



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Medicaid Managed Care and School Mental Health

Presenter: Adam S. Wilk, Ph.D.

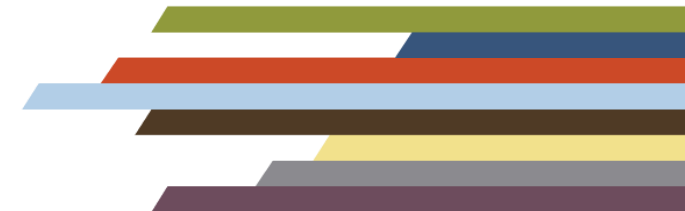
Moderator: Kellay Chapman

School Mental Health Initiative

Southeast Mental Health Technology Transfer Center (MHTTC)

Rollins School of Public Health, Emory University

May 9, 2024



Disclosure/Disclaimer

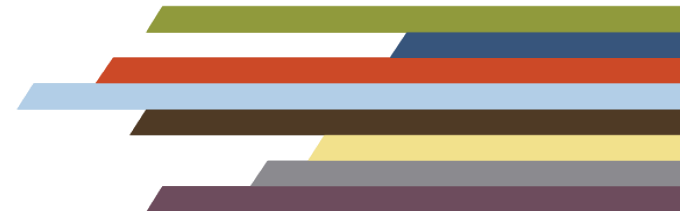
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Southeast Mental Health Technology Transfer Center

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



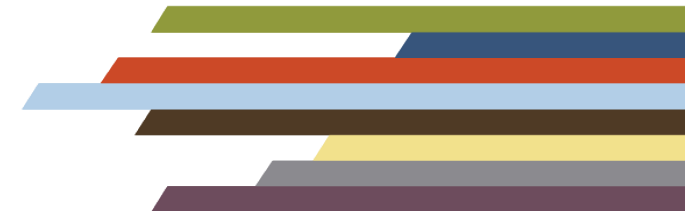
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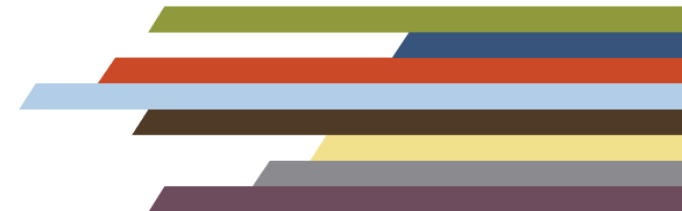
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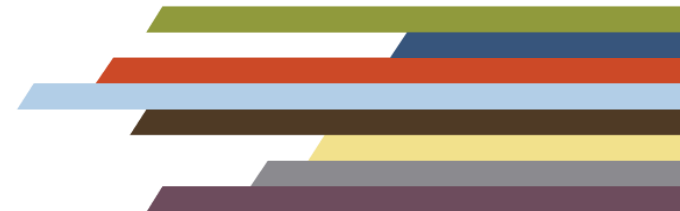
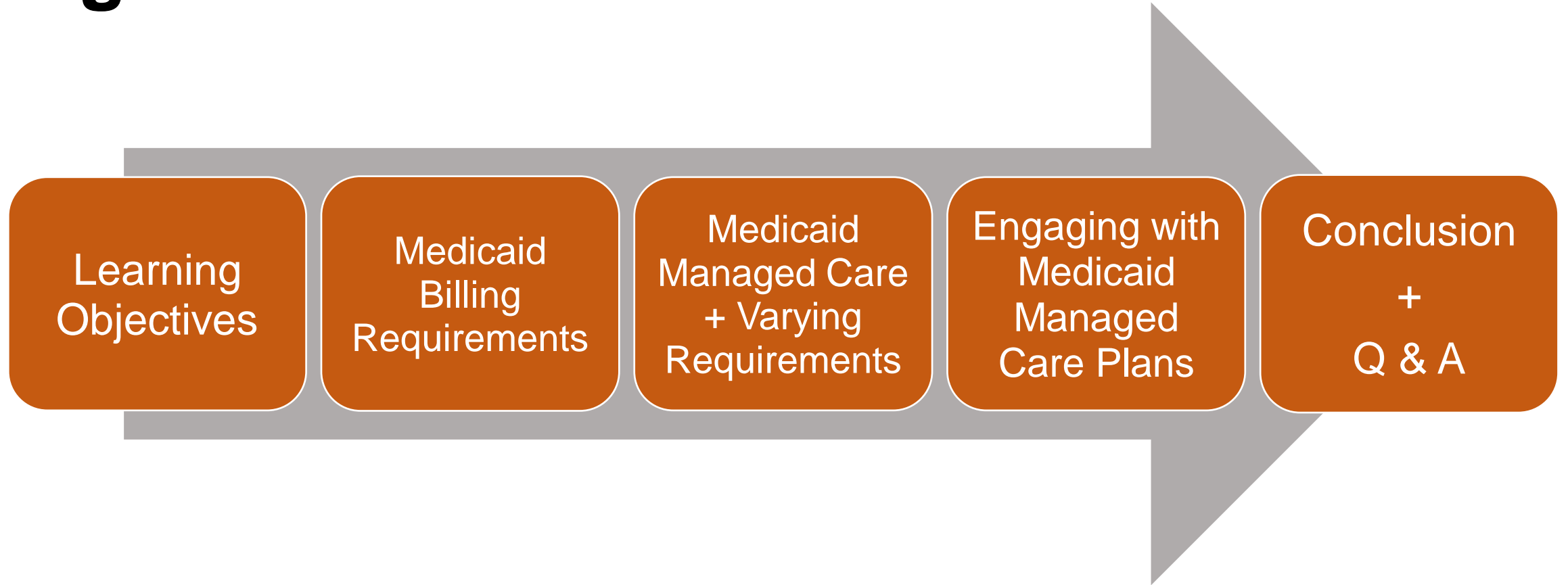
Dr. Adam Wilk

