

Jacqui: Good morning and welcome to 'Emerging Opportunities to Use Medicaid to Support Trauma Services in Schools.' Now I'm going to turn things over to Carmen Santiago Roberts, who is the program manager at the Office of Juvenile Justice and Delinquency Prevention to welcome you and take off our content. Carmen?

Carmen: Thank you Jacqui. Good afternoon and welcome everyone my name is Carmen Santiago Roberts as Jacqui said. I'm a program manager in the office of juvenile justice and delinquency prevention or OJJDP. On behalf of OJJDP, I would like to welcome you to today's webinar on emerging opportunities to use Medicaid to support trauma services in schools. OJJDP is very excited to be partnering with the National Center for Mental Health and Juvenile Justice at Policy Research. Also with Futures Without Violence to go by this webinar as part of the Defending Childhood State Policy Initiative. As you may know already, a 2009 national survey found that 60% of American children have been exposed to violence, crime or abuse in the home, schools and community.

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In an effort to address this issue, The Department of Justice launched the Defending Childhood Initiative in 2010. This national initiative aimed to prevent children exposure to violence, to mitigate the negative impact of such exposure when you got the [courage 00:01:38] and to develop knowledge and spread awareness about this issue. Today's webinar will feature Jacqui Greene, program director of the National Center for Mental Health and Juvenile Justice, who will highlight the work of the Defending Childhood State Policy Initiative. Focus centers on experts in the field who will talk about flexibilities available to provide and fund trauma services in schools through Medicaid. On behalf of OJJDP, I would like to thank the speakers and you the participants for joining us today.

It is our goal that the information shared today will resonate and assist you to continue the important work that you do. Now I turn it over back to Jacqui.

Jacqui: Thanks Carmen. As Carmen said, we here have been providing technical assistance on the Defending Childhood State Policy Initiative. That work has really focused on bringing together state leaders, policy makers across systems group and the highest levels of government. Working with those team members to try to increase coordination of service provision across silos. To identify and implement evidence based treatment and intervention for young people who are experiencing trauma as a result of their exposure to violence and to develop sustainable policies and programs to really think through how existing funding streams can be used to provide the kinds of services that these young people are in need of.

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We've been working with 3 state teams [in 00:03:12] California, Massachusetts and Michigan to develop and implement state wide strategic plans across service sectors that would ensure that all students are screened and, if necessary, assessed at multiple points of system contact for trauma needs so that kids who are in need of services have access to evidence based and trauma informed treatment services. Most pertinent to today's conversation, that mechanisms are identified to blend and breed funding sources to support the kinds of screening assessments and treatment

services that kids need. As we've been working with these 3 states and thinking through what they really wanted to focus on this work started very big across all child serving systems.

[00:04:00] 2 out of our 3 states California and Michigan, decided that they really wanted to take a preventive focus that was rooted in the school. There is also research that shows us that trauma can have a really negative impact on kid's school performance in terms of their grades, in terms of their attendance, in terms of discipline through suspensions and expulsions and even dropouts. As we know that trauma can impair kids leaning so things like reading, attention, memory, cognition, trouble with problem solving or planning and really just overwhelming feelings of frustration and anxiety can get in the way for young people when they are in school trying to learn if they are struggling with traumatic histories.

[00:05:00] We also know that poor school attendance and poor school achievement are significant risk factors for subsequent Juvenile Justice involvement. Our state teams wanted to take a close look at how they could really support more trauma services in the context of school settings to intervene early in kid's life course and prevent any kind of an entry into the Juvenile Justice system and really improve all our range of outcomes for those young people. In doing that work, of course they asked the question, "Well, how can we pay for it?" What we found was, largely the services that kids need to identify their experiences of trauma and traumatic impact and to get the kinds of services they need to deal with those things.

[00:06:00] Payment for those things can largely be found in the healthcare system because they are largely mental health services. We got a few consultants on board to help us help these states figure out how they could use Medicaid to support trauma services in school. Our consultants did that work and we wanted to share it with you. We thought well, it's great information for the states we've been working with. It's really great information for the field nationally. That's where we are today bringing you this webinar on the emerging opportunities to use Medicaid to support trauma services in schools. You are going to hear today primarily from Lena O'Rourke, who is the founder and principal at O'Rourke Health Policy Strategies.

