

School-Based Medicaid Services

*Information from the MA Family-to-Family Health Information Center
@ Federation for Children with Special Needs*

Massachusetts school districts, because they are considered Medicaid providers, can file Medicaid claims to obtain federal reimbursement for students who receive special education services, as delineated on an IEP (Individualized Education Plan), and who have MassHealth. This is called the **School-Based Medicaid Program**. MassHealth is not billed directly for services; the school bills the Centers for Medicare and Medicaid Services (CMS) only for the federal match the state receives. In Massachusetts, the federal match for state dollars spent on Medicaid services is about 50%. For every dollar that the Commonwealth spends on Medicaid, the federal government contributes 50 cents. Depending on the number of students with MassHealth in a particular school district, this can be a significant source of additional funding for schools.

There are two categories of Medicaid billable services that schools provide:

- 1) Direct services to students – this includes physical therapy, occupational therapy, speech and language services, audiological services, behavior management and/or counseling, and 1:1 nursing services.
- 2) Administrative activities - these are indirect services that are not child-specific, and include: providing resources and referrals, overall planning for all student health services, prenatal/postnatal counseling for pregnant students, and outreach to identify and enroll eligible students in MassHealth (including helping families with the MassHealth application), although no family is required to enroll their child in MassHealth in order for him or her to receive FAPE (a free and appropriate public education).

In order for a school to bill MassHealth for School-Based Medicaid Services, a parent or guardian must give consent, as the school will be sharing information about the student with MassHealth in order to submit a claim for Medicaid (CMS) reimbursement. The school should have a written policy and procedures for documenting all health services. Additionally, school personnel must meet both federal and state provider qualifications for the service he or she provides. For example, a speech and language therapist must have a current license from the Massachusetts Division of Registration and have either a certificate of Clinical Competence from the American Speech, Language and Hearing Association (ASLHA) or have a statement of Certification Equivalency from ASLHA.

Not all Massachusetts school districts participate in the School-Based Medicaid Program. Regional school districts that participate receive their Medicaid reimbursements directly. For independent school districts, the federal reimbursement goes to the city or town treasurer. Each municipality then decides whether to pass this money along, in part or in whole, to the school. In fact, this is one reason why some families do not give consent for the school to bill for services for their child, as they want an assurance that the money will come back to the school and used for special education. It's important to remember, whether or not the school receives the School-based Medicaid funds, public schools are supported by city and town budgets. Providing consent, whether or not the money goes directly to the school, benefits the budget that supports all

municipal services, and ultimately makes more money available for services, including school-based services.

Another reason families do not give consent is they are afraid services like speech and language therapy, physical or occupational therapy that their child receives in school will reduce the services their children receive in private settings. The only service that a child with special health needs receives in school that affects the hours received outside of the school day is one-to-one nursing.

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