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

Specify the requirements that must be met in order to bill Medicaid or Medicaid Managed Care plans for school mental health services.

2

Discuss ways in which these requirements may vary across states as well as, within a given state, across Medicaid Managed Care plans.

3

Describe opportunities to learn about the Medicaid Managed Care plans in your state and how to meet their requirements to pay for school mental health services.



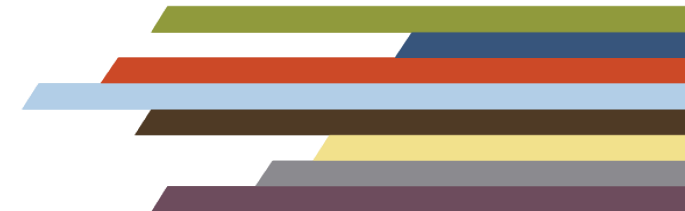
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POLL QUESTION #1





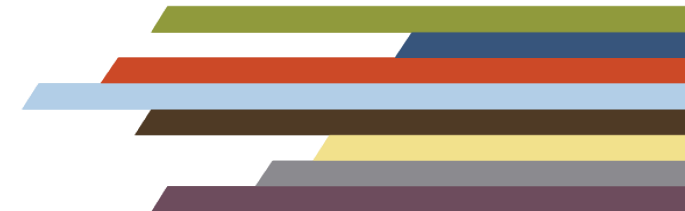
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POLL QUESTION #2





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
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SAMHSA
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.

Background | What is Medicaid Managed Care (MMC)?

Medicaid is the largest payer for behavioral health services in the US and is a major payer for school mental health services.

As of July 2022, nationwide 39 states (+ DC) enrolled at least some children in a Medicaid Managed Care (MMC) plan

In these states, **MMC is the dominant source of coverage**: at the median, 94% of Medicaid-enrolled children are in a MMC plan

This means their benefits are administered by a commercial insurance plan, under contract with the state, rather than by the state directly.

Source: [Kaiser Family Foundation \(July 1, 2022 data\)](#)

Background | Key nuances of coverage through MMC plans

There are usually **multiple MMC plans per state**. In the Southeast, US there are between 3 and 11 plans per state.

- 2-5 plans within a given region

Twelve states (36%) have “carved out” at least some outpatient specialty mental health services from MMC contracts (July 2022 survey)

This means the benefits are administered by a different entity than the primary MMC plan:

- By the state
- By a specialized behavioral health managed care company

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

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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

