



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Medicaid Policy and School Mental Health Funding

Presenter: Adam S. Wilk, Ph.D.

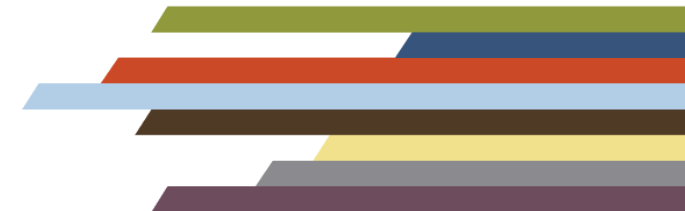
Moderator: Sarah Trello, MPH

School Mental Health Initiative

Southeast Mental Health Technology Transfer Center (MHTTC)

Rollins School of Public Health, Emory University

May 24, 2023



# Disclosure/Disclaimer

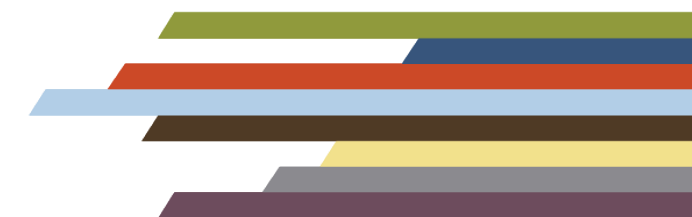
The Southeast Mental Health Technology Transfer Center (MHTTC) Administrative Supplement is funded by Substance Abuse and Mental Health Services Administration (SAMHSA)

The opinions expressed herein are the views of the presenters and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.



Southeast Mental Health Technology Transfer Center

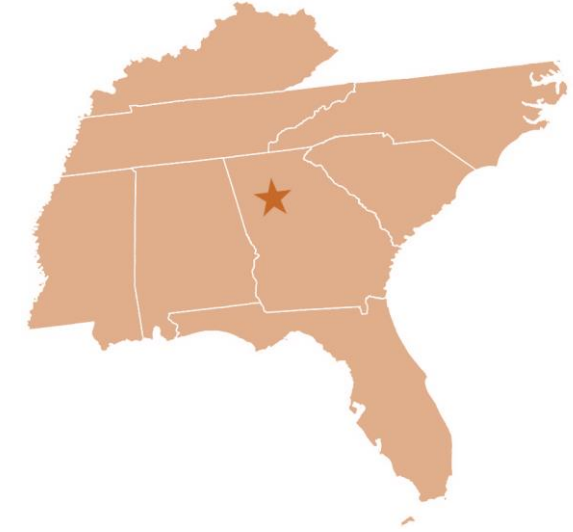
Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee



# 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



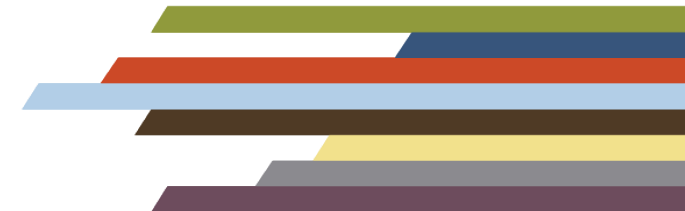
Visit us!



Follow us!



Join us!



