

MEDICAID SCHOOL-BASED SERVICES PROGRAM AND NURSING SERVICES IN VIRGINIA

School Health Services Committee Meeting

August 14, 2024



AGENDA

- Staffing
- Medicaid and Schools Overview
- School Health Data in Virginia
- Department of Medical Assistance Services (DMAS)
- Challenges and Opportunities to Utilization

OFFICE OF BEHAVIORAL HEALTH AND WELLNESS: SCHOOL HEALTH STAFFING

School Health Staff

School Health Coordinator

School Nursing Specialist

Medicaid in Schools Specialist

Opioid Abatement Grant Manager

Medicaid in Schools Overview

MEDICAID AND SCHOOLS OVERVIEW

- Medicaid is a joint federal and state program that helps cover medical costs for some people with limited income and resources. The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program.
- Virginia Public School divisions started participating in 1991.
- In 2014, the Centers for Medicaid and Medicaid Services (CMS) reversed a policy allowing for reimbursement for services outside of an IEP. This change required a State Plan Amendment (SPA).

2022 STATE PLAN AMENDMENT

- Effective July 1, 2022, the Virginia Medicaid State Plan Amendment (SPA) removed the requirement of the service being listed in the IEP and now allows for schools to seek reimbursement for those same services for all students under Medicaid. These are services that have always been conducted by school nurses but not reimbursed in the past.
- The SPA also expanded services to include:
 - Expanded Behavioral/Mental Health Providers to include VDOE-licensed Psychologists and School Counselors;
 - Public Health as an administrative activity;
 - Expanded services to include some crisis care and screening; and
 - An expanded definition of transportation.

NURSING DIRECT SERVICES COVERED BY MEDICAID

Medicaid covers direct services such as nursing. These services can include, but are not limited to:

- Medication Administration
- Suctioning
- Tube Feeding
- Asthma Management
- Diabetes Management
- Health Screenings
- Crisis Care
- Wound Care