Requirement 1 | Medicaid covers the service

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

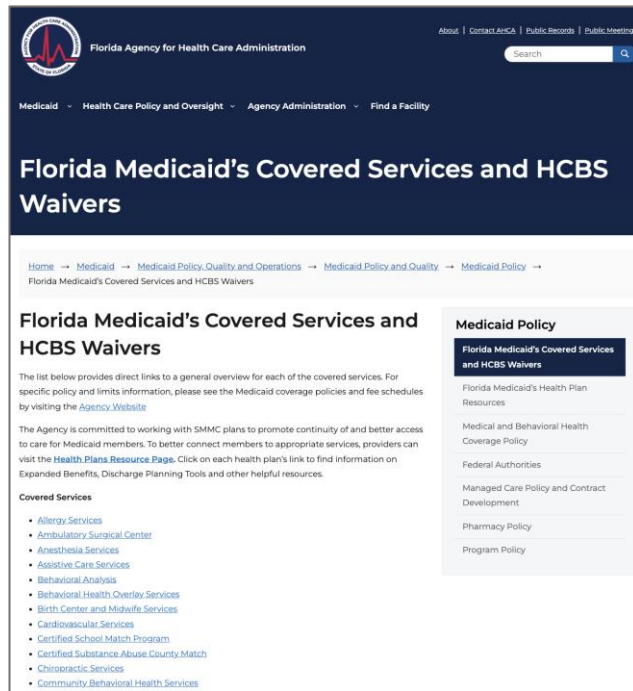
Where to look: State Medicaid websites usually have a section listing “covered services” or “Medicaid benefits.”

- May be a website section intended to inform providers

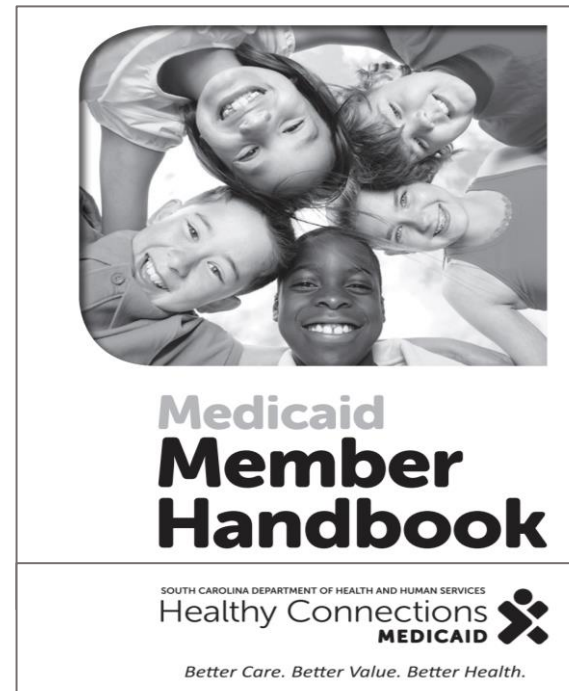
Fine print: Some services may be covered only when billed with certain diagnosis codes listed.

Requirement 1 | Medicaid covers the service

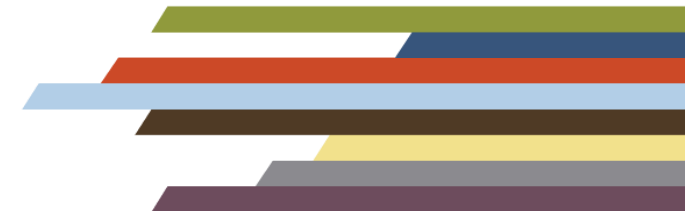
Where to look -- Examples: Florida and South Carolina



The screenshot shows the Florida Agency for Health Care Administration website. The main heading is "Florida Medicaid's Covered Services and HCBS Waivers". Below the heading, 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 includes a paragraph explaining that the list provides direct links to a general overview for each covered service, and another paragraph stating the agency's commitment to working with SMMC plans to promote continuity of care. A list of covered services is provided, including Allergy Services, Ambulatory Surgical Center, Anesthesia Services, Assistive Care Services, Behavioral Analysis, Behavioral Health Overlay Services, Birth Center and Midwife Services, Cardiovascular Services, Certified School Match Program, Certified Substance Abuse County Match, Chiropractic Services, and Community Behavioral Health Services. A sidebar on the right lists Medicaid Policy resources such as 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" from the South Carolina Department of Health and Human Services. The top half features a black and white photograph of a diverse group of smiling people. Below the photo, the title "Medicaid Member Handbook" is prominently displayed in large, bold, black font. At the bottom, the text reads "SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES Healthy Connections MEDICAID" with the state logo, and the slogan "Better Care. Better Value. Better Health." below it.