[00:07:00] She's an experienced healthcare advocate and strategist with an emphasis on issues that impact vulnerable population. For almost 4 years she has worked as a consultant to Futures Without Violence who is a partner with us on this webinar today. She's been supporting their affordable Care Act implementation and Medicaid expansion work. Lena was joined in this effort by a group of folks at Harbage Consulting. Harbage Consulting is a mission driven National Health Policy and Communication consulting firm that [seeks 00:06:49] to facilitate access to affordable comprehensive high quality health coverage for all. They provide a full range of services designed to help clients navigate complex health policies and public health programs.

Including policy analysis, program design and implementation, communications outreach and stakeholder engagement. Certainly, for those of us who are primarily in the world of juvenile justice or primarily in the world of schools, Medicaid is a

complex health policy issue for many of us. That team from Harbage, Jennifer Ryan who is the managing principal, Tanya Schwartz who is the Medicaid policy director and Erynne Jones who is the senior policy consultant. They are on the line with us today and Lena will be going through the slides and sharing the information and then when we get to the Q and A the folks from Harbage may jump in and support Lena in answering those questions.

Once again I encourage you to submit your questions in the top box as Lena is talking and Lena, I'll turn it over to you.

Lena:  
[00:08:00] Thank you so much Jacqui and my thanks to OJJDP and the National Funds for Mental Health and Juvenile Justice and to Futures for giving us this opportunity to talk to all of you and to all of you for joining on this call. I think what's striking about this webinar is the growing recognition of the intersection between the health sector response and the school response to children behavioral health and the impact of the symptoms of violence and trauma on health and the need for an integrated response. In turn the healthcare systems are really looking at different ways to increase the health and behavioral health services and screenings and assessments that acknowledge the trauma and help identify early interventions for the child, for the family, for the schools and for the communities.

[00:09:00] To that end here's what we are going to do today, we are going to look at what Medicaid broadly says about covering trauma informed care. Then look at some fairly recent policy changes that give states the opportunity to support increasing Medicaid in schools. Finally, we will look at opportunities for stakeholders to lay the groundwork to strengthen school based trauma services using Medicaid. We'll have some time again for questions at the end. Just to level set for a minute what is Medicaid? Medicaid is a health insurance program and it covers millions of children, families, people with disabilities and low income people across the United States.

[00:10:00] You might know the program as Medicaid or in your state it might be named something different for example in California, Medicaid is called MediCal but it's all the Medicaid program and it's jointly funded by both the federal and the state government. The federal government reimburse the state, the 6th percentage of total Medicaid cost and in that way they fund the program. Medicaid covers healthcare services and behavioral healthcare services. Children who are enrolled in Medicaid are guaranteed a comprehensive set of healthcare benefits and behavioral healthcare that include a wide range of services like assessments, preventive care and treatment for more acute care services. It's a pretty robust benefit package.

The benefits do vary by state, states have the flexibility to tailor their benefits to their state population above a federal floor. What exactly children and families get in each state does vary by the state you are living in so significant variability. Medicaid is an important source of coverage for medically necessary trauma informed care. This is something that I think it's really important to pull out and let stand on its own that Medicaid covers health and behavioral services including trauma informed care. In July of 2013, the centers for Medicare and Medicaid services CMS who runs Medicaid,

[00:11:00] the administration for children and families and the [substantiates 00:11:04] in mental health services administration set out some guidance that identified a wide range of supports and services for all 3 child serving agencies through identifying and treating complex trauma.

[00:12:00] This Tri-Agency Guidance does a lot of things that are great in terms of lifting up and highlighting various trauma informed care options and ways that the federal government can support them. For the purposes of this webinar, from the Medicaid side this guidance acknowledges that the symptoms of trauma are clearly identifiable, that they can be clinically significant and that they can be addressed through appropriate healthcare interventions and that Medicaid covers the services including trauma focus clinics and assessment, coverage of care to address complex and interpersonal traumas. States must cover medically necessary trauma informed services under their state's medically necessary definition. The coverage of these services comes under a benefit under Medicaid that is called the Early and Periodic Screening Diagnosis and Treatment benefit or EPSDT. [Here 00:12:21] people call it that.

[00:13:00] EPSDT is a robust benefit that guarantees all children under 21, all medically necessary services habilitative and rehabilitative to treat all medically necessary habilitative and rehabilitative services period. If a medical or behavioral health service is needed to treat the symptoms of trauma, and this is what the letter goes on to say, "And If deemed medically necessary the Medicaid plan in your state, will cover those services for children even if it's not a service that's typically covered by Medicaid." If you take this Tri-Agency letter and you take this EPSDT benefit, it's a powerful signal that trauma informed services are covered by Medicaid for children under 21. That brings us to the intersection of trauma informed services in schools.