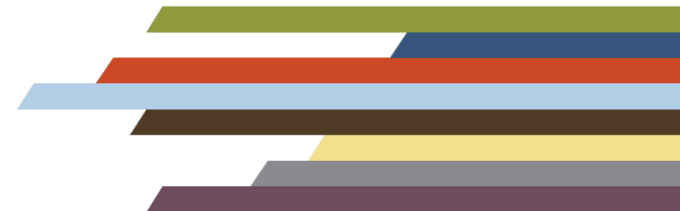
# Presenter



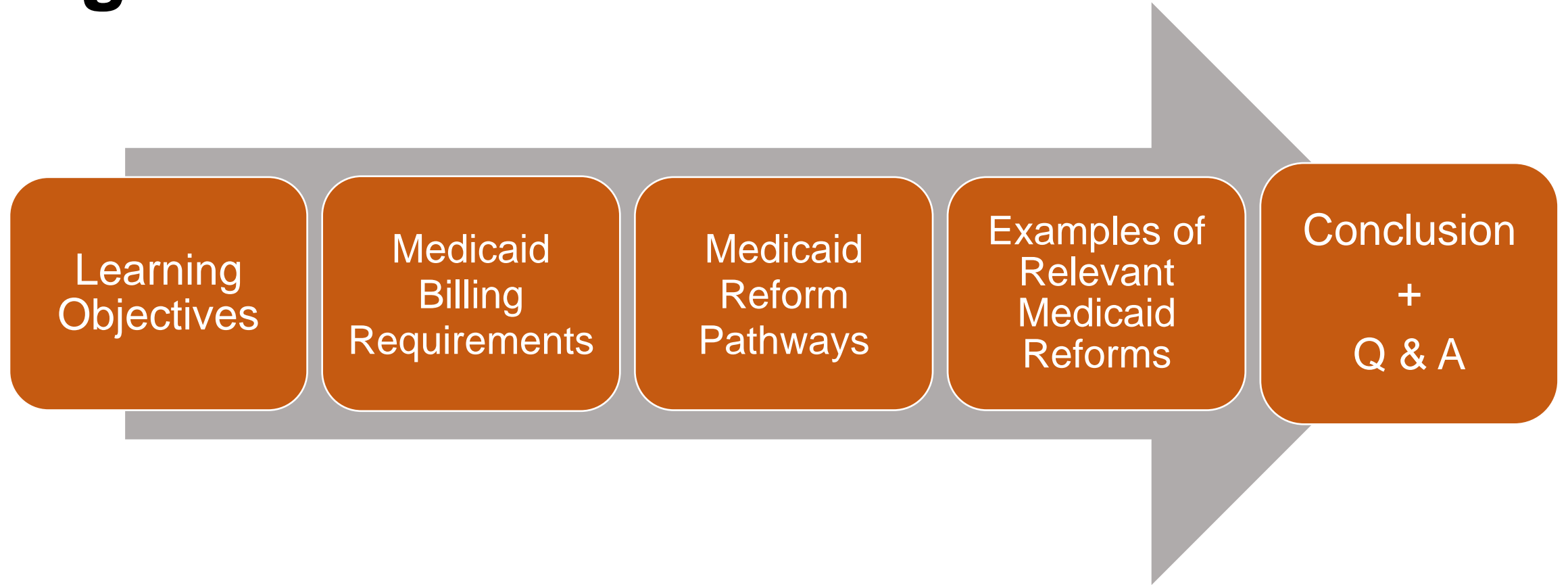
## **Dr. Adam Wilk**

Deputy Director & Policy Lead  
Southeast MHTTC School Mental Health Initiative

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



# Agenda



# Learning Objectives

1

Specify when Medicaid can be billed for school mental health services (including services that today are provided but not billed).

2

Describe and distinguish the two main pathways for reforming state Medicaid programs in support of school mental health.

3

Reference examples of other states that have pursued Medicaid reforms to advance school mental health systems.



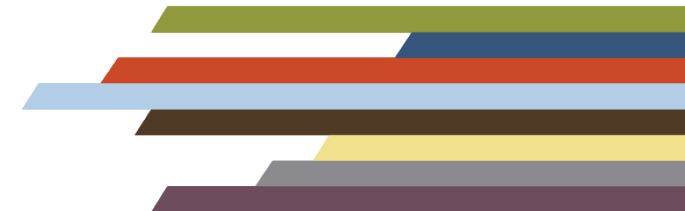
Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# POLL QUESTION #1





Southeast (HHS Region 4)

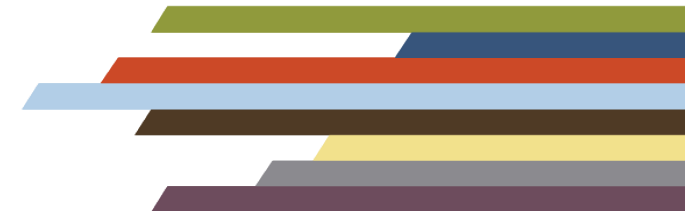
MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# (POLL) QUESTION #2:

What types of services are you currently providing that are NOT being billed to Medicaid?







## 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



MHTTC Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# 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

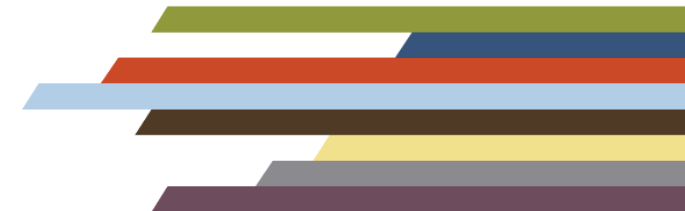
## Provider

The provider is a Medicaid-certified provider

## Setting

School is a Medicaid-accepted setting

\*For each requirement, key terms vary by state.



## Requirement 1 | Medicaid covers the service

Medicaid can pay for direct services and associated expenses of some administrative services

### Direct Services

- Mandatory Services
  - E.g., EPSDT
- Optional Services
  - E.g., Telehealth

### Administrative Services

- Administrative supports for direct services
- Outreach and enrollment services

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment

# New Federal Guidance on Medicaid and Administrative Claiming for LEAs

The Centers for Medicare and Medicaid Services (CMS)

## **Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming**

2023

“CMS strived to include every school-based services policy and mechanism to allow States and LEAs the greatest flexibilities as far as implementing and expanding school-based services.”

## Requirement 1 | Medicaid covers the service

**Varies by state:** Since not all services are mandatory (to be covered), different states cover different services

**Where to look:** State Medicaid websites usually have a section listing “covered services” or “Medicaid benefits.”

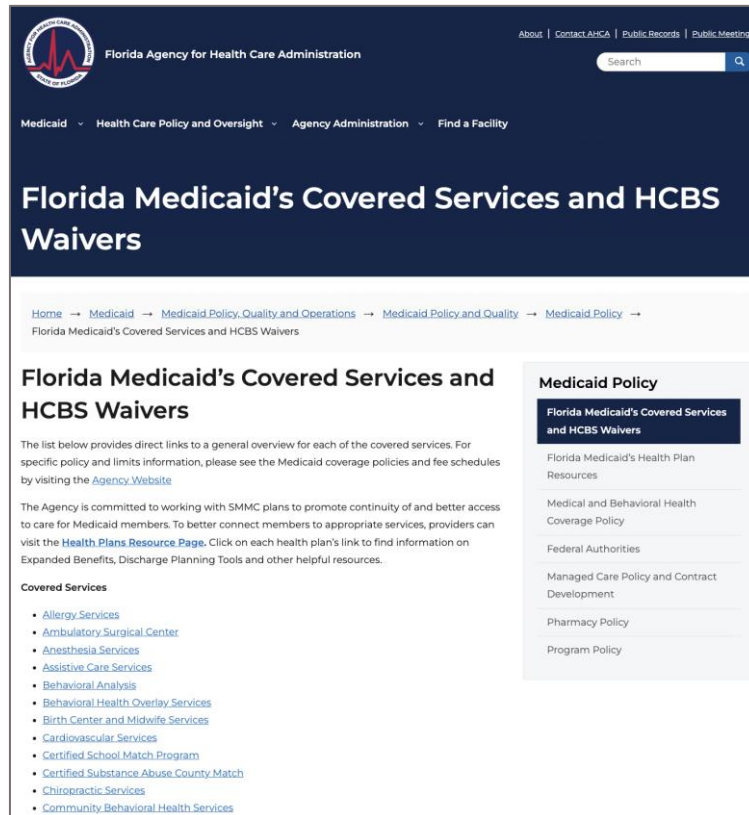
- May be a website section intended to inform providers