PROFESSIONAL DEVELOPMENT FOR MEDICAID IN SCHOOLS – SY23-24

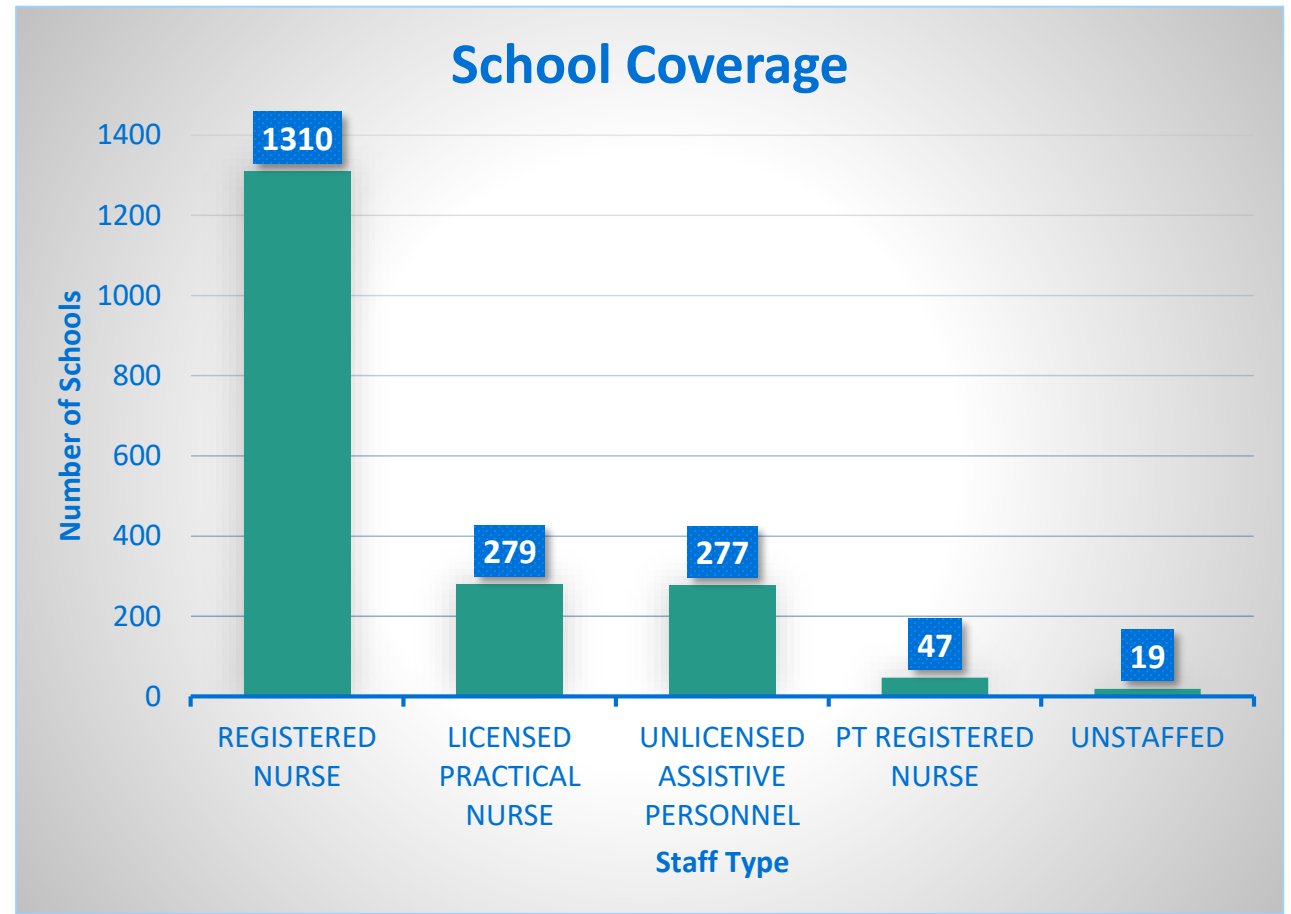
- Medicaid Coordinators Meeting – Quarterly
 - 2 virtual sessions (240 participants), 2 in-person (175 participants)
- Medicaid in Schools 101 for New Medicaid Coordinators
 - 5 virtual sessions (100 participants), 10 hours
- Medicaid in Schools Random Moment Time Study Training
 - 5 virtual sessions, (420 participants), 10 hours
- Medicaid in Schools Eligibility Matching Training
 - 2 virtual sessions (240 participants), two hours
- Medicaid in Schools Transportation Training
 - 1 virtual session, (75 participants), 2 hours
- Medicaid in Schools Cost Reimbursement Training
 - 3 virtual sessions (340 participants), 9 hours
- 2023 Annual Medicaid in Schools Training
 - 6 sessions (1200 participants), 12.5 hours

School Health Data in Virginia

2022-2023 VIRGINIA SCHOOL HEALTH STAFFING

Total Schools Reported = 1932

- FT RN staffed – 1310 (67.81%)
- FT LPN staffed – 279 (14.44%)
- FT UAP staffed – 277 (14.34%)
 - 198 in Fairfax
 - 41 in Loudoun
- PT RN staffed – 47 (2.43%)
 - 33 in Arlington (w/PT UAP staffing rest of day)
- Unstaffed – 19 (0.98%)