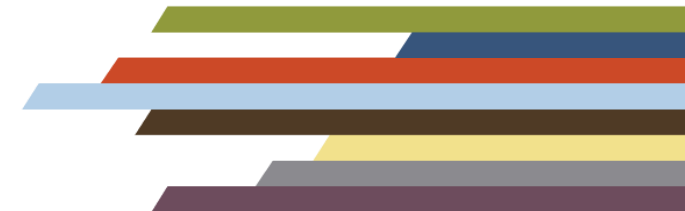
Requirement 1 | Medicaid covers the service

Varies by Medicaid Managed Care plan: **Terms of coverage**

Example: psychotherapy services and assessment

- Initial services may be covered with referral; sometimes requiring prior authorization
- Covered up until a fixed benefit “cap”
- Coverage may be extended above the cap if the provider obtains re-authorization

Plans may give little notice before making changes to coverage terms

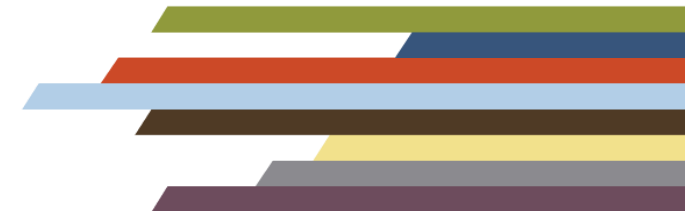


Requirement 1 | Medicaid covers the service

Varies by Medicaid Managed Care plan: Terms of coverage

If there are 2-5 plans enrolling Medicaid beneficiaries in a given area...

- 2-5 sets of coverage terms to be familiar with



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

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The student-client is enrolled in Medicaid

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The provider is a Medicaid-certified provider

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School is a Medicaid-accepted setting

*For each requirement, key terms vary by state.

Requirement 2 | The student-client is enrolled in Medicaid

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

- **Categorical eligibility:** An individual must be in an 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

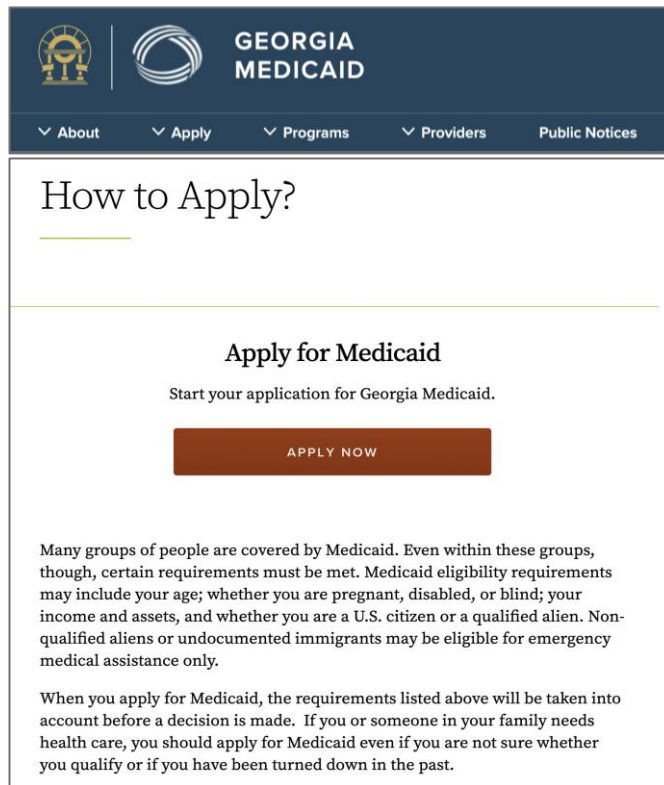
Where to look: State Medicaid websites usually have a section with terms of eligibility and links to apply for coverage

Fine print: Some individuals may retain coverage only with eligibility re-certification every 12 months (or more often)*

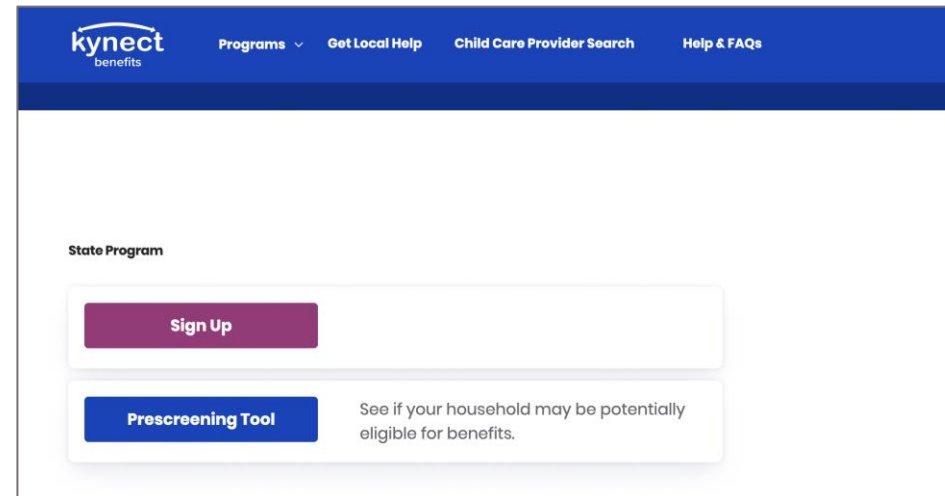
* Changed under the COVID-19 Public Health Emergency