**The fine print:** Some services may be covered only...

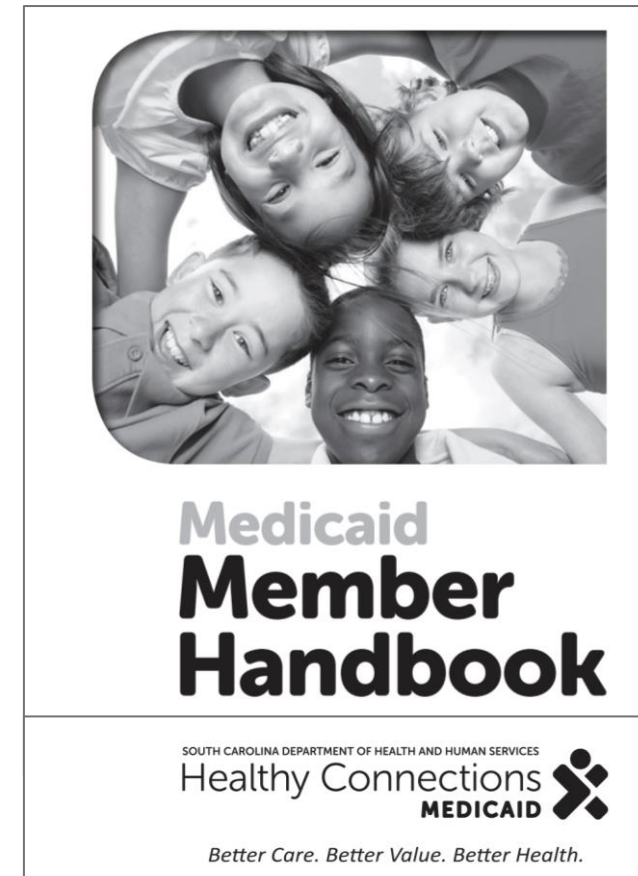
- When billed with certain diagnosis codes listed
- With prior authorization (Medicaid Managed Care)

# Requirement 1 | Medicaid covers the service

## Where to look -- Examples: Florida and South Carolina



The screenshot shows the Florida Agency for Health Care Administration website. The header includes the agency logo and navigation links: About, Contact AHCA, Public Records, and Public Meetings. A search bar is located in the top right. Below the header, there are navigation tabs: Medicaid, Health Care Policy and Oversight, Agency Administration, and Find a Facility. The main heading is "Florida Medicaid's Covered Services and HCBS Waivers". Below this, there is a breadcrumb trail: Home → Medicaid → Medicaid Policy, Quality and Operations → Medicaid Policy and Quality → Medicaid Policy → Florida Medicaid's Covered Services and HCBS Waivers. The main content area is titled "Florida Medicaid's Covered Services and HCBS Waivers" and contains two paragraphs of introductory text. The first paragraph states that the list provides direct links to a general overview for each covered service and that specific policy and limits information can be found on the Agency Website. The second paragraph states that the Agency is committed to working with SMMC plans to promote continuity of care and better access to care for Medicaid members, and that providers can visit the Health Plans Resource Page for more information. To the right of the main content is a sidebar titled "Medicaid Policy" with a list of links: Florida Medicaid's Covered Services and HCBS Waivers (highlighted), Florida Medicaid's Health Plan Resources, Medical and Behavioral Health Coverage Policy, Federal Authorities, Managed Care Policy and Contract Development, Pharmacy Policy, and Program Policy.



The image shows the cover of the "Medicaid Member Handbook". At the top is a black and white photograph of a diverse group of smiling people of various ages. Below the photo, the title "Medicaid Member Handbook" is written in large, bold, black font. At the bottom, it says "SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES" in small letters, followed by "Healthy Connections" in a larger font, and "MEDICAID" in a bold, black font with a logo consisting of four stylized human figures. Below the logo is the tagline "Better Care. Better Value. Better Health." in a smaller font.

## Requirement 1 | Medicaid covers the service

Take note!

### Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- Mandatory benefit for all Medicaid enrollees under age 21
- Covers many screenings, diagnostic services, and associated treatments



See Southeast MHTTC resource “[The Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) Medicaid Benefit](#)” for more information.

## Requirement 1 | Medicaid covers the service

**Take note!**

### Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- EPSDT-covered screening services include screenings for mental health and substance use problems
  - Examples: autism screening, depression screening, tobacco, alcohol and drug use assessment
- Medicaid covers ALL diagnostic services and treatments that are needed to treat the conditions identified through an EPSDT screening.
  - Includes treatment services not otherwise covered by Medicaid



# 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

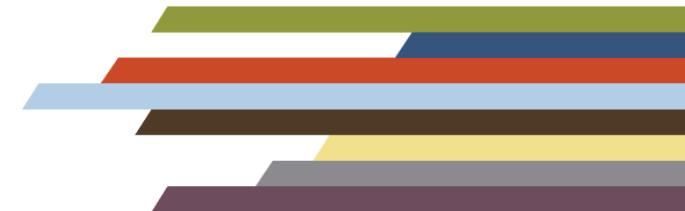
## Provider

The provider is a Medicaid-certified provider

## Setting

School is a Medicaid-accepted setting

\*For each requirement, key terms vary by state.



