

Children's Coverage Technical Advisory Group

July 11, 2023

**Division of State
Coverage Programs,
Children and Adults
Health Programs Group,
CMCS**



Agenda

Introductions

Shakia Singleton, Division of State Coverage Programs, CAHPG, CMCS

Welcome

Meg Barry, Division of State Coverage Programs, CAHPG, CMCS

Medicaid and CHIP Unwinding: Shared Priorities Around Kids

Kate Ginnis, MSW, MPH, Senior Policy Advisor, CMCS

An Overview of the KCHIP Media Campaign

Commissioner Lisa Lee and Beth Fisher, Kentucky Department for Medicaid Services

Medicaid and School Based Services

Richard Kimball, Division of Reimbursement Policy, FMG, CMCS

Updates – New Releases, Meetings, and Conferences

Shakia Singleton, Division of State Coverage Programs, CAHPG, CMCS

Medicaid and CHIP Unwinding: Shared Priorities Around Kids



Kate Ginnis
Senior Policy Advisor
Centers for Medicaid and CHIP
Services

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Medicaid and CHIP Unwinding: Shared Priorities Around Kids

July 11, 2023

An Overview of the KCHIP Media Campaign



*Commissioner Lisa Lee & Beth Fisher
Kentucky Department for Medicaid
Services*

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KCHIP

Healthy Kids, Happy Future:
Raising Awareness for
Children's Health Insurance

Media Guidelines



CAMPAIGN OBJECTIVES

Build awareness around the period of open enrollment for KCHIP within the targeted audiences



TARGETING

Parents w/ children under age 18, pregnant women, new moms, HHI \$75 <



GEOGRAPHY

State of Kentucky



TIMING

February/March –June 2023

 **KCHIP** **through**  **kynect**



The idea:

Re-launch the KCHIP offering within the kynect “community of coverage,” leveraging the high awareness and positive perception of kynect to lift understanding and interest in all that KCHIP has to offer kids and the people who care for them.



The kynect Brand

- ✓ Animated characters
- ✓ Kentucky-specific/
universally relatable
- ✓ Accessible, affordable
coverage
- ✓ Optimistic/upbeat

Classmate characters to animate





The details:

Make expectant and new moms a focal point of communications by clearly explaining KCHIP (or Medicaid) will cover them through the first 12 months of their new babies' lives.

Outreach Plan

The 2023 campaign utilized many tools to reach our target audience, including traditional advertising channels such as TV and radio; digital venues; and a robust public relations campaign that took advantage of a trusted spokesperson as well as outreach to local communities and sponsorships. Total budget was \$1.8 million. Campaign ran from late winter to early summer.

- **Digital**

The digital component featured banner and display ads; social media ads ((as well as posts on the kynect platforms; connected TV ; digital kiosks

- **Offline**

Print, out-of-home, radio, and TV

- **PR and Marketing**

Spokesperson, community events, sponsorships

:15 TV

Script ANNCR VO: [Molly Benson](#)

There's only one thing better than being a kid.

Being a healthy kid.

So give them the best shot at it

With no-cost health insurance from KCHIP

Now available through kynect.

Nothing could be simpler.



:15 TV/OLV

Script ANNCR VO:

Kids! Little bundles of joy.

Big bundles of

responsibility. That's why

there's KCHIP.

No-cost health coverage designed to keep them healthy.

And keep you feeling secure.

Enroll your kiddos today through kynect.



Opens on cute faces looking out of bubble in playground tower. Camera pulls back to reveal park setting. Moms chatting on bench, children playing on slide, sandbox, teens on skateboards.



:15 TV/OLV

Script

ANNCR VO:

With KCHIP

Whether you're parenting as part of a team

Or going it alone

We've got your back with quality, no-cost health coverage.

Enroll your kids today through kynect.



Mom picking up from school –boy enters car buckles up; dog in car, school administrator greets them.

:15 TV

Script ANNCR VO:

Congratulations! You're going to be a mom.

And we're here to help every adorably tiny step of the way.

Now, expectant and new mothers are eligible for no-cost health coverage through KCHIP or Medicaid.

Just visit us at kynect to qualify and enroll.

Then –sit back and relax, OK?



Camera POV from inside crib looking out at mom to be folding clothes, preparing for her baby's arrival. Mobile has messages, up to 12 months coverage for mom and baby, no-cost. Big sister enters scene, pushing a chair for mom to relax in.