[00:14:00] Schools as we all know, are uniquely positioned to provide the trauma informed healthcare services for children. Schools have regular access to the children including the literally millions of children enrolled in Medicaid and all schools across the country work with Medicaid now. Prior to 2014 however, Medicaid payment was only permitted for certain students and in some limited circumstances, students with Individualized Education Plans or Individualized Family Services Plans or at through the Maternal and Child Health Block Grant. The schools are using Medicaid already for these limited group of students population and have systems in place and vendors in place to code and to build for them.

[00:15:00] The population has been fairly limited for bringing Medicaid and trauma informed services into the schools. However, a recent policy change presents a new opportunity under Medicaid to increase access to and capacity for healthcare services in schools. In 2014, so just 2 years ago CMS issued a new guidance not truly what we are here to talk about today. They issued a new guidance that reverses a long-standing policy that was known as the Free Care Rule. This Free Care Rule prevented schools from claiming Medicaid reimbursement for services that were provided to students enrolled in Medicaid if those services were provided at no cost to non-

Medicaid services, except for this limited population under certain special education programs.

For example, schools that provided vision and hearing screening services to all students free of charge, could not get Medicaid reimbursement for the portion of those screening provided to Medicaid [enrollees 00:15:19]. That's what the Free Care Rule did but then in 2014, CMS released a letter that reversed this rule and with this reversal now, states have the option and the opportunity to get reimbursement for any Medicaid enrolled student who is in their school if the services are provided by the plan. If the services are covered by Medicaid for a Medicaid enrolled student the services are delivered by a provider who is qualified under the Medicaid plan.

[00:16:00] If the states have appropriate billing mechanics in place or other oversight and other documentation and requirements are met schools can now bring ... States can opt to bring more Medicaid reimbursement into schools for these services. It means that the CMS reversal of this Free Care Rule policy means that all states now, have the option to obtain this federal reimbursement and the potential to really increase funding for school based health services through the Medicaid population for students who are enrolled in Medicaid in the schools. This opportunity can make a huge advance to increase access to all healthcare services in schools and potentially provides additional financial resources for trauma informed care and services.

[00:17:00] Certainly it expands the healthcare workforce by bringing in more revenues and encourages really more thinking about ways to increase healthcare services between schools and healthcare and how they can work together. The systems can work together to improve healthcare outcomes. This is not an immediate section, this is a process that states will need to undertake. States will need to choose and decide to implement a plan to bring this new resources into their schools to implement a process to increase the school-based services. From our conversations across the country with California with Michigan with other states, that states are really planning and carefully weighing their options on what implementing new school based services will look like.

[00:18:00] To do this, states are taking a look at what's happening in their state already. They are accessing the capacity in schools with the unmet need is and what the Medicaid enrolled student population needs at this point. What that might mean for capacity and ability to serve. States will have to look at their state plans, their Medicaid state plans which is the agreement between the state and the federal government that describes how the state administers their program. Some states will need to make a formal plan to CMS to make some changes in their state plans to allow these services into the schools and some states won't need that.

[00:19:00] States will have to go through a process of public input of stakeholder outreach and develop guidance to the local education authorities, the LEAs and the school systems on how and what will be covered, what the billing process is. In this whole process, it's clear that there are opportunities and avenues to really look at the way schools are delivering the services what the bundle of services are and to pilot and to test to

new ideas as they build their base and decide how to implement this new option. What does this really mean for us and for trauma informed care and bringing trauma informed care into schools.

[00:20:00] If you are in a state that is pursuing this new line of federal Medicaid reimbursement for school-based services, it means your state's going to need to make a couple of choices. 1st. it's going to need to look at what services will be provided, what providers will provide the services and then what students can receive the services. Let's take those in order, so a state can ... The most straight forward approach would be for a state to permit federal Medicaid reimbursement to expand school-based services that are currently provided to children with an IEP to all Medicaid-enrolled students. To take the current bundle of student services that they are already offering in schools and to simply expand eligibility.