# Requirement 2 | The student-client is enrolled in Medicaid

## Medicaid Eligibility

Medicaid is an entitlement program: Whoever meets the eligibility criteria has the right to enroll

- **Categorical eligibility:** An individual must be in a eligibility group
  - Mandatory categories (required by federal regulations)
  - Optional categories (state decides whether to cover)
- **Income limit:** The individual's household income must be below a specified income limit that is associated with the eligibility category
  - Federal regulations establish minimum household income limits for each eligibility category.
  - States may choose to set higher income limits.

## Requirement 2 | The student-client is enrolled in Medicaid

**Varies by state:** Since not all eligibility categories are mandatory and income limits are minimums, different states cover different populations at different income levels

- Example of optional eligibility category: “Katie Beckett” waiver

**Where to look:** State Medicaid websites usually have a section with terms of eligibility and links to apply for coverage

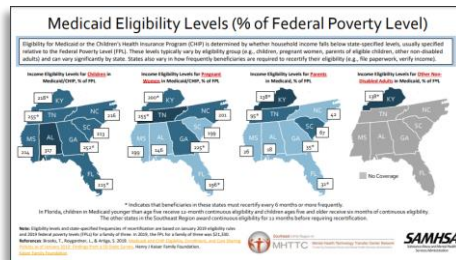
**The fine print:** Some individuals may be covered only...

- With eligibility re-certification every 12 months (or more often)
- Under the Children’s Health Insurance Program (CHIP) – higher income eligibility thresholds than Medicaid

# Requirement 2 | The student-client is enrolled in Medicaid

## Varies by State -- Example: Income Eligibility Levels for Children in Medicaid / CHIP, % of FPL

State	Income Limit (%FPL)	State	Income Limit (%FPL)
Alabama	317	Mississippi	214
Florida	215	North Carolina	216
Georgia	252	South Carolina	213
Kentucky	218	Tennessee	255

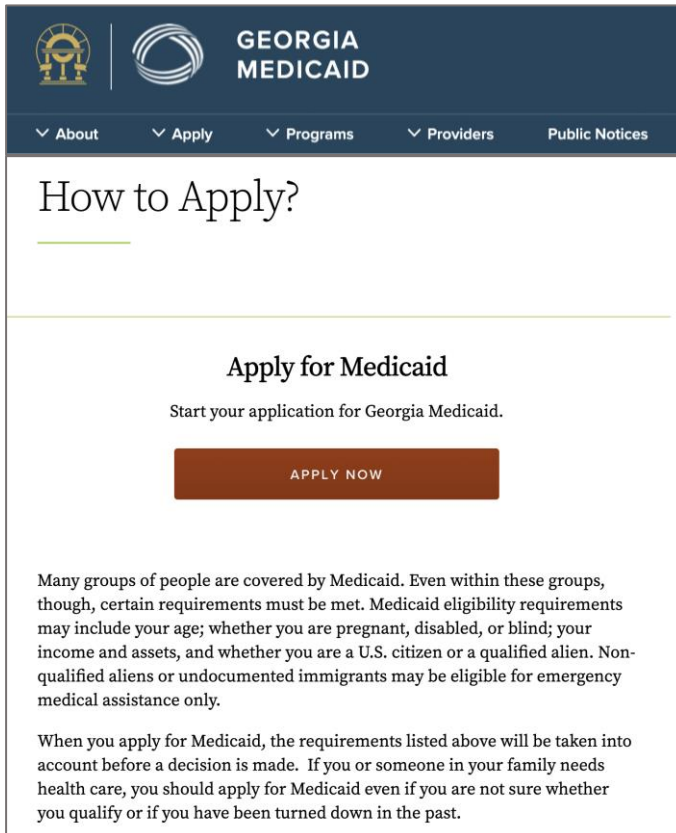


### Source / Resource: Medicaid Eligibility and Enrollment: Southeast Region

This infographic outlines the household income limits associated with different Medicaid eligibility groups in the Southeast region.

# Requirement 2 | The student-client is enrolled in Medicaid

## Where to look -- Examples: Georgia and Kentucky



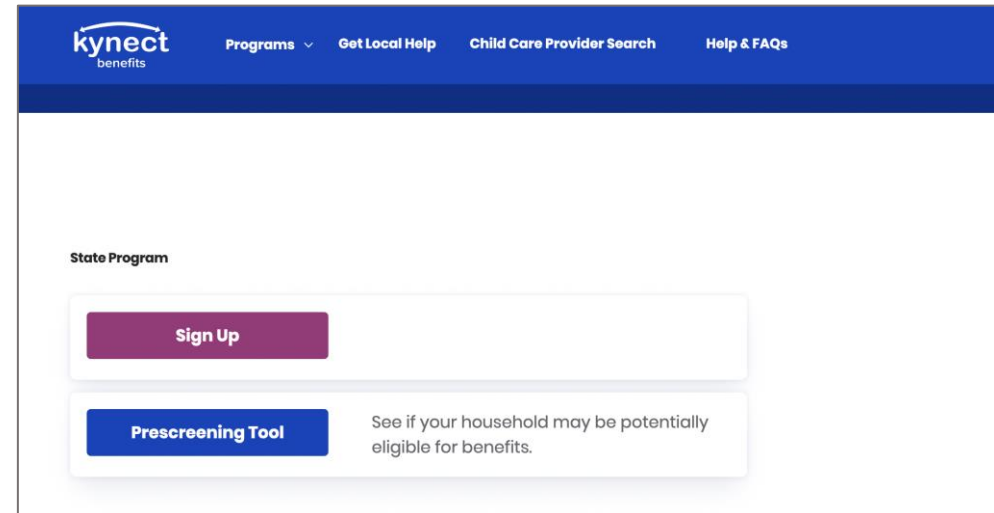
The screenshot shows the Georgia Medicaid website. The header includes the Georgia state seal and the text "GEORGIA MEDICAID". Below the header is a navigation menu with links for "About", "Apply", "Programs", "Providers", and "Public Notices". The main content area is titled "How to Apply?" and features a section for "Apply for Medicaid" with the text "Start your application for Georgia Medicaid." and a prominent "APPLY NOW" button. Below this, there is a paragraph of text explaining that many groups are covered by Medicaid but certain requirements must be met, such as age, pregnancy, disability, income, and citizenship. A final paragraph states that requirements will be taken into account when a decision is made and that individuals should apply even if they are unsure of their eligibility.