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, blindness, income, and assets. It also notes that non-qualified aliens or undocumented immigrants may only be eligible for emergency medical assistance. A final paragraph states that requirements will be taken into account before a decision is made and encourages applying even if unsure of qualification.



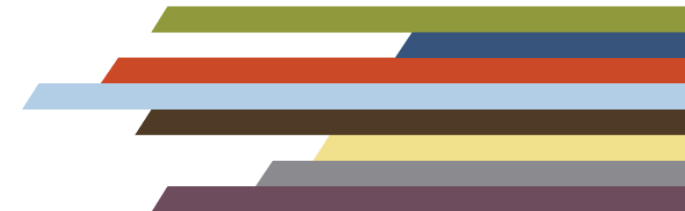
The screenshot shows the Kynect website. The header includes the "kynect benefits" logo and navigation links for "Programs", "Get Local Help", "Child Care Provider Search", and "Help & FAQs". The main content area is titled "State Program" and features a "Sign Up" button and a "Prescreening Tool" button.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

Requirement 2 | The student-client is enrolled in Medicaid

Eligibility rules do not vary by Medicaid Managed Care plan

Notable enrollment rules within Medicaid Managed Care (MMC): in some states, beneficiaries may be enrolled in a MMC plan...

- From initial enrollment (automatically)
- If the beneficiary does not select a plan from among those offered
- Voluntarily (versus enrolling in state-administered “fee-for-service” 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

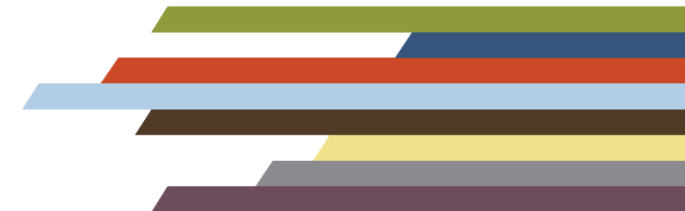
Provider

The provider is a Medicaid-certified provider

Setting

School is a Medicaid-accepted setting

*For each requirement, key terms vary by state.



Requirement 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

Requirement 3 | The provider is a Medicaid-certified provider

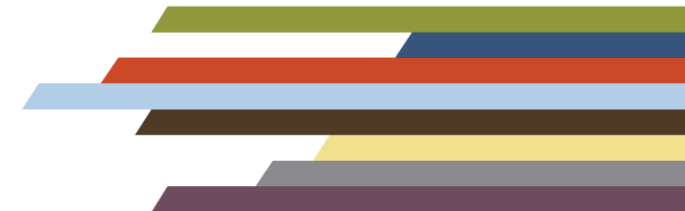
Varies by state: In different states, different types of providers may be eligible to become Medicaid-certified

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

- Example: Medicaid Managed Care plans may also perform this function

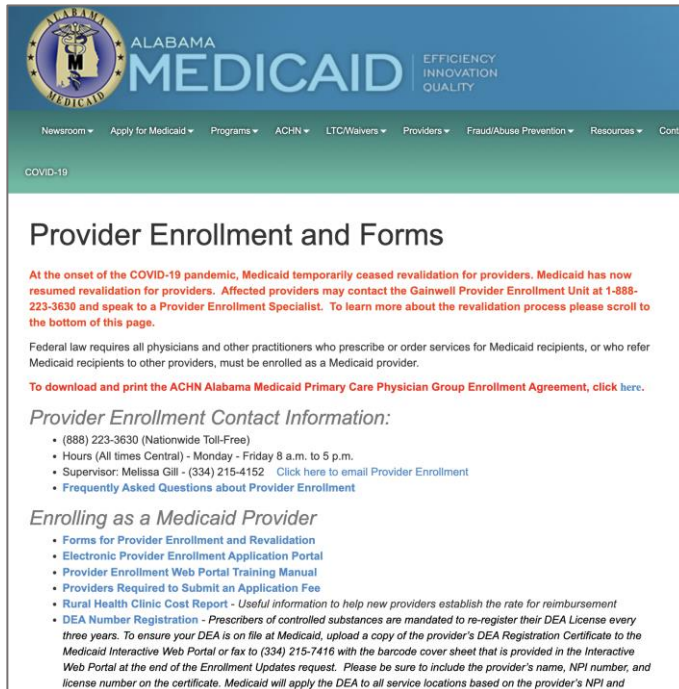
Fine print: Some services can be billed to Medicaid only when provided by certain Medicaid-certified provider types