This expands the number of students who are eligible to receive health and behavioral health services in schools and would allow a much broader net for these Medicaid-enrolled students to receive services in schools. A 2nd option is, to permit reimbursement for additional services so as they could choose to expand the types of services that are provided in schools that can be reimbursed by Medicaid such as including in their state plan, a wider range of assessments or behavioral health services like individual or group counseling. It would enable states to provide a more comprehensive array of services and for our purposes, could open the door to more trauma informed care in the schools.

[00:21:00] A 3rd option is, to permit reimbursement for additional types of providers and this is really important depending on what state you live in. states could expand the types of providers who could receive Medicaid reimbursement for providing school-based health services and it could increase the capacity of schools to provide different types of services or to expand their workforce. A lot of schools typically, cover providers such as counselors, school psychologists, school nurses, school social workers. These and other types of providers are uniquely positioned to provide trauma informed care and services. Depending on the state you're in, you could look at expanding more types of providers into the schools.

[00:22:00] Of note, California has submitted 1st to the nation proposal already to CMS. They have submitted their state plan amendment on the Free Care Rule last September. They have include elements of all of these options. To permit billing for all Medicaid or MediCal which is done in California students and expanding slightly the types of services and providers who would be eligible for reimbursement in the school setting. That proposal has not been signed off on yet, it's not been accepted yet but when it does, if it does, when it does I think it will provide some really important lessons to other states and best practices about some different ways to look at expanding services and providers in the states.

What does this mean? It means you need to understand what's happening in your state and this is really the 1st step. States are going to vary in their approach and timeline for considering implementing additional school-based services. Some states

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will be really proactive, California already has its proposal in, other states we know are really looking at this option to bring additional federal resources into school-based services. Other states are going to wait and follow best practices, they'll see what other states establish and how it's working. You need to understand what's happening in your state and ask some questions to really understand the landscape and what needs to happen.

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Does your state need to pursue federal approval in order to expand additional services in schools? Is your state already in the process of doing that? Is there public input process? What are the avenues for moving forward in your state? Or is there an opportunity to lift this altogether to policy makers in your state? To highlight it for them so that they understand that this is an option and how it can best be pursued. It's important to know that state plan amendments do take a long time, state processes move slowly and we know that states have a lot of questions about how this will be implemented and what it means. CMS has indicated that they are not offering additional guidance to states.

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States will be really looking internally to see what their capacities and their resources are and making some decisions based on that about how they'll proceed. Now, without regard to what state you are in is the opportunity and the time to lay the groundwork for expanding this federal Medicaid reimbursement for school-based services. All of us, all stakeholders can play a critical role in promoting the need for additional services in school and for incorporating trauma informed care into these services. It will position your state to move forward with the information they need and also position trauma informed services as part of the bundle of services that are critical for school.

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What we are going to walk through quickly now and then we'll still have plenty of time for questions is, how as stakeholders we can begin to lay the ground work and the evidence base for providing trauma informed care in schools and incorporating that into a bundle of services in schools and really lifting up how trauma informed practices can be worked into school based services. We'll start here with using data and case studies, which this group on the phone here, you guys are the experts in trauma informed care and what works for students. You know what schools are already offering and where the unmet needs for students are.

We know they don't leave their trauma at the door when they arrive at school. We need to be able to talk and to quantify the need for these services and to use evidence and data and case studies to build up information that lays this groundwork for more services in schools and more specifically trauma informed services in schools. As you are looking for ways to advance the Medicaid in schools agenda, looking to partner across agencies across child serving agencies with the Medicaid Department with stakeholders on case studies on unmet need, on the number of Medicaid eligible students who need trauma informed services but aren't able to access them in schools.

[00:27:00] Looking to work with the local education agencies to demonstrate the need and document how the Free Care Rule ... How implementing new policy to bring Medicaid into schools can really increase access for students who need it. You'll need to build a case for what services and why and use case studies to show that the services we could provide in schools, the services that Medicaid could cover through their state plan, why the interventions work, why trauma informed services ... Which specific 1? What providers, who with training and support could deliver the trauma informed services in schools. Using data to show again, the types of providers, the type of evidence-based interventions and the best practices that work.

[00:28:00] Provide the state policy makers and provide all of you the groundwork and the foundation for what types of policies the state should consider. It would be important to identify local school districts or local education agencies, who have already began to invest in this work. These schools would ... Since they are already providing trauma informed services possibly using other limited resources, could really benefit by bringing in an additional federal revenue into the schools. Using these leading edge, these avant-garde schools and providers can ... Given analysis and give even more data about the type of staffing and the type of funding that is needed to stand up the interventions and to make them more sustainable.

