



School-Based Services and Medicaid

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Agenda

- **Background & Envisioned Approach**
 - Role of Medicaid and Vision for the Behavioral Health (BH) Continuum of Care
- **School-Based Services and Medicaid**
- **Discussion**
- **Appendix**

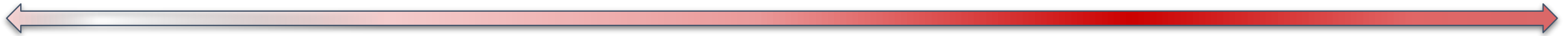
Background

Role of Medicaid and Vision for the BH Continuum of Care

Medicaid & Children's Health Insurance Program

- Medicaid and the Children's Health Insurance Program (CHIP) provide health and long-term care coverage to over 1.7 million low-income children, including 700,000 participants under 21, pregnant women, adults, seniors and people with disabilities in the Maryland.
 - Over 60 percent of these participants are between ages of 6-18 years old
 - Source of coverage for three in eight children in Maryland
- Medicaid is the largest payer for mental health services in the United States and is increasingly playing a larger role in payment for substance use disorder services.
- Medicaid is jointly financed with federal and state funds. Medicaid is the payer of last resort.
 - Federal contribution is based on the state's per capita income → 65-percent match for Children's Health Insurance Program in Maryland; 50-percent match rate for non-ACA populations; 90-percent match for ACA populations.

MDH Behavioral Health Continuum of Care for Children and Adolescents



Prevention/Promotion				Primary Behavioral Health/ Early Intervention		Urgent/Acute Care		Treatment / Recovery	
Promotion	Universal Prevention	Selective Prevention	Indicated Prevention	Outpatient Care	Intermediate Care	Urgent/ Crisis Care	Acute Treatment	Sub-Acute Treatment	Recovery Supports

Data / Quality / Health Equity / Workforce Initiatives

School-Based Care



Primary Behavioral Health School Services

Vision

- In partnership with the Consortium on Coordinated Community Supports, implement a multi-tiered system of behavioral health supports in all public schools

Opportunities

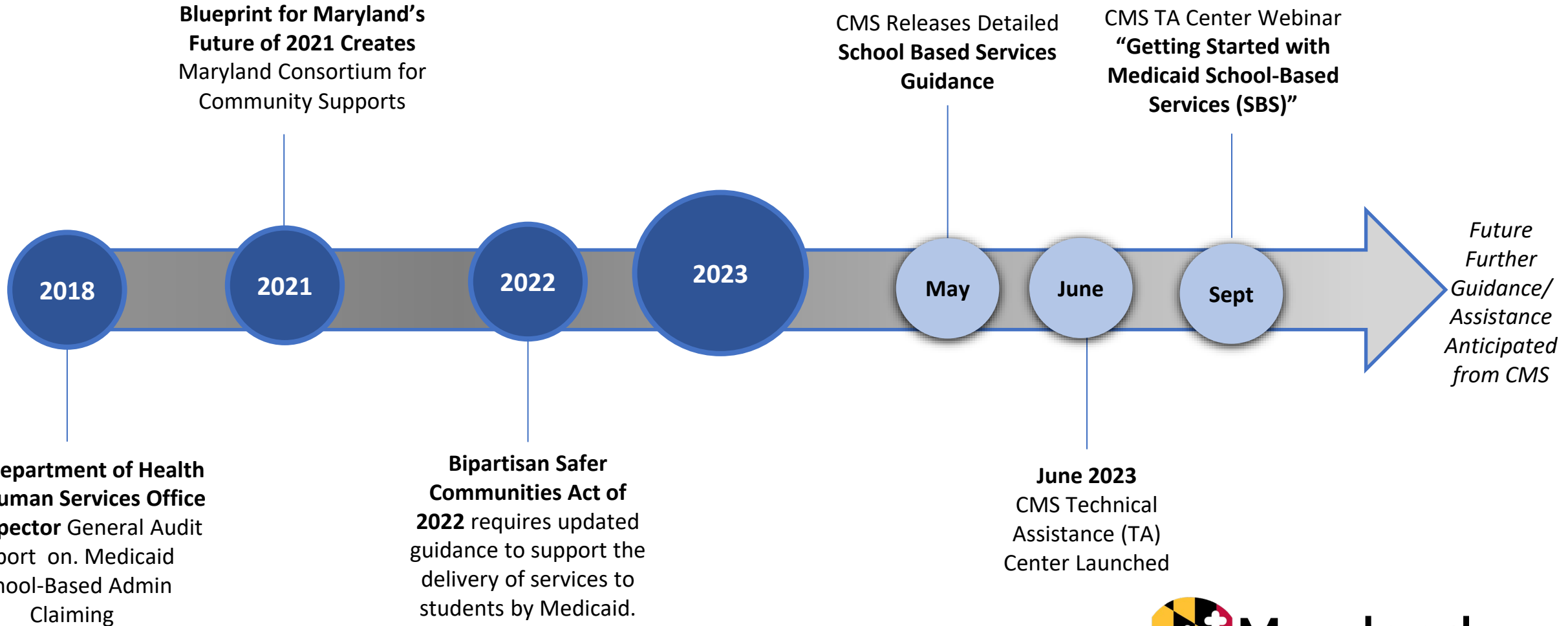
- Maximize Medicaid funding to support school-based behavioral health services, including payment for non-IEP related services.

Current Activities

- Preschool mental health consultation services in partnership with University of Maryland, Baltimore (UMB)
- Partnerships with preschool programming (e.g., Lourie Center, PACT)
- Partnership with UMB on Center for School Mental Health
- MDH School Based Health Center (SBHC) development of enhanced service standards

School-Based Services and Medicaid

Background



Envisioned Phased Implementation Strategy

Phase One

FFS Reimbursement of LEAs/Other Provider Types



Phase Two

Phase One, Plus Administrative Claiming

- Adopting a phased approach will allow additional planning time to develop methodology and compliance processes for administrative claiming
- Permitting Fee-for-Service (FFS) billing in the interim will allow local education agencies (LEAs)/schools to benefit in near term prior to implementation of reimbursement for administrative costs
- Proposal is pending identification of state funding share and partnership with Maryland State Department of Education (MSDE)

Phase 1: FFS Reimbursement

Key Requirements for School Based Behavioral Health Services:

- Provider must be enrolled with Medicaid
 - Must be Medicaid-covered (or EPSDT*-required) service
 - Third Party Liability (TPL) requirements apply, except for Individualized Education Program (IEP) services
 - Auditable documentation of services must be maintained
- Expand coverage to permit billing by school psychologists and school social workers for services rendered to any Medicaid enrolled child (no longer limited to those with an IEP)
 - **LEAs (PT 91):** Rendering providers can bill under LEA
 - **Payment:** FFS Rate through Behavioral Health Administrative Services Organization (BHASO)

Phase 2: Next Steps and Estimated TA Costs

MDH needs technical assistance for procurement of vendor to assist with developing and implementing the cost reports and methodology *necessary in order to receive federal financial participation (FFP)* with LEAs to receive reimbursement for administrative costs related to Medicaid-covered school-based behavioral health services.

Phase 2, “Part A” – \$500,000

- Drafting of *Scope of Work for “Part B”*
- *Development of Cost Report Template & Instructions*
 - *Cost report must appropriately identify and allocate 100 percent of an LEA’s direct and indirect costs associated with the provision of Medicaid-covered school-based behavioral health services.*

Phase 2, “Part B” – \$1,750,000-\$2,500,000

- *Development and implementation of time studies to be used for claiming LEAs’ administrative costs*

Discussion