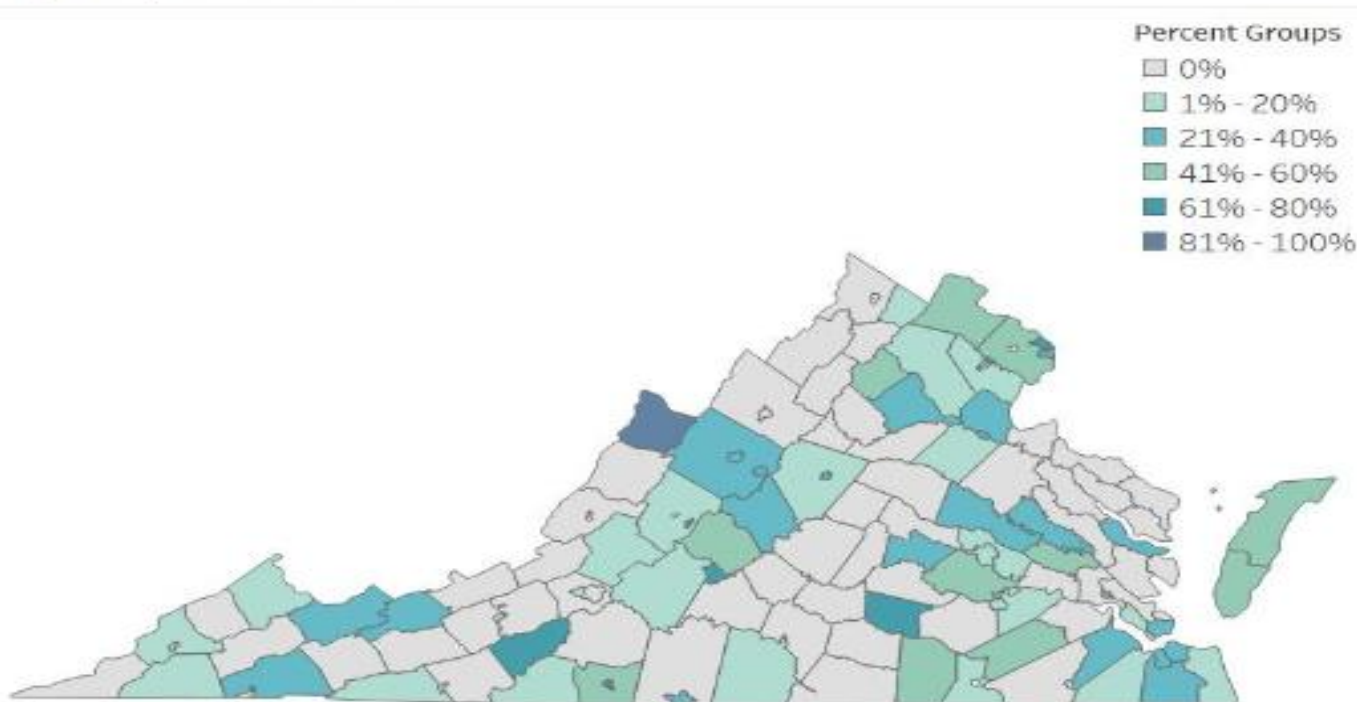
UNSTAFFED, UNDERSTAFFED, OR UNLICENSED PERSONNEL STAFFING ACROSS VIRGINIA

Virginia's school nurses

[NASN Releases Updated School Nursing Practice Framework™ to Address Evolving Needs in Student Health and Safety](#)

"School nurses play a pivotal role in the educational success of our students by addressing their physical, mental, and emotional health needs."

