Connecticut Department of Social Services

Making a Difference

Medicaid Reimbursed School-Based Health Services

Transforming Children's Behavioral Health Committee

Comparison of School-Based Programs

	School Based Child Health	School Based Health Center
2024 Data	117 of 160 districts participated	91 health center sites in 27 communities
Enrolled entity	Public school	Private provider
Basis of program	Special education Medicaid-eligible students with Individualized Education Program (IEP) or 504 Plan and parental consent	Medicaid-eligible students
Practitioners	School staff or contracted providers	Federally Qualified Health Center (FQHC) staff / free-standing clinic staff
Billing	**School district bills Medicaid** via a "Certified Public Expenditure" and receive 25% of federal match	**Private provider bills Medicaid directly**. FQHC direct bills Medicaid its encounter rate. Free-standing clinic bills based on the clinic fee schedule.
Services Covered	Audiology, medical, mental health, nursing, occupational therapy, physical therapy, respiratory care, speech / language, optometric, behavior modification, personal care	Medical, dental, behavioral health services offered by FQHC. Free-standing clinic provides services covered under clinic fee schedule

Overview of School Based Child Health

Permits services provided by Local Education Agencies (LEAs) to Medicaid-eligible students to be reimbursed under Medicaid. Services are certified for Medicaid claiming using random moment time studies, monthly service claiming, quarterly administrative cost reporting, and annual settlements.

In FY 2024, **117 out of 160 districts enrolled** in the program

- 116 of 117 districts used billing vendors to assist with the administration of the program
- 33 districts opted out (student population under 1,000)
- 10 districts were either under 1,000 student count or were not enrolled

Total gross Medicaid costs were $58 million in FY 2021 and $61 million in FY 2022.

Services claimed include assessments, audiology, medical, mental health, nursing, occupational therapy, physical therapy, respiratory care, speech/language, behavior modification, personal care, and optometric services.

Services can be provided by qualified district staff or qualified contracted providers.

CT Medicaid Children's Behavioral Health

The current School Based Child Health program allows billing for Medicaid-eligible Special Education students whose Individualized Education Program (IEP) or 504 Plans include medical services. Parental consent is required for the school to bill Medicaid.

Public Act 24-81 allows districts to bill for medical services provided on behalf of all Medicaid-eligible students regardless of whether those services were provided as part of a student's IEP or 504 Plan. As required in the legislation, the State Plan Amendment for this expansion will be submitted to the Centers for Medicare & Medicaid Services (CMS) by 10/1/2025 , with full implementation projected for 7/1/2026.

Appendix

CMS Guidance Issued May 2023

CMS issued guidance to states in meeting federal requirements for federal claiming of Medicaid school-based services. CMS is requiring some items by June 1, 2026, while other items are considered optional.

Required items:

- Year-round random moment time study (currently only conducted October through June)
- Updates to random moment time study coding
- Application of indirect cost rates to contractors
- Medicaid eligibility ratio edits

Optional items:

- Random moment time study sample size reduction *
- Expand qualifications to include education-licensed practitioner not already included in School Based Child Health (CT covers many already) *
- Elimination of Medicaid Management Information System claims for the School Based Child Health program
- De-identified documentation requirements to possibly eliminate parental consent (currently required under the Individuals with Disabilities Education Act/Family Educational Rights and Privacy Act)
- Expansion to “Free-Care” services *
- Move away from annual settlements
- Include contracted staff in random moment time study *

** Items included in implementation steps for Free-Care, in addition to required compliance items*

School-Based Services Nationally

In October 2023, CMS noted that 17 states have expanded school-based services (CT included).

Health Schools Campaign found that 25 states have expanded school-based services, including some limited expansions beyond CMS

- 18 states cover all medically necessary services provided to all Medicaid-enrolled students;
- 4 states cover a *defined* package of physical and behavioral health services to all Medicaid-enrolled students;
- 3 states cover specific services to some students.

With the expansion required under Public Act 24-81, CT will join the 22 other states in covering either all medically necessary services or a *defined* package of services to all Medicaid-eligible students.

Supplemental Information: Enrollment Process SBCH Program

Some requirements of the districts are one-time while others are not . Below is an outline of the current process for the school districts:

- Every 3 to 5 years: Re-enroll in Medicaid.
- One-Time: Obtain an NPI and agree to the Performing Provider Medicaid Provider Enrollment.
- One-Time: Register with UMass Medical School. UMass contracts with DSS to conduct the Random Moment Time Studies (RMTS) for three of four quarters, admin claiming, cost report training/tracking, and maintains user IDs and passwords for all registered system users.
- One-Time: UMass performs the initial set up of district employees included in the RMTS, including calendar, scheduled updates to the UMass system and quarterly updates.
- Once a Year: Districts must obtain parental consent before claiming services and annually provide written notification of consent.
- Quarterly: Districts file quarterly admin cost report submissions.
- Quarterly: Districts provide statistical counts for students.
- Once a Year: Districts provide cost report submissions including submission of all invoices and supplies purchase details.
- Monthly: Districts provide service details to claim for services rendered.
- As Needed: Districts must review the claims Remittance Advices to correct errors or discrepancies and notify DSS.

Many districts contract with a billing vendor to maintain and update their RMTS lists (quarterly), complete quarterly admin claiming, complete yearly cost report, and submit / verify monthly claims to generate interim monthly payments.