**Apply for Medicaid**  
Start your application for Georgia Medicaid.

**APPLY NOW**

Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. Medicaid eligibility requirements may include your age; whether you are pregnant, disabled, or blind; your income and assets, and whether you are a U.S. citizen or a qualified alien. Non-qualified aliens or undocumented immigrants may be eligible for emergency medical assistance only.

When you apply for Medicaid, the requirements listed above will be taken into account before a decision is made. If you or someone in your family needs health care, you should apply for Medicaid even if you are not sure whether you qualify or if you have been turned down in the past.



The screenshot shows the Kynect benefits website. The header includes the "kynect benefits" logo and navigation links for "Programs", "Get Local Help", "Child Care Provider Search", and "Help & FAQs". The main content area is titled "State Program" and features two primary buttons: a purple "Sign Up" button and a blue "Prescreening Tool" button. Below the "Prescreening Tool" button is a text prompt: "See if your household may be potentially eligible for benefits."

**State Program**

**Sign Up**

**Prescreening Tool** See if your household may be potentially eligible for benefits.

## Requirement 2 | The student-client is enrolled in Medicaid

**Take note!**

### COVID-era Rule Change

- COVID-19 Public Health Emergency: States could not disenroll Medicaid Beneficiaries, even if they no longer qualified
  - Eligibility recertification processes halted
- End of PHE: As of April 2023, states could resume disenrolling individuals who were no longer eligible

# 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

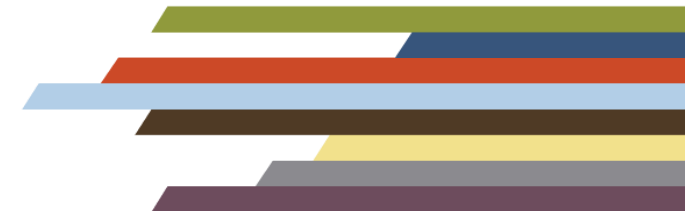
## Setting

School is a Medicaid-accepted setting

\*For each requirement, key terms vary by state.

## **Requirement 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
- If planning to seek Medicaid reimbursement, local education authorities should check if providers 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

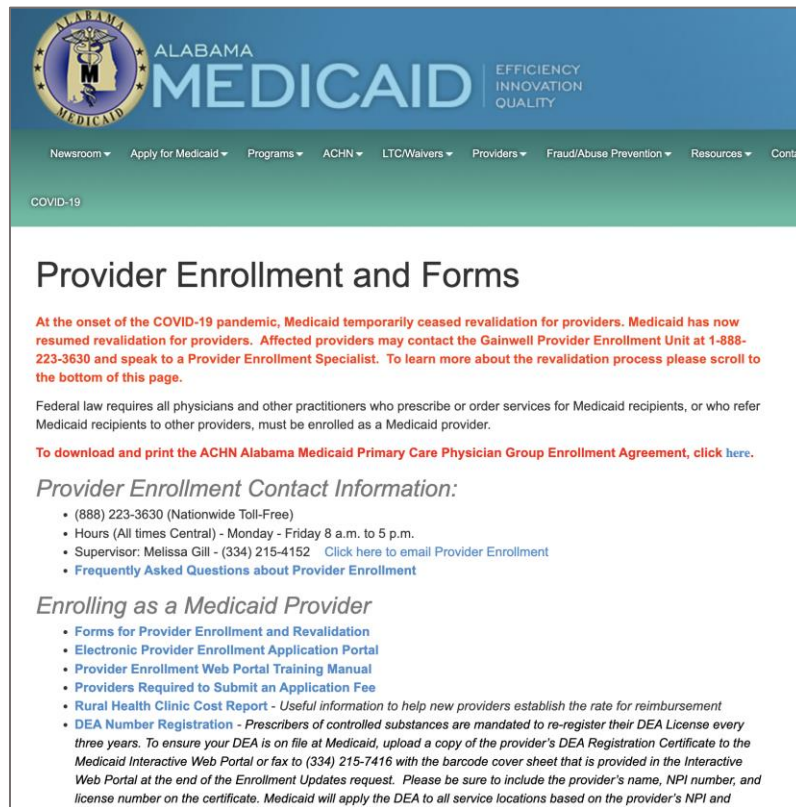
**Where to look:** State Medicaid websites usually have a section describing terms of certification and providing a link for providers to seek certification

- Providers should know if they are Medicaid-certified

**The fine print:** Some providers may only be in-network with some Medicaid Managed Care 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 navigation is a "COVID-19" banner. 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.