[00:29:00] What does it take to stand up an evidence-based trauma-informed practice in your school? What does it take, to staff it and how to support and to train the workforce and to keep them up? You are already also uniquely positioned to talk to different types of resources and funding that could be blended and braided together to stand up the intervention, to help with start-up cost. That might not be covered by Medicaid but could train a workforce, could implement the intervention and then bring the Medicaid funding in, to support and to sustain the intervention.

[00:30:00] A lot of these will be happening in schools already so it's looking for those cross-agency opportunities to braid together a state wide child serving agency response to trauma in schools and how to bring the Medicaid funding in through them. Finally, we've talked a lot about this new and emerging Medicaid opportunity and I think it's a really great place to start and to look ... To build for but really what we are talking about here is thinking beyond just that 1 opportunity and thinking about how to highlight trauma informed policies across the state. Once you have built this framework and built these partnerships and have the evidence base to support trauma informed cares in schools, looking at different ways to integrate it into state policy.

[00:31:00] Encouraging the state to develop guidance both with the Free Care Rule policy but also beyond that guidance to providers, guidance on how to deliver trauma-informed services. How to do it in the general population, outside of schools and inside of schools. How to promote best practices and early identification, assessment for all children on Medicaid in schools and without. Partnering with schools in the Medicaid Department to talk about existing opportunities and existing best practices and existing interventions in schools and where they stand. To look at the pilot programs

or other opportunities to integrate all interested parties together. To really think through different ways to lift up trauma-informed care.

To think expansively about the ways Medicaid can increase access to behavioral health services, how Medicaid can support providers who want to perform trauma informed services. Then most critically, for this webinar how to bring those services into schools. With that Jacqui I'll kick it back to you to switch to questions. We went through that awfully quickly. I know the slides will be available. I'd also like to invite my Harbage colleagues to add any left remarks. Jacqui I'll turn it back to you to moderate this.

Jacqui:  
[00:32:00] Thanks Lena, we have lots of really good questions. I think it'd be great for us to get right into that. the 1st is a theme that we got in several questions, which is 1, which states are doing this now and 2, where would people go to find out whether their state is considering making changes related to the Free Care Rule?

Lena:  
[00:33:00] This is Lena, Tanya I'll invite you to jump in after I'm done. I think a really great place to start is to ... Hopefully everyone has a contact in their Medicaid Department. If you don't this is a relationship worth building for many reasons. Starting making some calls to the Medicaid Department to the department that covers school-based health services. If you don't already have that contact, we can think through ways to share that.

I think so the conversations are in the policy departments at the state level and beyond. I don't know Tanya do you have more specific ideas on how they could find the right people?

Tanya: Yup. Can you hear me now?

Lena: Yes.

Tanya: Okay, great I was talking before. Hi everybody, this is Tanya Schwartz from Harbage Consulting. There is a proper success on this in terms of what states have already expressed interest. California is actually the only state that has submitted a Medicaid big plan amendment to the centers for Medicare and Medicaid services. It's the only one. 2 other states have apparently expressed interest to CMS but other than that CMS really hasn't heard from states.

[00:34:00] It's possible there are some internal conversations unannounced that's going on. Just to give the sense of where things are at the moment, it's our understanding that some states are waiting to see what happens at the California Spa and other states have other reasons to waiting. That's the status of where things are now. In terms of contacting your Medicaid agency, I agree with Lena that typically, I would ask for the person who is in charge of school-based healthcare services for the Medicaid agency.

The other thing you can do, which can be a little bit tricky but it's to go and look at your Medicaid state plan which unfortunately can be sometimes difficult to access

and navigate. [inaudible 00:34:33]. What you would be looking for in the state plan is, does your state feel the need that school-based healthcare services are only for children with an IEP, with the individual education plan. That's what you'd be looking for, that's what would need to be changed.

[00:35:00] It's my understanding from talking to CMS officials that many states do specify this language in their state plan so many states would need a state plan amendment. Hopefully, that's helpful in terms of the current status of what's been submitted and how to move forward ...How it afflicts your state.

Jacqui: Thanks Tanya. Somebody was wondering are there publicly available details of what California submitted?

Tanya: Yes absolutely. There is a link on the DHCS website so maybe that's something that could be sent around or we could put it in the chat. I can provide that but that is public. We also wrote a paper ... We, Harbage wrote a paper on it summarizing what was proposed so we can also make sure folks get that as well.

