2023) – allowed schools to bill for all Medicaid-covered services, regardless of whether services were listed in student individualized education program

Source: Medicaid.gov. Medicaid State Plan Amendments.

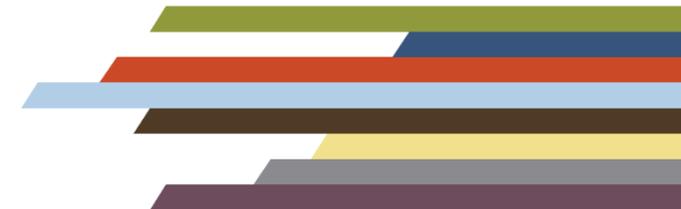
<https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>



Reforming Medicaid to better support financing of school mental health: Medicaid waivers

State policymakers may also seek a Medicaid waiver: a written approval from the Centers for Medicare and Medicaid Services (CMS) to deviate from federal Medicaid requirements and explore innovative program designs

- Different requirements than for state plan amendments (e.g., cost neutrality)

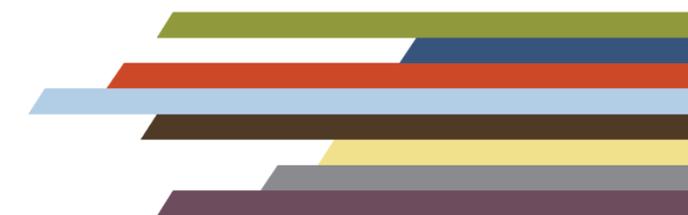


Reforming Medicaid to better support financing of school mental health: Free Care Rule examples

To implement the Free Care Rule, states may need to implement a single Medicaid reform, multiple reforms, or none.



Example: Florida (2016-2020) – SPA (2017) removed reimbursement restrictions on school-based services for students without an IEP; legislation (2018, took effect in 2020) removed similar statutory restrictions

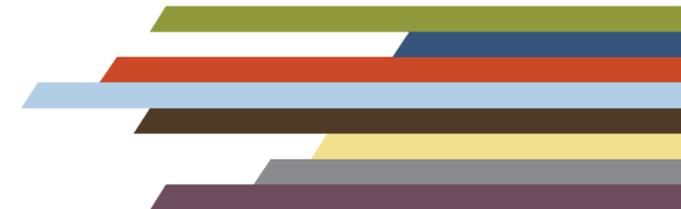


Reforming Medicaid to better support financing of school mental health: Free Care Rule examples

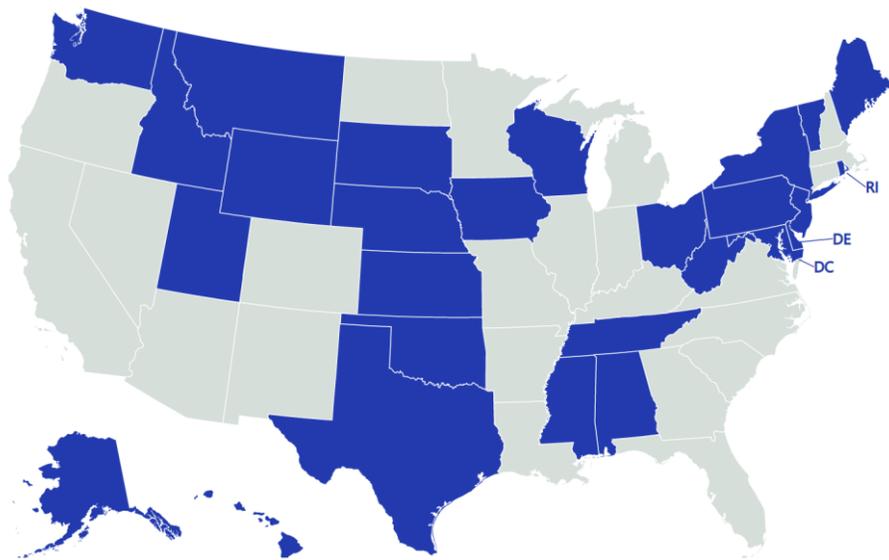
To implement the Free Care Rule, states may need to implement a single Medicaid reform, multiple reforms, or none.



Example: South Carolina – State Plan and status contained no relevant restrictions; LEAs implemented new Free Care Rule-aligned billing practices without SPA or legislation



Healthy Schools Campaign Resource



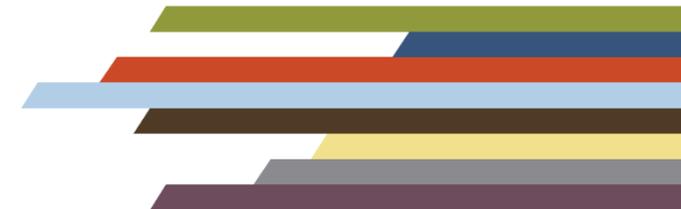
States not yet taking action to expand Medicaid coverage* in schools