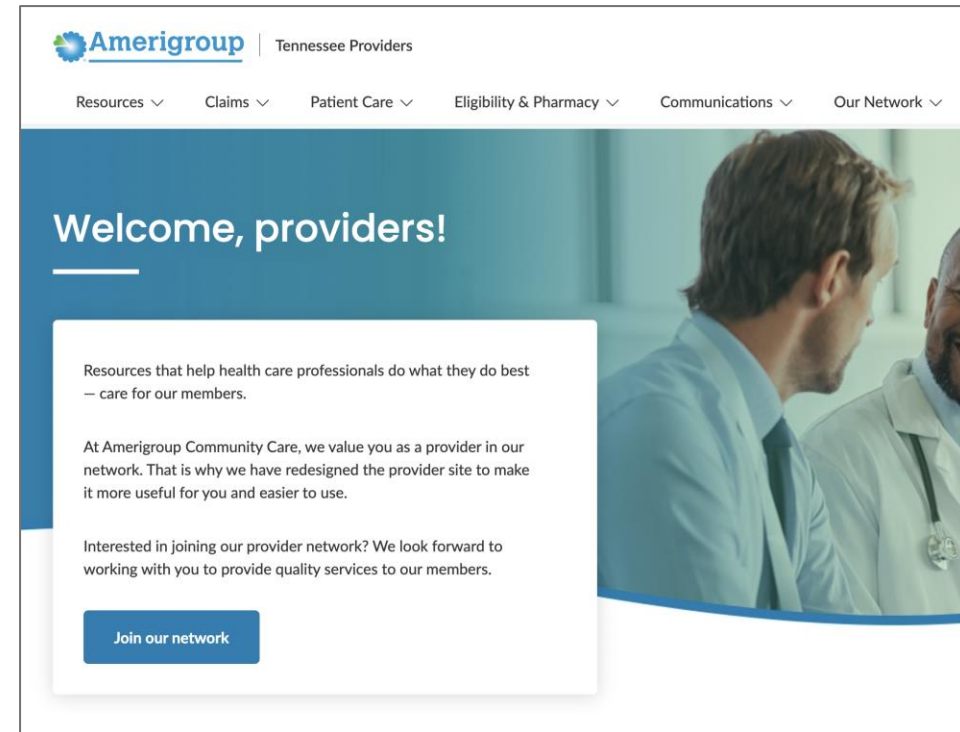
To download and print the ACHN Alabama Medicaid Primary Care Physician Group Enrollment Agreement, click [here](#).

**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. The main content area is titled "Welcome, providers!" and 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

**Take 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.



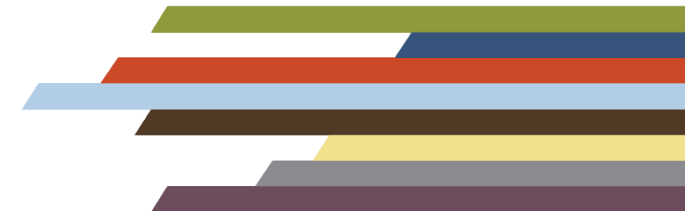
Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# POLL QUESTION #3



# 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.

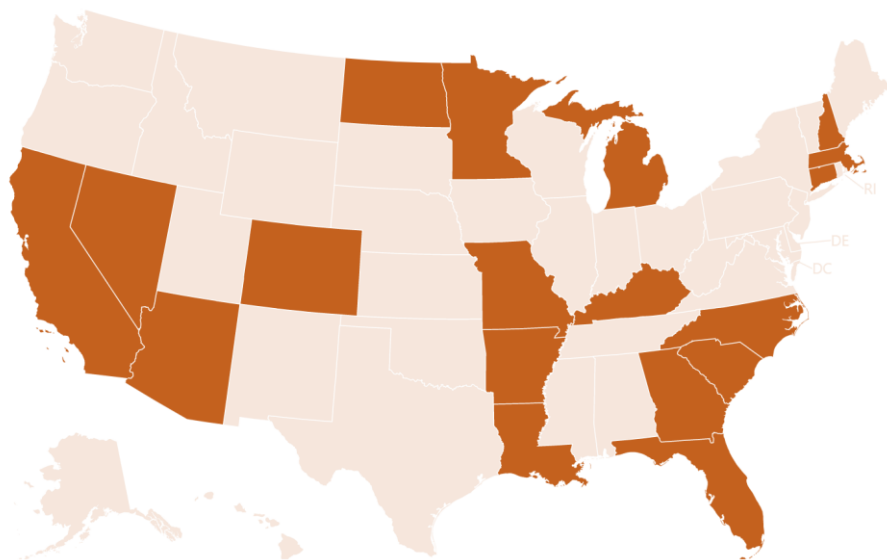
## Requirement 4 | School is a Medicaid-accepted setting

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

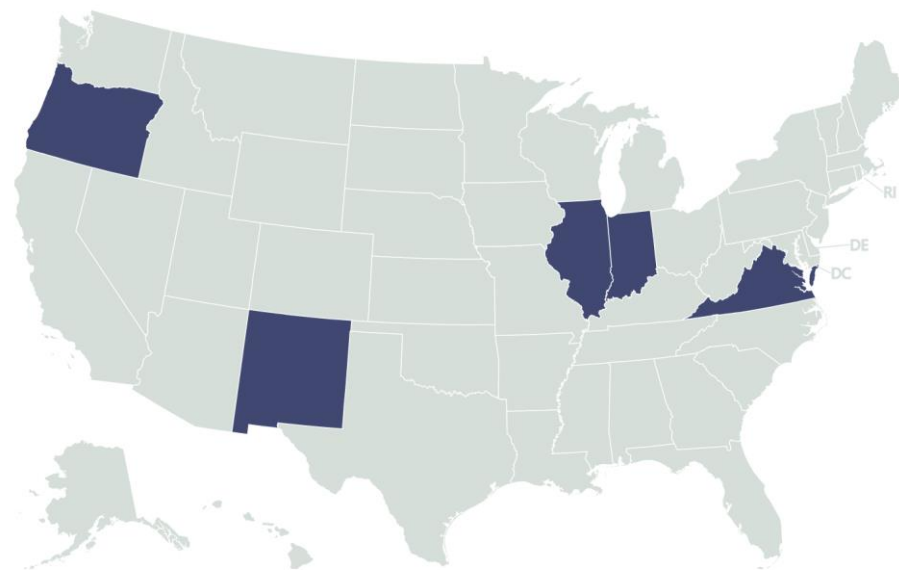
**Where to look:** Healthy Schools Campaign resource tracking state actions concerning free care rule implementation for each state