- Example: licensed clinical social workers (vs. non-clinical)



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 includes "Newsroom", "Apply for Medicaid", "Programs", "ACHN", "LTC/Waivers", "Providers", "Fraud/Abuse Prevention", "Resources", and "Contact". A "COVID-19" banner is present. The main heading is "Provider Enrollment and Forms". Below this, there is a red text block stating that Medicaid has resumed revalidation for providers and provides contact information for the Gainwell Provider Enrollment Unit. A paragraph explains that federal law requires physicians to be enrolled as Medicaid providers. A link is provided to download and print the ACHN Alabama Medicaid Primary Care Physician Group Enrollment Agreement. The "Provider Enrollment Contact Information" section lists the toll-free number (888) 223-3630, hours (Monday-Friday 8 a.m. to 5 p.m.), and supervisor contact information. The "Enrolling as a Medicaid Provider" section lists various forms and manuals, including a Rural Health Clinic Cost Report and DEA Number Registration information.

Provider Enrollment and Forms

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.

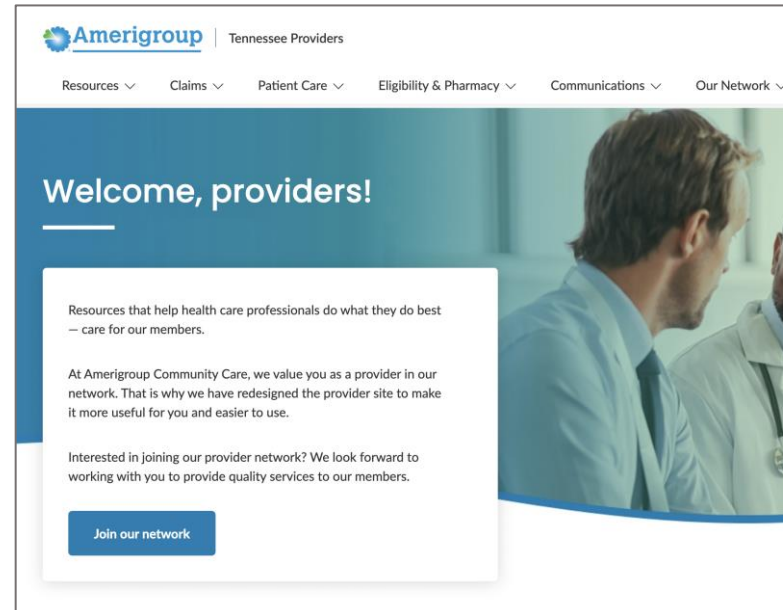
To download and print the ACHN Alabama Medicaid Primary Care Physician Group Enrollment Agreement, [click here](#).

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 "Tennessee Providers". A navigation menu includes "Resources", "Claims", "Patient Care", "Eligibility & Pharmacy", "Communications", and "Our Network". The main heading is "Welcome, providers!". Below this, there is a text block stating "Resources that help health care professionals do what they do best - care for our members." A paragraph explains that Amerigroup Community Care values providers and has redesigned the provider site. A text block asks if the user is interested in joining the provider network and offers to provide quality services. A blue button labeled "Join our network" is visible.

Welcome, providers!

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

Varies by Medicaid Managed Care plan: Providers' in-network status

Like other commercial insurers, Medicaid Managed Care plans...

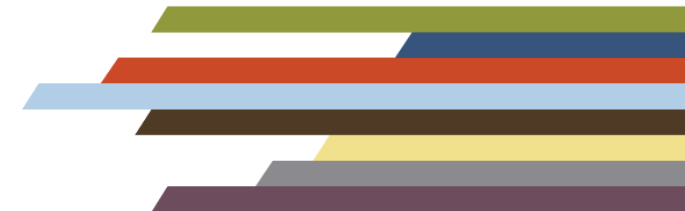
- **Negotiate fee schedules**
 - Do not use standard Medicaid fee schedule
- **Make determinations on network inclusion (or exclusion)**
 - Not all providers who “accept Medicaid patients” are in-network for a given MMC plan

Requirement 3 | The provider is a Medicaid-certified provider

Varies by Medicaid Managed Care plan: **Providers' in-network status**

If there are 2-5 plans enrolling Medicaid beneficiaries in a given area...