Jacqui: Paper, thanks very much. We have many more questions. 1 is about having a lack of providers in the area. Somebody is asking if a community has only 1 behavioral health program that accepts Medicaid, how can the other agencies actually become Medicaid providers? That community is also struggling because that behavioral health agency no longer covers clients who are covered under the Affordable Care Act. Any thoughts on how this might be a mechanism to expand providers?

[00:36:00]

Lena: It's a great question and I know the work force issues are predominant across the country. I know there's a lot of different struggles particularly when we're looking at providers who can do trauma informed care. What we're talking about today is a lot less about increasing work force access and a little bit more about how to bring additional federal revenues into the schools. I don't mean to make light of the challenges of getting a work force in place. What this is doing is really bringing additional federal resources into the schools.

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As you bring more resources in, my hope would be it increases the ability of the school systems to bring more qualified providers into the schools. Tanya anything you'd add to that?

Tanya: Yeah, this is Tanya. I would say it is a chicken and egg issue. I do think that having limited provider capacity is 1 barrier to making this policy change. If you're going to expand the number of kids who are going to be receiving services, you need to have the providers that can actually provide the services. I do see a need to build, likely again it will vary by state or vary by school district but a potential need to really build up the provider capacity to provide these services, which of course require an investment in order to do that.

[00:38:00] As Lena said, the hope is that by obtaining Medicaid reimbursement for more services provided to more kids, you're bringing in more money and [reimbursing 00:38:07] in

your program. Hopefully again, really continuing to build the capacity of that program. It's definitely a major issue and we can't just say we're going to provide more services and not have the providers to do it.

Jacqui: A different theme here, do states have to use Medicaid in schools? Do schools have to use the state set up Medicaid reimbursement process? Can schools independently become Medicaid providers outside of Medicaid in the school? I'm not exactly sure what that means. Can schools independently become Medicaid providers and to what extent do they have to follow the process that's set up by the state?

Tanya: Lena do you want me to try to answer-

Lena: Yeah [crosstalk 00:38:55] and I can follow behind.

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Tanya: The Medicaid is a federal state partnership. It's administered by the state, the state now determine the details of how the program works. In order to get reimbursed the state is the one that submits the forms and information to the federal government. The only way the federal government will provide reimbursement, is if the state has a policy in place, in writing with them that they are permitted to receive federal Medicaid reimbursement for the services that are provided. Unfortunately we can't circumvent CMS.

Jacqui: Great thanks. Somebody else is wondering if case management by social workers can be Medicaid reimbursable through a school ... Case management through a school social worker. Is that possible to be Medicaid reimbursable?

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Lena: This is Lena, there's a wide range of different types of services that Medicaid covers. No wonder this EPSDT benefit ... EPSDT commonly covers a lot of different things including some case management services, including some really comprehensive care management tools. The services that would be specifically under the case management and by what type of provider, for example a school social worker, that's going to depend a lot on the state.

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Broadly care management and case management can be covered under EPSDT and under some of the Medicaid benefit and certainly under the scope of their license. That's a service and that social workers do provide. It will depend a lot on the state and how things are structured. If we're looking a little bit about the more specific type of services that would be covered under EPSDT, I think there's a lot that social workers could do.

There's a lot that this range of behavioral health providers could do including some really comprehensive health and developmental histories, developmental and behavioral screenings, diagnostic services assessments. All of these types of services that are done pretty commonly or pretty routinely in the schools could be covered under EPSDT and under the Medicaid benefit. 1 of the things that the Tri-Agency

letter ... The guidance is clear on is that some of the symptoms of complex trauma don't cleanly map to a DSM code.

[00:42:00] The trauma related symptoms are identifiable and are clinically significant. For students exhibiting the ... Or for children exhibiting these symptoms of trauma, screening and assessment or referral to evidence based practices is clearly indicated, which gets into the language in that letter. I'm a little off the original question Jacqui but I think the point I want to lift up is, the bundle of services that students who have really been exposed to violence and are experiencing the symptoms of trauma need.

Even if they don't cleanly map to the DSM so long as they are medically necessary they get covered under this bucket of services. Then the question is, what specific services can be provided in the schools?