**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



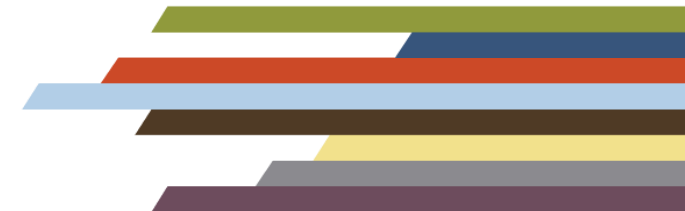
Expanded Medicaid Coverage\* in Schools



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?

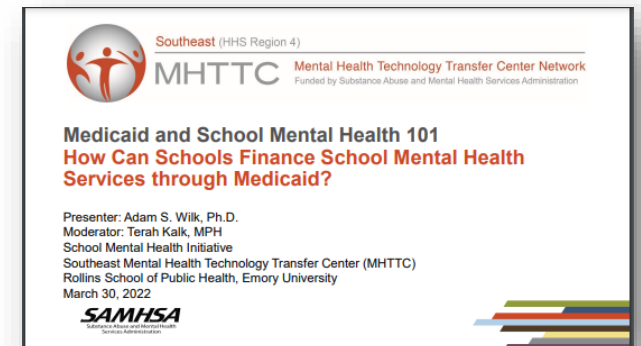
- This requirement (#4) applies differently for Medicaid-enrolled youth with an IEP, versus youth without an IEP.
  - School-based services in the IEP will always be covered.
- Still, the service may not be billable if provided by an LEA-employed (or contracted) provider.
  - The other 3 requirements must still be met!

# 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.



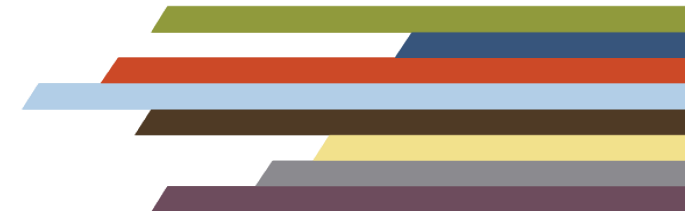
# Types of Medicaid Reforms

➤ With examples!



Southeast Mental Health Technology Transfer Center

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





Southeast (HHS Region 4)

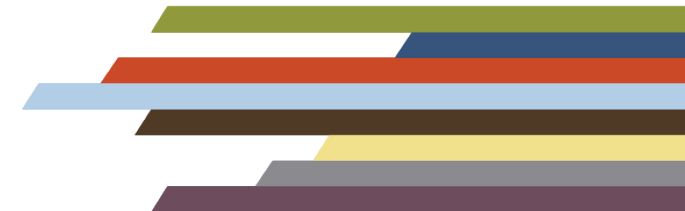
MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

## (POLL) QUESTION #4

**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.



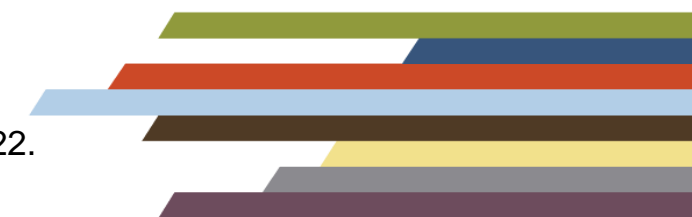
## ***STATE REGULATIONS***

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 admin. regulations and rules

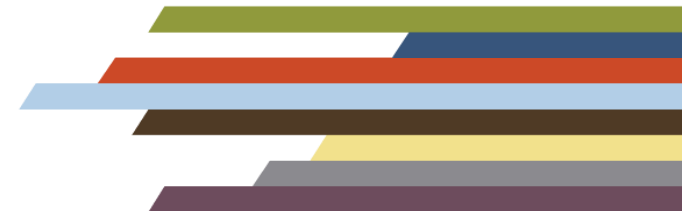
Source: Southeast MHTTC. Medicaid and School Mental Health Services FAQs. Aug. 2022.



# Reforming Medicaid 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



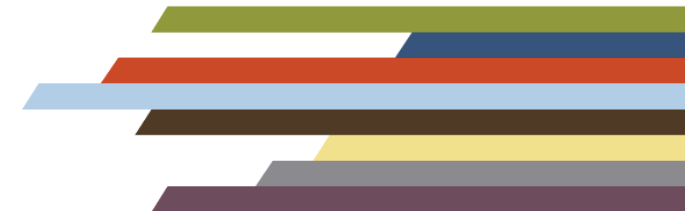


# Reforming Medicaid better support financing of school mental health: legislation



**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 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:

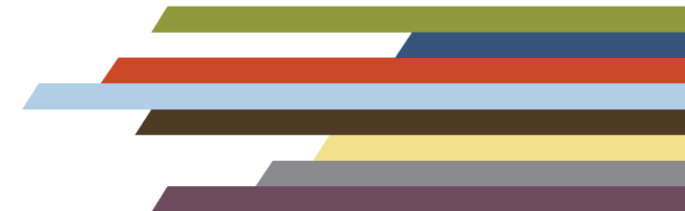
- Rules for determining Medicaid eligibility
- Which services are covered
- Reimbursement rules (e.g., setting of services)