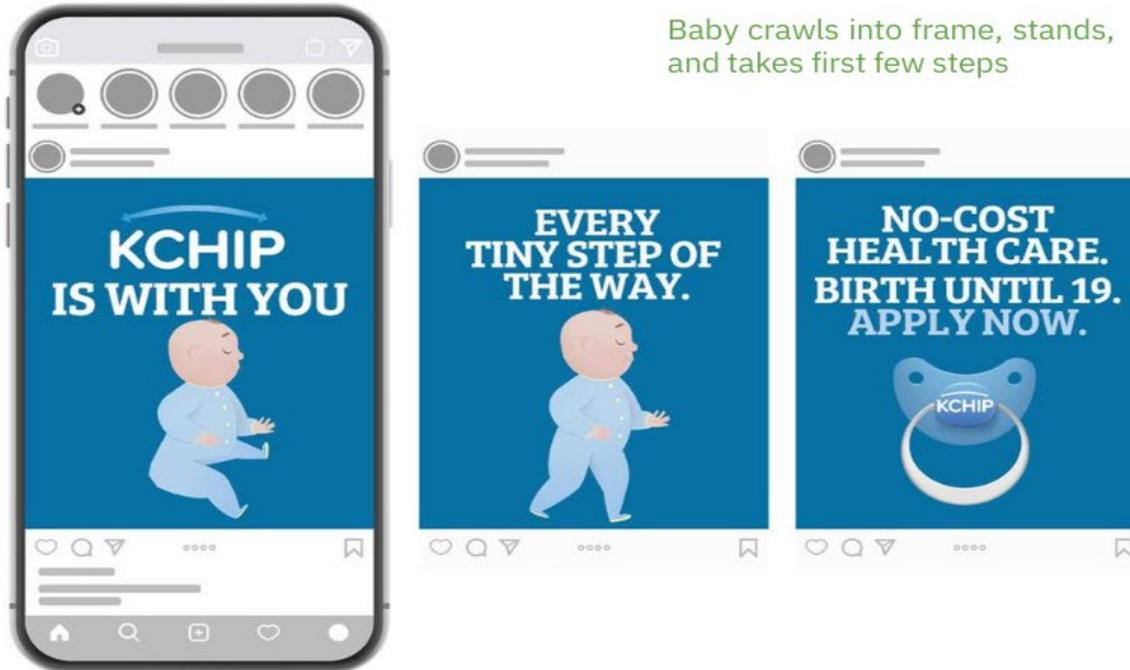
Social carousel



Mom swaddling her newborn baby



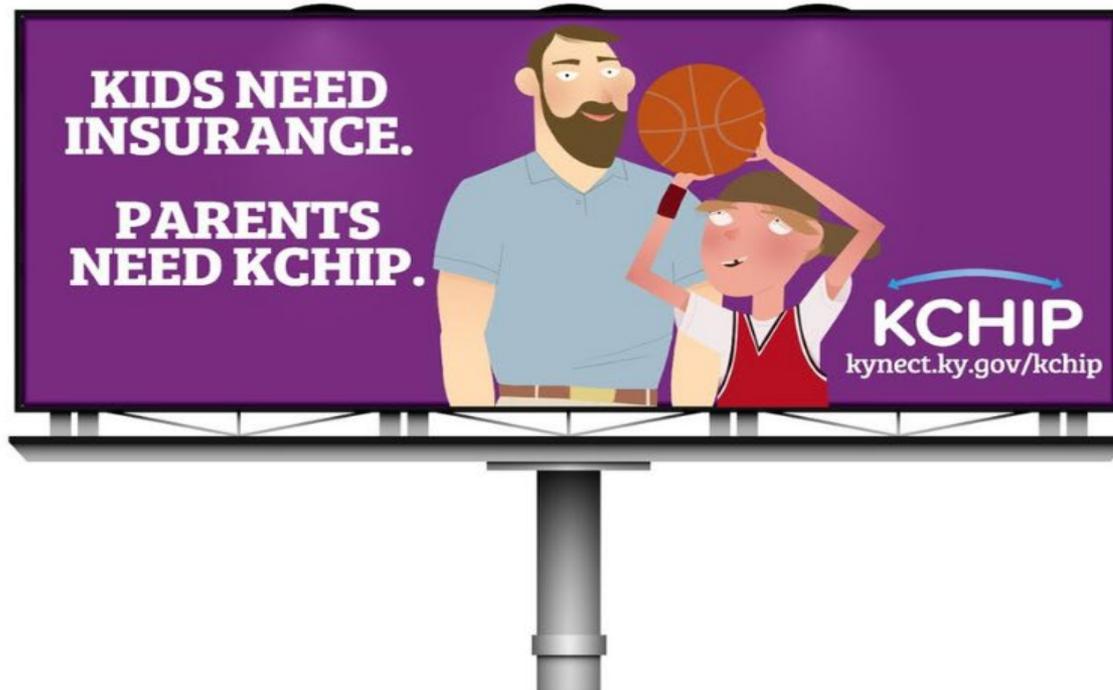
Social carousel



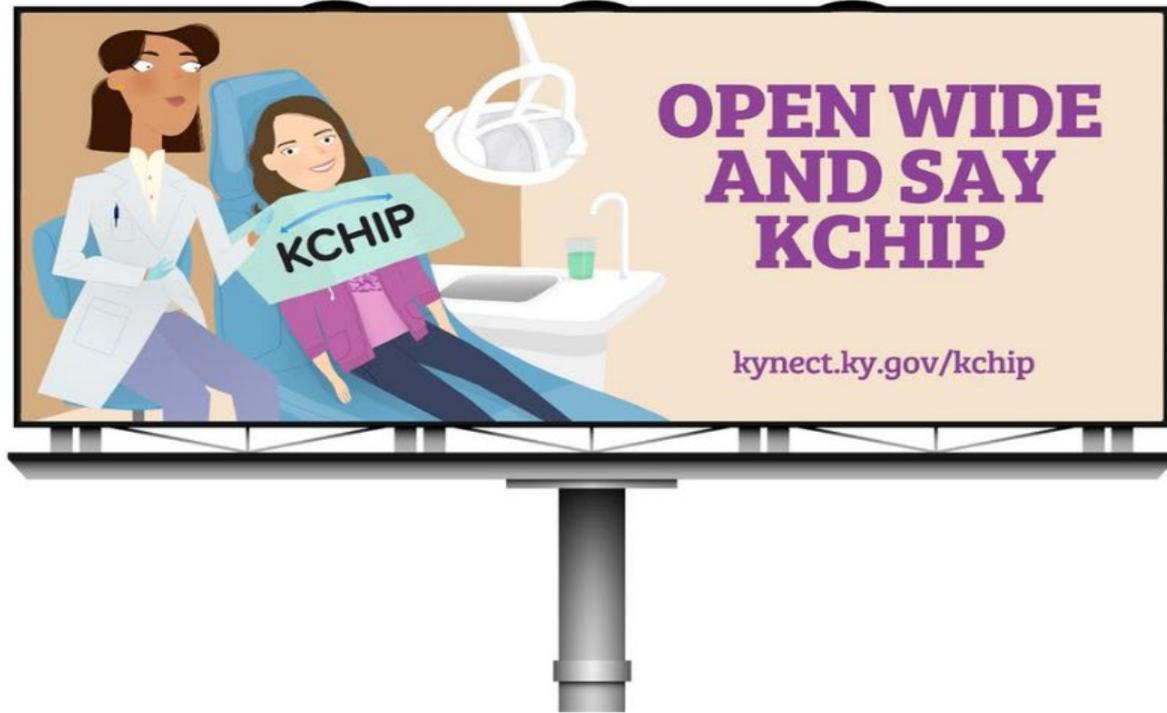
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OOH DENTAL



BUS SHELTER



KCHIP Spokesperson



Utilize Lt. Gov. Jacqueline Coleman as spokesperson for KCHIP. As a mother, step-mother and adoptive mother – plus an educator and coach – Coleman is ideal for speaking out for disadvantaged children. In her role, she will:

- ✓ Make media and public appearances
- ✓ Deliver statewide audio news releases (paid media) through soundbites

KCHIP Exhibit & Collateral





STATE BASEBALL TOURNAMENT



STATE TRACK TOURNAMENT



STATE BASKETBALL TOURNAMENT



KENTUCKY DERBY FESTIVITIES



Questions?