Tanya: I would like to [crosstalk 00:42:45] that targeted case management is a service that's already being provided in California. Case management in general is a service that CMS is really prioritizing for all populations as a strategy for helping connect people to the care that they need. It's definitely a service that CMS is looking for and 1 that sates if they're not already providing could certainly expand to this-

[00:43:00] Jacqui: Great and actually Lena your answer really address ... We've gotten several other questions specific to what you were just discussing. People are wondering do you have to have a DSM diagnosis? How is medical necessity determined? Folks are also wondering if things like mindfulness or yoga might be covered by Medicaid. Could you just say a few more words about how do you determine which services are medically necessary?

Lena: [00:44:00] Medical necessity definitions are determined by the states or states to a federal definition on medical necessity. I have to say, I am not a medical necessity expert so I can't speak to that. Tanya I don't know if you feel comfortable saying more about medical necessity. It is a state level determination and a state level decision on what that is.

Tanya: Agreed and so it is something that you can easily look up in your state, it's in provider manuals among other things but it is state specific.

Jacqui: How about this 1? Folks are wondering is this really all in reference to providing kids individual or group therapy or are there any whole classroom interventions that might be able to be supported with Medicaid in this way.

[00:45:00] Lena: The question Jacqui just to say it back to you is, can Medicaid do an intervention or support teachers or providers in the classroom doing something with the whole classroom?

Jacqui: Yeah I think the person who asked the question was really wondering about teachers and their regular and usual functions inside the classroom.

Lena: My guess is not although Tanya ... Everyone, I'm really sorry Tanya and I aren't in the same place so we're toggling back and forth here. My guess is not. These are medical and behavioral health services, certainly the providers in the schools and those that are listed in the state plan can work with teachers to support them. A lot of interventions I know do focus on the school as a whole.

For Medicaid reimbursement, it is certain categories of Medicaid providers who are allowed to bill and be reimbursed for the school. I don't think teachers would fall on that provider list.

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Jacqui: Super helpful, thank you. How about, do you think there might be any capacity to provide any services to parents for a child who is identified in the school setting through the use of Medicaid dollars? Is there any potential to use Medicaid dollars to support any services to their parents?

Lena: A couple of reactions. I'll let Tanya speak more to the specific, new guidance. Speaking more broadly about trauma services and 2 generation or even 3 generation solutions, I think states are increasingly exploring options to serve a child with their family and their caregiver. It takes us a little bit out of the school setting and more into Medicaid in general. States are increasingly looking at ways to treat the mom and the child together, the caregiver and the child together.

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Using EPSDT in some really creative and clever ways to do just that. To serve the child with their family and to focus on 2 generation behavioral health services that is ... To the benefit of the child. Particularly very young children. I know services for mom are often covered under the child's Medicaid benefit. It's something we've been looking at through features quite a bit. Looking at different ways to increase that ability and to increase the power of providers to serve their caregiver and their child together.

[00:48:00]

The states are also looking at flexibilities outside of ESPDT to do that, to cover more specific trauma informed services, to provide more coordinated care for children and their caregivers who have experienced complex trauma and to build health homes and medical homes. Specifically, designed to coordinate the care and to provide the parents the support and guidance they need to heal, to thrive and to help their child.

This is an emerging theme across Medicaid across the country and something we're certainly really interested in digging more into. Tanya, I'm not sure if you have thoughts about it in the context of the reversal of the Free Care Rule?

Tanya: Yeah. The only thing I would say is that in terms of, the Free Care Rule as Lena said before, this is about getting federal Medicaid reimbursement for services that in the past are provided to beneficiaries without any charge. In the past, is a kid who was able to get a vision screening at full at no charge, they couldn't bill Medicaid for it and that's changing this policy. This policy is very focused on children I would say, this specific policy.

[00:49:00]

Jacqui: Thanks. 1 more just clarifying question that we have about who can be a provider. Somebody is wondering if you guys are talking specifically about school-based health center staff or you're talking about school district staff as well?

[00:50:00]

Lena: Sorry, this is Lena. This is primarily focused on the providers who are in the schools and the different categories of providers who would be covered by the Medicaid state plan. The school psychologist, the social workers, the school nurses. As employees of the school district, if they're at more than 1 school I guess that would apply. I guess Jacqui I'm not-

Jacqui: Some schools are lucky enough to have school based health centers where they have ... Very clearly have medical providers embedded in the school. My understanding from you is that you don't necessarily have to be part of a school-based health center. You could be any of those folks you just mentioned who are potentially, licensed providers eligible to be reimbursed by Medicaid. Whether you are an employee of the school district or whether you are an employee of the school, it's health center and it doesn't so much matter.