- Providers may be in-network with one plan, but not another; in-network status may change over time
- Providers may enter negotiations with all local plans annually



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

- State rules and individual MMC plans' rules may prohibit LEA-employed (or contracted) mental health providers from becoming Medicaid-certified or billing for certain services.

Requirement 3 | The provider is a Medicaid-certified provider

FirstChoice
by Select Health of South Carolina
Your Hometown Health Plan

Healthy Connections

Report Fraud About Login Language

Search website Search

Enroll Renew Members Miembros Providers Community Staying Healthy

Home > Providers > Member care > School Based Mental Health Initiative

Providers

- Self-service tools
- Prior authorizations
 - Prior authorization lookup tool
- Resources
- Newsletters and updates
- Pharmacy services
- Member care
- Behavioral health
- Training and education
- Claims and billing

School Based Mental Health Initiative

In accordance with the South Carolina Department of Health and Human Services (SCDHHS) School-based Mental Health Initiative, effective July 1, 2022:

Rehabilitative Behavioral Health Services (RBHS) are allowed to be delivered in school settings by Select Health of South Carolina master's level behavioral health providers, who are contracted by the school district. We have summarized the guidelines here; however, providers are advised to review the recently updated SCDHHS Local Education Agencies (LEA) Services Provider Manual, the LEA School-based Services Alternative Fee Schedule (PDF) and Frequently Asked Questions (FAQ) document located on the SCDHHS School-based Mental Health Services webpage for full details.

South Carolina school districts will be free to choose to:

- Continue to utilize the South Carolina Department of Mental Health (DMH) by contracting with DMH, who will then bill Select Health.
- Hire their own counselors and bill Select Health directly.
- Contract with a private provider, who will bill Select Health directly.

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

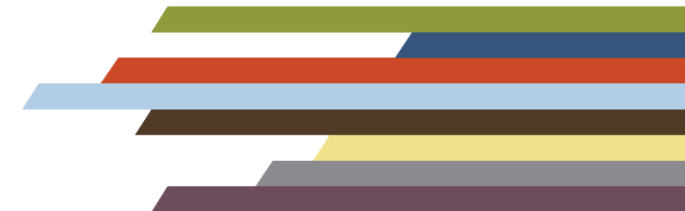
Provider

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.

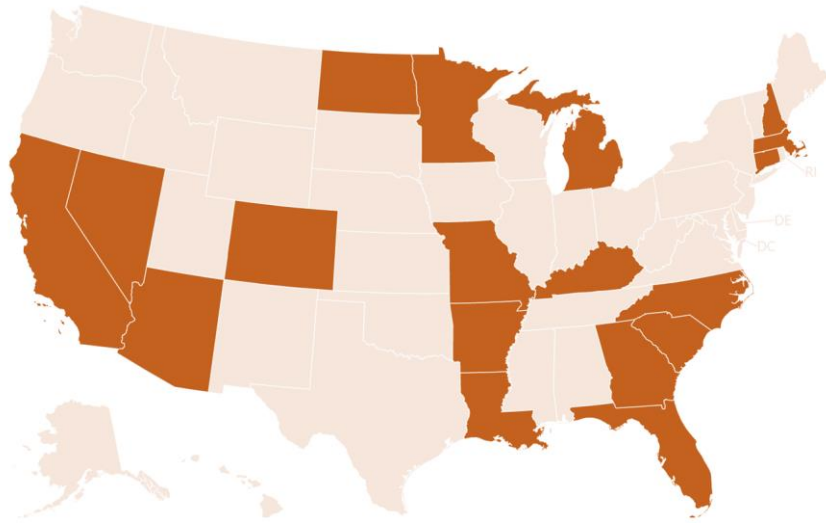
Requirement 4 | School is a Medicaid-accepted setting

