The Medicaid claiming information in this presentation is applicable only to public school corporations, public charter schools, public turnaround academies and state schools. Because they are public entities, these Local Educational Agencies may recover federal Medicaid matching funds to help defray some of the costs associated with furnishing medical services and administrative supports to Medicaid-enrolled students.
Indiana public schools may, on a strictly voluntary basis, participate in one, both or neither of the two types of the available Medicaid cost recovery options. Each pays for entirely different things, using separate reimbursement methodologies.

**Two Different Types of School-Based Medicaid Claiming**

1) **IEP Direct Services Claiming:**
   pays Medicaid rates for covered **HEALTH-RELATED SERVICES** in the **IEP** of a Medicaid-eligible Special Education student

2) **MAC (MEDICAID ADMINISTRATIVE CLAIMING):**
   pays part of schools’ costs for **ADMINISTRATIVE ACTIVITIES** that staff do to help students and families address students’ unmet health needs

In Indiana, public school districts participate in Medicaid claiming – one, both or neither type(s) – on a strictly voluntary basis.
School-Based Medicaid Claiming = Federal Funds Recovery

Medicaid Claiming for Covered IEP-Required Services
Federal funds help with high costs of IEP-required PT, speech, psych, nursing, etc. In State Fiscal Year 2016: 160 districts claimed over $12.1 million total

Medicaid Administrative Claiming (“IndianaMAC”)  
Federal funds match a small % of district local/state costs to help all (general & special education) students access needed health care coverage & services. In Federal Fiscal Year 2015: 119 districts claimed over $3.3 million total

More at http://www.doe.in.gov/specialed/school-based-medicaid

This is a snapshot in time, at the close of the most recent state and federal fiscal years, to show Indiana public school corporations’ total annual reimbursements for each type of school-based Medicaid claiming.
Federal and State laws and administrative rules require state agencies to coordinate delivery of required services and use of tax dollars available to fund such services.
In accordance with both Medicaid and Education laws and rules, a public school district (referred to here as a public agency) may access a student’s public insurance benefits (Medicaid) to help fund the costs to provide IEP-required health-related services to that student.

However, the public agency must provide the IEP-required services regardless whether or not Medicaid reimbursement is available or claimed.

To access a student’s Medicaid benefits, the school district must FIRST:
1) provide PRIOR written notice, as described in this slide; and
2) obtain a signed Medicaid consent

Upon obtaining the parent’s initial written consent, the school district must provide written notice to the parent every year thereafter.
This slide shows – in English and in Spanish – an example of the Medicaid prior written notice and consent required by law.

After obtaining parents’ consent, Local Educational Agencies are also required to give written notice to parents annually thereafter. Many schools incorporate this annual written notice regarding Medicaid consent into the Notice of Procedural Safeguards that’s shared at least annually with all parents of students with IEPs.

Both documents explain that:

- parents have the right to give, deny and withdraw consent for the school district to claim Medicaid reimbursement for the covered IEP-required services provided to their eligible student
- if consent is denied or withdrawn, the school district must continue providing required services at no cost to the family
- the school may not require enrollment in public health coverage (Medicaid) as a condition of providing services
- the school may not access the child’s Medicaid benefits if doing so would result in a cost such as loss or reduction of benefits, premium increase, or payment of an out-of-pocket cost
Answers to common Medicaid-related questions from parents:

- Will school Medicaid claiming affect my child’s benefits?

  No; the schools claims are paid separately from and do not “count” against benefit limitations and prior authorizations applicable to services provided through Medicaid Managed Care plans and/or “regular” Medicaid. The IEP is the Medicaid PA for IEP-required services furnished by the school district.

- Will Medicaid cover services my child receives in and outside the school?

  Medicaid can pay the school corporation and other providers who furnish services outside the school setting as required to meet the child’s medical needs on a 24/7/365 basis, provided such services are not duplicative. For example: (1) a child requires 24-hour nursing services, some of which the school provides/bills and others of which a home health agency provides outside the school setting/bills to Medicaid; (2) a child’s IEP-required OT services address his medical needs directly related only to his ability to hold a pencil/write/type at school, and he gets ‘outside’ OT services based on different therapy goals that address his many other medical needs.

- Don’t IDEA Part B funds cover schools’ costs for IEP-required services?

  Historically, Congress funds the Special Education mandate at less than 20% of total costs (the legislation calls for 40% federal/60% state funding). In recognition of this fact, Congress passed legislation permitting Local Educational Agencies to claim Medicaid reimbursement for covered IEP services provided to eligible students with disabilities.
Examples of *IndianaMAC-Reimbursable Admin Activities*

- Providing information to students and families about Hoosier Healthwise, Medicaid, CHIP and available health care benefits
- Scheduling, coordinating or referring a student to medical, dental, vision or mental health diagnostic and treatment services
- Gathering information that may be required for service referrals
- Developing plans and strategies to improve and eliminate gaps in health service delivery for school-age children
- Meeting with parents or professionals about a child with unmet health care needs
- Coordinating or attending meetings or trainings related to Medicaid and medical services
- Arranging transportation or translation services required for a student/family to access needed health care services

IndianaMAC is Indiana’s school-based Medicaid Administrative Claiming methodology. This federal funds recovery opportunity permits public school districts to claim federal matching funds for a small % of their total state and locally funded costs for medical- and Medicaid-related administrative activities such as those listed on this slide.
Indiana Department of Education works together with the state Medicaid agency and others to improve students’ access to needed health care services and to facilitate each agency’s efficient use of public funds in providing such services to children who are served by multiple agencies/publicly funded programs.
Anyone with internet access can navigate to the School-based Medicaid web page at the Indiana Department of Education’s public web site. Type doe.in.gov into your web browser and select the Special Education link from the Programs drop down menu. That link will take you to the Office of Special Education landing page where you can select from many options and resources – including School-based Medicaid – by scrolling down to the “Special Education Information” area of the page.
Under General Information on the School-based Medicaid page, there’s a link to the School Corp Medicaid Reimbursement Report. This report (sample shown on slide) identifies Indiana public school corporations that participate in each type of Medicaid claiming and how much they have claimed over time. The first 11 pages of this report show the amounts claimed per district for IEP-required direct services; and the last few report pages list reimbursements per IndianaMAC-participating district.

The School Corp Medicaid Reimbursements Report is updated semi-annually and includes the number of Medicaid-enrolled students as well as the number of Special Education students per district.
About Special Kids (ASK) collaborated with the Indiana Department of Education to offer this publication that discusses the question, “Why are Schools Billing Medicaid?” It is available online, in English and Spanish, at the following ASK and IDOE web sites:

http://www.aboutspecialkids.org/about-ask/publications/

http://www.doe.in.gov/specialed/school-based-medicaid
The National Alliance for Medicaid in Education is a not-for-profit organization that facilitates collaboration among individuals and organizations who are interested in Medicaid claiming for school-based services and supports. “NAME” serves as a partner in policy and in practice for a wide variety of federal, state and local government, school, professional association and other stakeholders.
Thank you!

Questions?

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