Lena: Correct. Tanya do you have anything you want to add to that?

[00:51:00]

Tanya: I don't think so.

Jacqui: 1 of our attendees added, what about employees of behavioral health providers including not for profits who partner with schools to provide services with schools. I think that that's probably ... The question would be, are they already a Medicaid provider? If those folks are doing school partnered health services and are already a Medicaid provider they could already bill Medicaid. That wouldn't be about the school district expanding their use of Medicaid services to provide those supports.

I don't know if you Tanya or Lena have other thoughts about that, not for profits who is partnering with the schools to provide services with the schools.

[00:52:00]

Lena: I think Jacqui what you said is right. I think that would be ... I'd have to think that 1 through a little bit. I don't know Tanya do you have an immediate reaction? Jacqui I can think more about that and-

Tanya: I think the question is about the school that are subcontracting with providers to provide these services, right?

Jacqui: I think we probably don't know enough from the question to know if it's a formal subcontract or if it's just a provider having space inside the school and using their regular [crosstalk 00:52:30]

Lena: Or volunteering, right?

Jacqui: Yeah, I think. I guess all of that-

Tanya: [crosstalk 00:52:35] that's something we can follow up on [crosstalk 00:52:35]

Lena: I think that's right.

Jacqui: Do you guys know if juvenile correction schools can use Medicaid at all? Schools inside juvenile correction facilities.

Lena: I don't know the answer to that. I'm sure we could find out although Tanya maybe you know off hand.

[00:53:00]

Tanya: I don't know off hand.

Lena: Okay [crosstalk 00:53:07].

Jacqui: I do know that there are pretty strict rules about when Medicaid can and can't be used in juvenile correction facilities. It would depend on how big it is, the security level, there are a lot of factors. My guess would be that in what we traditionally would think of as a secure juvenile correction facility, you're probably not going to get Medicaid inside that facility. We can follow up on that for sure.

Lena: Absolutely.

Jacqui: Then we've got just a couple big picture questions. 1 is folks are just wondering what are timelines on 1st dates in terms of reviving state plans? Is there some kind of regular cycle that states are on and how would people find that out? Then who might the best champion be for advancing this kind of change?

[00:54:00]

Lena: Let me tackle that. I'll tackle them in order. There's no particular timeline, states go through varying cycles, from state to state and how they do their state plan amendments. I will say that it does take some time to get things through but there's not a firm dead line. It's not like by January 2nd you have to make this decision or the federal government will resend the rule. It's not that. States can take their time and be deliberative in this process. Although I think we see this as a tremendous opportunity, we hope will move forward quickly.

[00:55:00] To the 2nd question, who can be the champion? I think that's a really great question. I hope that all of you on this call really see yourselves as the champions in terms of, identifying unmet student needs. There's no one who's going to know this better than you all in terms of what Medicaid enrolled students need but might not be getting. Whether that's because of lack of investment, the school behavioral health work force, whether that's because of the limitations of this rule.

You all can be the champions and can build the resources both inside the state and outside the state. Certainly the Medicaid department and the department of education will need to be key players in these decisions. To the extent that those partnerships are strong and thriving and can be built together and be knit together to advance the agenda together. You'll need both of those players at the table to really ... To make this work.

[00:56:00]

In terms of driving the agenda, I think everyone in this call has a real role to play in that and can both speak to the need for increased school based health services in general. There's been increasing share of trauma informed services as part of those healthcare services. This is the opportunity to lay that ground work. The time is really ... It couldn't be better to be talking about these services and working with Medicaid and the Department of Education to move these forward.

Jacqui:

I think that's a great note to wrap on. I know we got a bunch of questions that we weren't able to get to. We'll try to provide some written Q and A to accompany this webinar when we post it online to answer some of your other questions as we can. I want to say a huge thank you to Lena and the folks at Harbage as well as the Office of Juvenile Justice and Delinquency Prevention for providing the support to get this information out to the field today. Please feel free to follow up with any of us.

[00:57:00]

Our contact information is on this last slide, if you have additional follow up that you weren't able to get in during the webinar. When you close this screen from the webinar you're going to ... A survey is going to pop up. We would just ask you if you could fill out that survey for us so we can get a sense of how we did today, we would really appreciate it. Thanks so much for your time everybody. Bye-Bye.

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