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

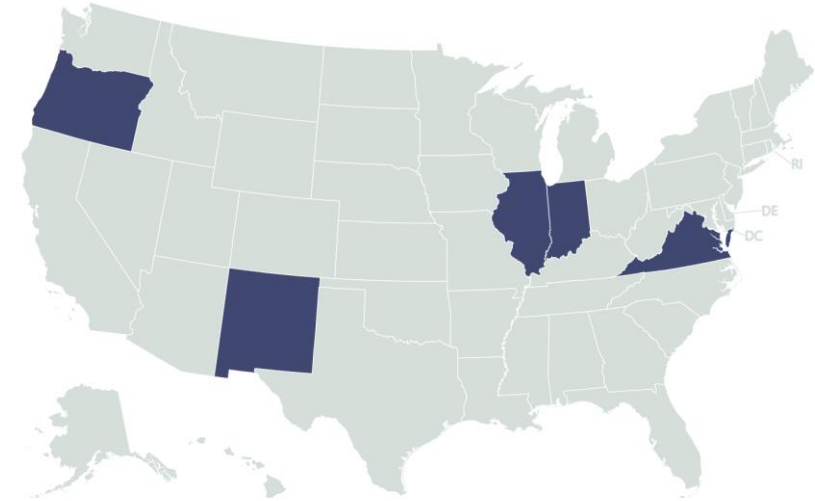
Where to look: Healthy Schools Campaign resource tracking state actions concerning free care rule implementation for each state

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



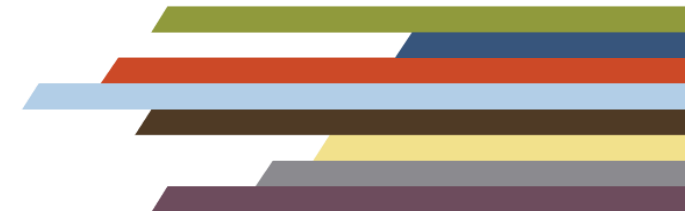
Expanded Medicaid Coverage* in Schools



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

Varies by Medicaid Managed Care plan: **Intersecting service-provider-setting requirements**

- Example: North Carolina (2019) allowed LEAs to bill for various services, including counseling, for all Medicaid-enrolled students.
 - MMC plans may restrict which LEA-employed provider types bill
- Example: South Carolina (2016-2020) carved rehabilitative behavioral health services (RBHS) into Medicaid Managed Care contracts.
 - LEA participation in RBHS dropped from 33 school districts to 12 within 12 months, due to challenges meeting MMC plan requirements

Strategies for Engaging Medicaid Managed Care (MMC) Plans

Identify the MMC plans enrolling beneficiaries in your area

Keep track of policy differences across MMC plans

Maintain a primary point of contact with each plan

Work with state agencies (SEA, Medicaid agency) to broker communications, negotiate pay rates and policies, etc.

- Example: Tennessee (TennCare)



Southeast (HHS Region 4)

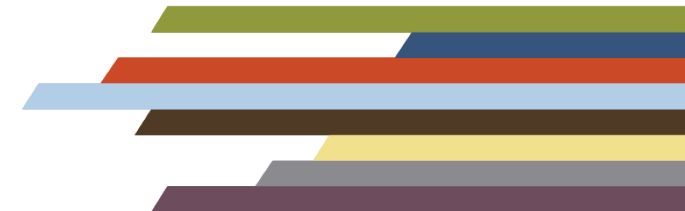
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(POLL) QUESTION #3

Are you aware of any challenges that LEAs or community-based providers have encountered when working with Medicaid Managed Care plans to pay for school mental health services?





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.

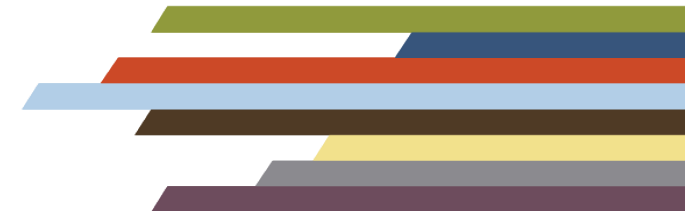


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School Mental Health Resource Catalogue

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





MEDICAID AND SCHOOL MENTAL HEALTH SERVICES: FAQs



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ADAM S. WILK, PHD,
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SOUTHEAST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER
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MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



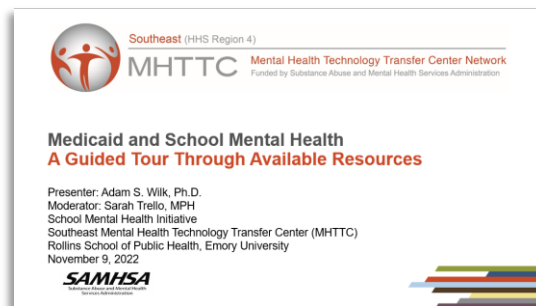
Medicaid and School Mental Health Services: FAQs

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.

Other Relevant Resources

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

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Q & A



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