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Medicaid and School-Based Services



Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

***Richard Kimball
Technical Director
Financial Management Group***

Session Objectives

1. Understand the current policies in School Based Services (SBS)
2. New SBS Comprehensive Guide 2023 and CIB
 - New Flexibilities
 - Compliance Time Frame
3. BSCA Timeline & Future Work –
 - Technical Assistance Center
 - \$50M State Grants

SBS is an Administration Priority

It is a top Biden-Harris priority to strengthen and expand access to Medicaid and the Children's Health Insurance Program (CHIP).

- **Schools are important providers** of Medicaid direct medical services for children
- Medicaid and CHIP **cover more than half of all children** in the United States
- SBS can include all services covered under EPSDT, including **physical and mental health care**
- **Schools can face a high administrative burden** when seeking reimbursement for SBS
- It is CMS's goal to **help states ease the administrative burden on schools**, to promote the delivery of SBS

About SBS (1/2)

- **Schools are primarily providers of education and other non-medical services**
- **Most third-party healthcare payers other than Medicaid do not reimburse for services provided in schools**
- **SBS fee-for-service rates should be same as community rates, unless justified**
- **Medicaid-covered services provided in schools must meet applicable statutory and regulatory requirements**

About SBS (2/2)

- There is **no Medicaid benefit category called "School Based Services"** -SBS are Medicaid-covered services that are provided in school settings by qualified Medicaid providers enrolled in the Medicaid program.
- To be eligible for payment by Medicaid, services must be **included among those listed in Title XIX of the Act, such as those described in section 1905(a) of the Act**, and coverable under the State plan (or waiver of such plan).
- **Services must be coverable in the state plan**, which makes services available to all beneficiaries under the EPSDT benefit-which provides a comprehensive array of prevention, diagnostic, and treatment services for most low-income individuals under age 21.

Services Provided in Schools

Medicaid services are not limited to...

- Those included in an **Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)***.
- Services included in a child's individual Medicaid-covered health care service plan per section **504 of the Rehabilitation Act of 1973**.
- **Any Medicaid covered services** that are provided to Medicaid enrolled beneficiaries, regardless of whether there would otherwise be any charge for the service to the beneficiary.
- **CHIP Services, EPSDT** and any Medically Necessary Service the child needs.
- Covered services may be delivered to **all Medicaid-enrolled children in school settings**, not just those with a special education plan documented in an IEP, IFSP, or Section 504 plan.

*IFSP is for ages Birth-2; IEP is for ages 3-21

Medicaid School Expansion ("Free Care") SPAs

- States have the option to **allow schools to receive Medicaid funding for SBS delivered to all children with Medicaid**, rather than only those children with an IEP, a plan or program tailored for children with disabilities
- **States often need a SPA to expand SBS**
- As of the date of this presentation, **13 states have expanded Medicaid payment for SBS** under their state plans: AZ, CA, CO, CT, GA, IL, KY, LA, MA, MI, NM, NV, NC, OR
- **CMS encourages all states to adopt Medicaid school expansion to expand access to services for children**

SBS Releases Timeline (1/2)

June 2022: Bipartisan Safer Communities Act (BSCA) passes. Requires CMS to:

1. Update claiming guide
2. Launch technical assistance center (TAC)
3. Release \$50 million in grants

August 2022: CMS releases CMS Informational Bulletin (CIB): School-based health services under Medicaid, including CHIP

May 2023: CMS releases the Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming Guide

- Provides series of new flexibilities
- Updates the Medicaid School-Based Administrative Claiming Guide 2003 & Medicaid and Schools Technical Assistance Guide 1997

SBS Releases Timeline (2/2)

June 2023: Technical Assistance Center

1. Support State Medicaid agencies, LEAs, & school-based entities seeking to expand their capacity for providing Medicaid SBS
2. Reduce administrative burden
3. Support such entities in obtaining payment for providing Medicaid SBS
4. Ensure ongoing coordination and collaboration between ED and CMS regarding Medicaid SBS
5. Provide guidance with regard to utilization of various funding sources

2024: \$50 million in discretionary grant funding to states in support of implementing, enhancing, or expanding the provision of medical assistance through school-based entities under Medicaid or CHIP

SBS Claiming Guide 2023

Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming Guide

Released May 2023

CMS, with the U. S. Department of Education (ED), issued a new SBS claiming guide to improve the delivery of covered Medicaid and CHIP services to enrolled students in school-based settings and to meet the requirements of Section 11003 of BSCA

Overview of SBS Claiming Guide 2023

The new claiming guide includes:

- **New flexibilities** for billing, random moment in time study (RMTS), billing, provider, and third-party liability that states can adopt to make it easier for schools to get reimbursed for Medicaid and CHIP SBS
- Recommendations for **how states can work with managed care plans**
- Ways states can **simplify the interim billing process**, when used, including in rural, small, or under-resourced communities, where access to care may be particularly problematic
- **Examples of approved methods that state agencies have used to pay for covered services**

How Medicaid Can Support SBS

As a reminder and noted above, Medicaid SBS can promote health, educational equity, and increase school attendance in a series of ways, including by:

1. Helping eligible students enroll in the Medicaid program
2. Connecting students' Medicaid-eligible family members with Medicaid health coverage
3. Providing Medicaid-covered health services in schools and seeking payment for services furnished (any covered service under EPSDT)
4. Offering Medicaid-covered services that support at-risk Medicaid eligible students
5. Performing Medicaid administrative activities to improve student wellness
6. Providing Medicaid-covered services that reduce emergency room visits
7. Providing Medicaid-covered services and performing Medicaid administrative activities that promote a healthy, learning environment

New Flexibilities: Billing Using Cost

Roster Billing Methodology: allows States to compute a representative rate of services delivered, then multiply that rate, on a quarterly or monthly basis, by the number of Medicaid-enrolled students that receive a covered service within that service period.

Per Child, Per Month (PCPM) Interim Rate: allows States to create an interim rate that can be based on the provider's previous year's actual cost, paid out each month on a PCPM-basis or on an average cost per service basis.

Option to Not Submit Bills for Each Service: If you choose roster billing or PCPM, LEAs in State would not be required to submit a bill for each service to Medicaid, as long as the interim rates and payments are reconciled to actual costs at the end of each year.

New Flexibilities: Billing Using Rates

Fee Schedule Rates that Exceed the Community Rate: allows States to pay higher fee schedule rates for services offered in schools - State MUST demonstrate that the rate is economic and efficient, as required by section 1902(a)(30)(A) of the Social Security Act (the Act).

Clarification of Restrictions on Bundled Payment Rates: CMS in a 1999 State Medicaid Director's Letter (SMDL) prohibited use of bundled rates in school-based settings based. CMS recognizes States often implement SBS with reconciled cost methodologies. Bundled rates are permissible as interim payments (reconciled to the actual cost of providing Medicaid services)

New Flexibilities: Time Studies

Time Study Error Rate: allows States to increase error rate in time study implementation plans from +/-2% to +/-5%. Can conduct unified time studies with far fewer moments, which also eases administrative burden

Time Study Notification and Response Period: allows States to submit time study implementation plans to include up to 2-day notification window & up to 2-day response period for queried moments in their time studies for SBS, instead of a 0-day notification window and 2-day response window

New Flexibilities: Documentation

De-identified Data: allows LEAs to furnish some deidentified or masked data to support Medicaid Enrollment Ratios (MERs). Does not supersede the requirement for minimum documentation requirements.

Utilization of a General Allocation Ratio: most LEAs reimburse actual costs utilized in IEP/IFSP- based ratio to allocate costs to Medicaid

- MER = Number of Medicaid enrolled students with an IEP divided by number of students with an IEP. (NOT receiving medical services!)
- May use more general ratio: Number of Medicaid enrolled students divided by total number of students in the LEA

New Flexibilities: Documentation

Utilization of Time Study Moments as a One-step Allocation

Methodology: usual two-step process to allocate costs to Medicaid
1- time study, 2-MER

1-Step- Can design time study activity codes to capture time study moments that are both medical & Medicaid activities

New Flexibilities: Provider Qualifications

SBS provider qualifications: Prior CMS guidance made it difficult for State Medicaid agencies to rely on ED provider qualifications or to establish different provider qualifications for school-based and non-school-based providers of the same Medicaid services.

- State Medicaid agencies can **establish provider qualifications for school-based providers that differ from the qualifications of non-school-based providers of the same Medicaid services**, as long as that State's provider qualifications are not unique to Medicaid-covered services.
- Enrolling qualified health care providers to participate in Medicaid within school settings.

New Flexibilities: Third Party Liability

Third Party Reimbursement: Allow States to suspend or terminate efforts to seek reimbursement from a liable third party if they determine that the recovery would not be cost-effective pursuant to 42 C.F.R. §433.139(f), including for IDEA or 504-plan services. This could ease administrative burden at schools.