Percent of Unstaffed, Understaffed, or Unlicensed Personnel
Virginia, 2022-2023



SCHOOL HEALTH OFFICE ENCOUNTERS, 22-23

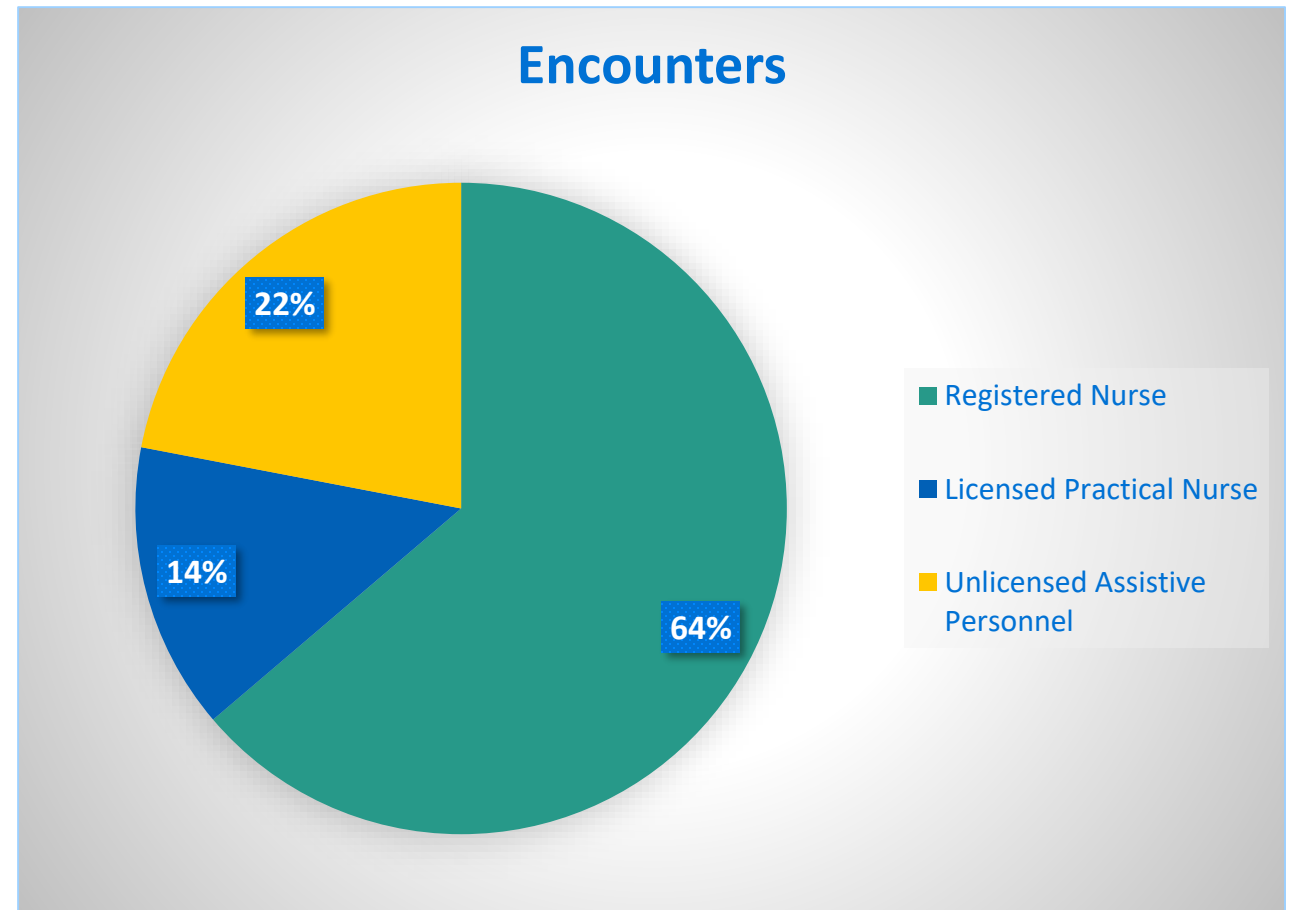
An encounter is defined as a student crossing the threshold of the clinic for a service and/or the response to a treatment or emergency outside of the clinic.

Clinic Visits/Encounters

- RN – 4,892,226
- LPN – 1,092,118
- UAP – 1,686,640
- Total – 7,670,984

6.07 clinic visits/encounters per student during school year.

42,617 clinic visits/encounters per day across Commonwealth.



UNSTAFFED OR UNDERSTAFFED NURSING PERSONNEL ACROSS VIRGINIA – 22-23

- Divisions with higher unstaffed or understaffed percentages for school nurses:
 - Region 3: Northumberland County
 - Region 5: Highland County, Buena Vista
 - Region 6: Craig County

SCHOOL DIVISION PARTICIPATION (ALL MEDICAID SERVICES) 22-23

- **82%** (108 out of 131) of school divisions participated in the Medicaid and Schools Program.
- Statewide, these school divisions were reimbursed:
 - Administrative Claiming: **\$6,525,324**
 - Direct Services: **\$49,540,943**
 - Total: **\$56,066,267**
- The Department of Medical Assistance Services retains 5% of the school division direct services reimbursement and 50% of the school division administrative claiming reimbursement.

	Paid to LEAs	Retained by DMAS	Total FFP claimed
Interim Claims	\$17,274,483		\$17,274,483
Cost Settlement	\$32,266,460	\$2,607,418	\$34,873,878
Admin Claims	\$6,525,324	\$6,525,324	\$13,050,648
Grand total	\$56,066,267	\$9,132,742	\$65,199,009

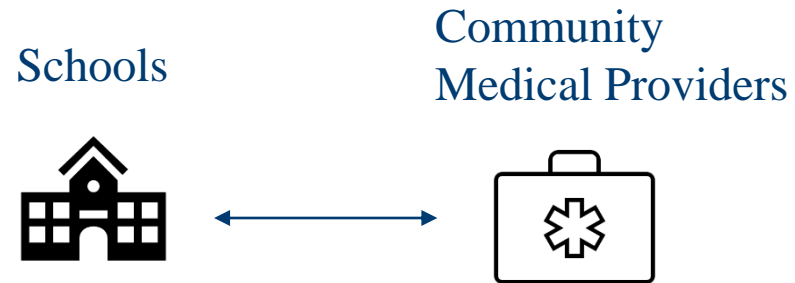
SCHOOL DIVISION PARTICIPATION (NURSING SERVICES) 22-23