State-by-state info on:

1. Covered services
2. Child eligibility
3. Billing providers
4. Nursing services
5. Behavioral health services

* Not necessarily for mental health services

Source: "State Data on Medicaid-Eligible School Health Services & Providers." Healthy Students Promising Futures, a Healthy Schools Campaign Initiative:
<https://healthystudentspromisingfutures.org/map-school-medicaid-programs/>





SOUTHEAST MHTTC SCHOOL MENTAL HEALTH RESOURCE CATALOGUE



THE SOUTHEAST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

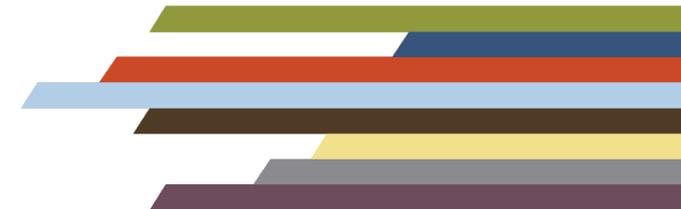
The Southeast Mental Health Technology Transfer Center (MHTTC) is funded by the Substance Abuse and Mental Health Services Administration. The mission of our center is to disseminate evidence-based mental health programs and practices to the eight states in Health and Human Services Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) through the provision of trainings and technical assistance as well as the development of resources. Our center is housed in the Department of Health Policy and Management at the Emory University Rollins School of Public Health.

The Southeast MHTTC School Mental Health Initiative is led by Dr. Janet Cummings, a mental health services researcher and national expert on mental health care access and quality among children and adolescents. Our team includes faculty and staff with expertise in public health, mental health systems, health economics, policy, finance, equity, and implementation science. As the regional MHTTC center that specializes in school mental health policy, finance, and workforce, many of the trainings and resources that we have developed address topics related to funding and sustainability of comprehensive school mental health systems.



School Mental Health Resource Catalogue

You can find the links to all Southeast MHTTC's resources (including the resources we introduce in today's webinar) in this resource catalogue.



Resource: State Plan Amendments & Medicaid Waivers

Leveraging State Plan Amendments (SPA) and Medicaid Waivers to Expand School Mental Health Services in Medicaid

This short report introduces SPAs and Medicaid waivers and gives examples of how states have leveraged SPAs and Medicaid waivers to expand coverage of SMH services in their Medicaid programs.

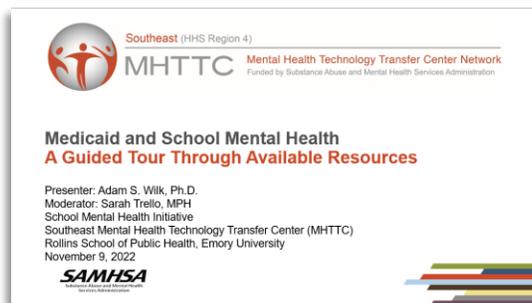


The image shows the cover of a report. At the top left, there are logos for SAMHSA (Substance Abuse and Mental Health Services Administration) and MHTTC (Mental Health Technology Transfer Center Network, Southeast HRHS Region 4). The title 'Leveraging State Plan Amendments and Medicaid Waivers to Expand School Mental Health Services in Medicaid' is written in white text on a red background. Below the title is a photograph of several children sitting at a desk in a classroom, focused on their work. At the bottom of the cover, there is a grey box containing text that explains the importance of Medicaid for school mental health services and the need for state plan amendments and waivers.

Medicaid is an important funding source for school mental health (SMH) services. Every state's Medicaid program has different requirements for reimbursing SMH services. In many cases, states are required to obtain approval for a **State Plan Amendment (SPA)** and/or a **Medicaid waiver** from the federal government to make changes to these requirements. Below, we introduce SPAs and Medicaid Waivers, and we describe examples of how states have used SPAs and Medicaid waivers to expand coverage of SMH services in their Medicaid programs.

Other Relevant Resources

- Webinar: Medicaid and School Mental Health 101: How Can Schools Finance School Mental Health Services through Medicaid?
- Webinar: Financing School-Based Mental Health Services in Medicaid Managed Care
- Infographic: Financing School-Based Services through Medicaid: Reimbursement for Administrative Expenses



Medicaid and School Mental Health A Guided Tour Through Available Resources

This webinar oriented attendees to nearly 20 resources that help to explain the role of Medicaid in school mental health financing and how to use it to pay for mental health services in schools.



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Q & A



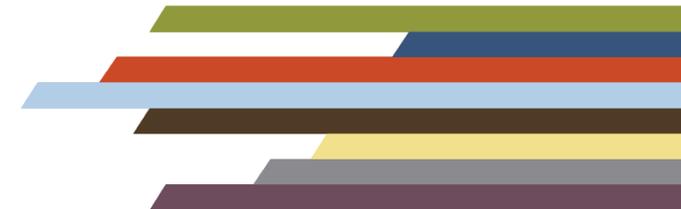
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