Implementation of New Flexibilities

- In the comprehensive guide, we discuss new policies, provide policy clarifications, and reiterate existing federal requirements
- If States are not already adhering to applicable federal standards and requirements as discussed in this guide, submit SPAs, administrative claiming plan amendments, and/or amendments to time study implementation plans to comply as soon as possible, but no later than **the start of the first quarter at least three years after the publication date of the guide (June 1, 2026)**.
- Review the timing requirements in 42 C.F.R. § 430.20 to ensure amendments are effective when needed. For example, a State would need to submit a SPA to CMS by September 30, 2023, in order for it to be effective as of July 1, 2023 (and must comply with public notice requirements and tribal consultation, as applicable)

Background – Health Services Initiatives (HSIs)

- HSIs provide Title XXI enhanced FMAP funding for **direct health services or public health initiatives** that are not otherwise coverable by Medicaid/CHIP or other federal funds
 - Subject to the 10% administrative cap
- **Target population:** children at or below 200% of FPL
 - Adults may not be covered unless services for adults directly improve the health of children
- HSIs must demonstrate a **clear link** between covered items and services, and better health outcomes for children
 - States report HSI **metrics/outcomes** in the CHIP Annual Report
- States request HSIs through the CHIP state plan submission and review process. Contact your **CHIP Project Officer** for details

*HSIs are permitted by Section 2105(a)(1)(D)(ii) of the Social Security Act and 42 CFR 457.10

SBS Covered by HSIs

- States have **flexibility** in designing HSIs, so long as they meet the criteria described on the previous slide
- As of July 2023, 32 states implement 92 HSI programs
- 14 of these HSIs target SBS. Examples include:
 - School-based health center services (e.g. health screenings; health education; care coordination; referrals to providers)
 - Funding to school districts for school nurse salaries
 - Grants to develop/expand capacity of school-based health centers to provide public health services
 - Training and medical supplies for school personnel to treat overdoses for students in school settings
 - Vision screenings for students and glasses, if needed

Technical Assistance Center

- Currently active & fielding TA questions
 - Compiling FAQs
 - Example- State plan amendments, time study implementation plans, cost reports
 - Links to ED & CMS guidance and policies
- Planning webinars & trainings as we assess needs
- More information and best practices as the TAC roles out
- Technical Assistance Center Web landing page
- For any questions email the technical assistance center: SchoolBasedServices@cms.hhs.gov

SBS Resource Spotlight

SBS Policy Guidance

- **2010** - Increased Federal Matching Funds for Translation and Interpretation Services under Medicaid and CHIP - Administrative Claiming State Health Official letter
- **2014** - Medicaid services provided without charge in schools - “Free Care” SMDL 14-006
- **August 2022** - CMCS Informational Bulletin on SBS
- **May 2023** – Medicaid and School Based Services web landing page (includes New 2023 Guidance Documents & CMS Informational Bulletin)

SBS Resources

- Federal Cost Principles
- Medicaid & Telehealth Toolkit
- IDEA: basis for IEP/IFSP
- **Email for Technical Assistance:** SchoolBasedServices@cms.hhs.gov or your state lead

Q & A

New Releases & Resources

- [Mandatory Medicaid and Children's Health Insurance Program Coverage of Adult Vaccinations under the Inflation Reduction Act](#)
- [Medicaid & CHIP March 2023 Application, Eligibility, and Enrollment Data](#)
- [Biden-Harris Administration Announces New York's Medicaid and CHIP Postpartum Coverage Expansion; 35 States & D.C. Now Offer Full Year of Coverage After Pregnancy](#)
- [Medicaid Continuous Enrollment Requirement Provisions in the Consolidated Appropriations Act, 2023](#)

Updates – Meetings, Webinars, and Conferences

- [September 2023 MACPAC Public Meeting](#): September 21st – September 22nd, 2023
- CMS Medicaid and CHIP Renewals: What to Know and How to Prepare, A Partner Education Monthly Series
 - July 26, 2023
 - August 23, 2023
 - September 27, 2023
 - [Register for any session here!](#)

Upcoming CCTAG Call

Next CCTAG Call is scheduled for: **Tuesday, September 26, 2023 at 1 PM ET**



Questions regarding the CCTAG, including scheduling and other logistical needs should be directed to:

CCTAG@cms.hhs.gov