- In 2023, **43%** (56 out of 131) school divisions participated in direct services nursing reimbursement.
- Reasons for low initial participation include, but are not limited to:
 - **This is new;**
 - Prior to July 1, 2022, only nursing services in an IEP were reimbursable, which is a small percentage of all services;
 - School divisions need to develop a process to obtain parent consent (requirement under FERPA) for non-IEP services;
 - The lack of a dedicated staff person responsible for the program;
 - **Administrative burden;** and
 - Reimbursement is not 100% of costs.
- It is anticipated that more school divisions will participate in the expansion starting this school year.

Department of Medical Assistance Services (DMAS)

Utilization of Medicaid School-based Services Program to Fund Nursing Services

Continuum of Care



Important Components of Continuum of Care

- Direct healthcare services in schools
- Community Providers
- Hospitals
- Long-term Care

Services are not duplicative but rather allow students to receive services both **in and out** of school, to facilitate healthy outcomes and success in learning

Reimbursement

Local Education Agencies (LEAs) are reimbursed through a **cost-based methodology**.

The costs associated with this method are:

- 1) Direct Health Services
- 2) Specialized Transportation
- 3) Administrative Activities Claiming

1-Direct Health Services

Covered Services:

Speech/Lang Pathology

Occupational Therapy

Nursing

Audiology

Personal Care

Audiology

Physical Therapy

Behavioral Health

Medical Evaluations

DMAS uses a critical component, the **Random Moment Time Study (RMTS)** to determine the percentages of staff time spent providing direct health services or performing administrative activities. Staff are required to respond to a “moment” randomly chosen by DMAS’ contractor to document what activity they were providing. Staff are divided into pools.

Random Moment Time Study (RMTS)

Direct Health Care Services

Planning – How will the student's health needs be met?

Preparation – Gathering supplies, review notes and Plan of Care

Provide Service – Implementing the Plan of Care

Documentation- What did the provider do for the student? What was the student's response? Are there any changes in the student's needs?

Medicaid Administrative Activities

Arrange transportation

Outreach

Referring for services

Link, connect, monitor

Assist with Medicaid application process

Follow-up on concerns



WHAT DOES A “MOMENT” LOOK LIKE?

A random moment is a *snapshot* in time that creates a *pathway* from **Point A** to **Point B**

Point A – Moment sent to staff through email

What activity was I doing at that time?

Was it health related? Or Was it educational related?

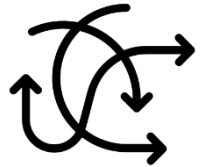
Was it pursuant to an IEP?

Who was I working with?

Why was I doing the activity?

(Activities like lunch duty, grading papers, tutoring are not reimbursable)

Point B – The staff member’s (nurse’s) responses to the questions allow for the work activity to be categorized as related to direct health care services, Medicaid administrative services, or educational activities.



2-Specialized Transportation

- Providing specialized transportation to and from a location where direct services are rendered to Medicaid eligible students whose IEP includes a need for the service.
- The cost of **scheduling** and **arranging** transportation is an **administrative activity**
- The **provision** of specialized transportation is a **direct** healthcare service

3-Administrative Activities Claiming

Performing activities that support access to covered services for Medicaid eligible students.

Examples:

- 1) **Medicaid outreach** – informing families regarding Medicaid benefits
- 2) **Application assistance** – help families apply or renew Medicaid
- 3) **Providing program planning/interagency coordination** – developing strategies to improve service delivery
- 4) **Individual care planning, monitoring, coordination** – Monitor service delivery
- 5) **Arranging specialized transportation** – to access services
- 6) **Arranging/providing translation services**
- 7) **Training** – Medicaid/FAMIS
- 8) **Activities in relation to state or federal public health guidance**

*educational activities are not reimbursable

Cost Report – Allowable Costs

Salary & Benefit Expenditures

- DMAS qualified practitioners
- Direct service personnel
- Clerical billing personnel

Contracted Staff Costs(not in RMTS)

Non-Personnel Costs

- Materials
- Supplies
- Staff Travel
- Capital

If costs are related to providing Medicaid services

Medicaid Eligibility Percentages

- The percentage of LEAs IEP/non IEP students enrolled in Medicaid

Allowable
Costs for
Direct
Service

X

RMTS
Results
(statewide)

