



Maryland Consortium on Coordinated Community Supports Best Practices Subcommittee

**Dr. John Campo and Superintendent Derek Simmons
Co-Chairs**

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Objectives for Today's Meeting

- Review school Medicaid in Maryland, “the Michigan model,” and SB 201/HB 82
- Discuss potential role of the Consortium in supporting school Medicaid expansion in Maryland

Recap: School Medicaid landscape

- For 30 years, Medicaid has paid for eligible school physical and behavioral health services included in students' Individualized Education Programs (IEP) or Individualized Family Service Plan (IFSP).
- In December of 2014, the Centers for Medicare & Medicaid Services (CMS) issued a [letter to state Medicaid directors](#) announcing a policy shift that allowed states more flexibility in their school-based Medicaid programs.
- Schools can now seek reimbursement for all covered services to *all* children enrolled in Medicaid.
- Maryland currently is *not* among the states that have begun to bill Medicaid for services in schools beyond IEPs and IFSPs.

Recap: Current state in Maryland

Medicaid reimbursement for behavioral health services provided in Maryland schools is permitted via one of two tracks:

1. Services provided by school-employed counselors, psychologists, and social workers to children who have IEPs or IFSPs and are covered by Medicaid.
2. Services provided by external community behavioral health providers in the schools. Community providers are already in approximately 900 of Maryland's 1450 schools, to some degree.

Maryland Medicaid currently does ***not*** cover behavioral health services by school staff to Medicaid-enrolled children unless they have an IEP or IFSP.

Recap: “Michigan model”

1. State Plan Amendment (SPA) to expand school Medicaid reimbursement for all Medicaid-eligible students and allow LEAs to opt-in to bill Medicaid.
2. Spent \$600 million over five years, hired 436 additional school-employed staff. (Many of these staff came from community provider organizations.)
3. Significant training and common data platform provided to LEAs.
4. Served 22,000 students over five years and resulted in significant Medicaid revenues to LEAs.
5. Uses a different reimbursement system (instead of Fee for Service) called Random Moment Time Study (RMTS) that helps to recoup administrative costs -- implemented prior to the school Medicaid expansion.

SB 201 and HB 82

1. MDH must apply for a State Plan Amendment (SPA) by December 1, 2023, to expand Medicaid reimbursement for medically necessary behavioral health services provided in a school setting to all individuals enrolled in Medicaid or the Maryland Children's Health Program.
2. SPA must also permit administrative claiming.
3. Expands eligible provider types to individuals certified by MSDE.
4. MDH must provide training and technical assistance, update regulations and provider manuals.

Hearing on SB 201 scheduled for February 7.

Possible implementation issues

Some potential concerns have been raised relative to the proposed legislation:

1. Provider standards are not the same – certified vs. licensed
2. Potential shifting away from community providers
3. Administrative claiming audit

Role of the Consortium

What should be the role of the Consortium?