# Reforming Medicaid 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)**

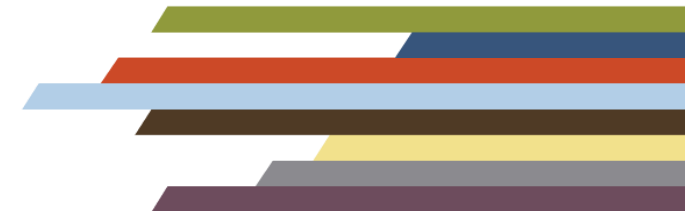
Source: Medicaid.gov. Medicaid State Plan Amendments.  
<https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>



## Reforming Medicaid 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)

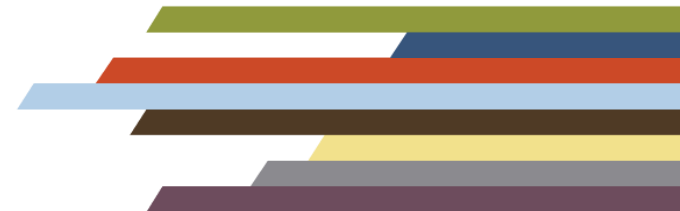


## Reforming Medicaid better support financing of school mental health: Free Care Rule examples

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**

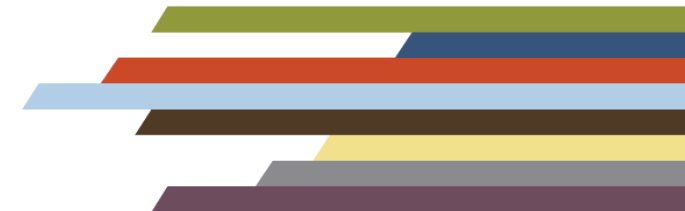


# Reforming Medicaid better support financing of school mental health: Free Care Rule examples

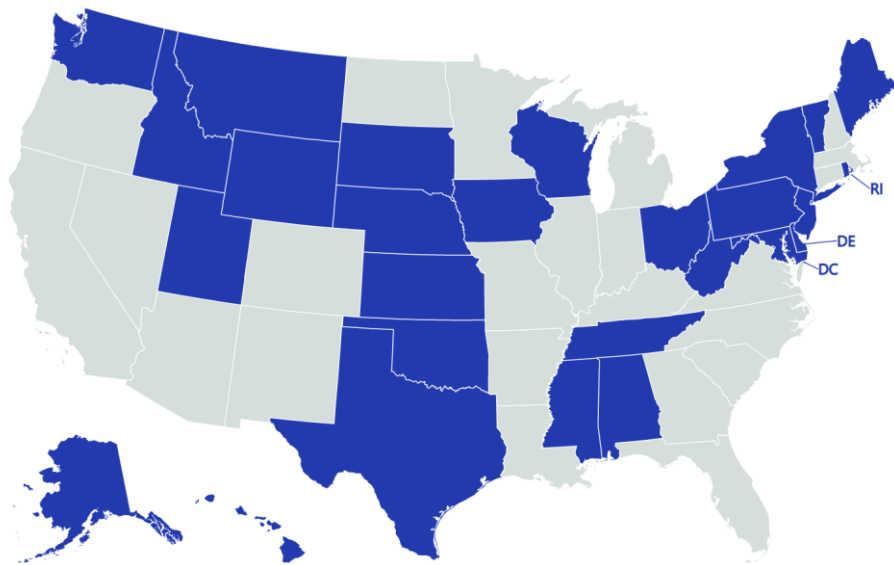
To implement the Free Care Rule, states may need to implement a single Medicaid reform, multiple reforms, or none.



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



# Healthy Schools Campaign Resource



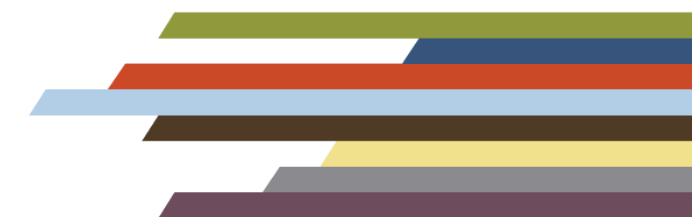
States not yet taking action to expanded Medicaid coverage\* in schools

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

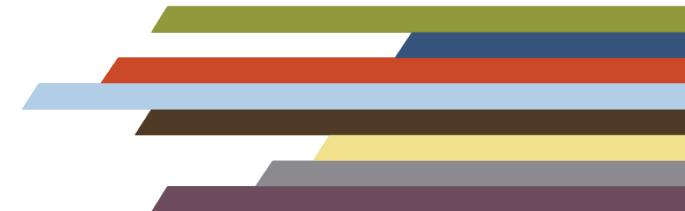
The Southeast Mental Health Technology Transfer Center (MHTTC) is funded by the Substance Abuse and Mental Health Services Administration. The mission of our center is to disseminate evidence-based mental health programs and practices to the eight states in Health and Human Services Region IV (Alabama, 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 Amendment (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.



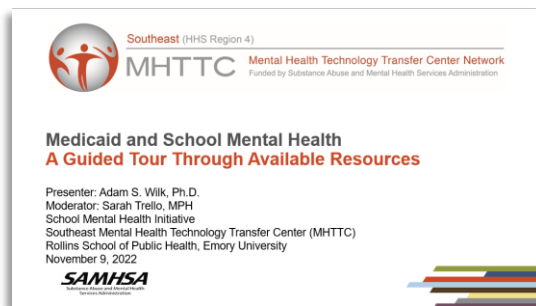
**Leveraging State Plan Amendments and Medicaid Waivers to Expand School Mental Health Services in Medicaid**



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.



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Q & A



Visit us!



Follow us!



Join us!