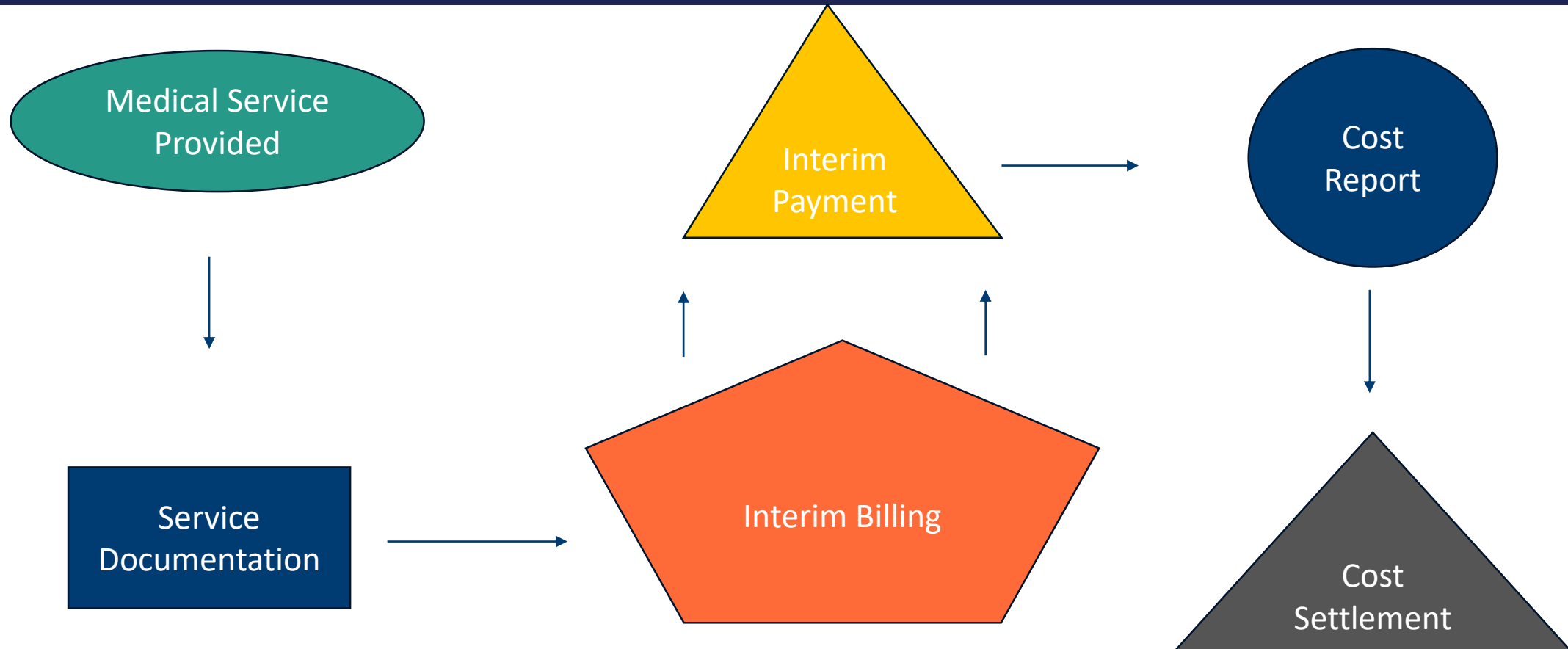
X

Medicaid
Eligibility
Percentage (LEA
specific)

=

Gross Medical
Reimbursement Amount

Cycle of Service Reimbursement



Challenges and Barriers to Utilization

CHALLENGES AND OPPORTUNITIES TO UTILIZATION

Challenges

- This is **new**, and school divisions will continue to **need support** with implementation including the benefits of being a part of the program.
- There are **antiquated documentation systems** and protocols.
- There must be dedicated staff and commitment from school and division leaders to support the Medicaid in Schools program.
- The **reimbursement structure** may not support funding nursing positions.

Opportunities

- Collaboration across agencies, with more training and technical assistance, will position divisions better for implementation.
- Using the learning from early-adopting divisions will highlight best practices from the field.
- School nurse data shows that there is a significant number of school nurse clinic visits per year which elevates the opportunity to bill for Medicaid services.

Thank you!