# Expanding Preventive Behavioral Health Services in Schools

 Thursday, November 14, 2024

 3 p.m. to 4 p.m. ET | 2 p.m. to 3 p.m. CT | 12 p.m. to 1 p.m. PT





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### **Today's Presenters**



### Rachel Baron-VanCleve, M.P.A. SBS Technical Assistance Center (TAC)



Lauren Holahan, PhD, OT/L SBS TAC



### Kate Ginnis, M.S.W., M.P.H.

Senior Policy Advisor Centers for Medicare and Medicaid Services (CMS)

### **Today's Presenters**



### John Crocker, M.Ed.

Director of School Mental Health & Behavioral Services Methuen Public Schools, MA



Megan Scott, M.S.W.

Substance Use Prevention Program Manager, Maine CDC



### Penny Townsend

School Based Health Center Coordinator, Maine CDC



- Objectives
- Welcome from CMS
- Preventive Behavioral Health Services in a Multi-Tiered System of Supports (MTSS)
- Medicaid Covered Services
- State and Local Spotlights in Medicaid Covered Services
- Additional Funding Mechanisms
- Questions, Conclusion, and Adjournment
- Resources



- Describe how to address youth behavioral health needs in schools using the MTSS framework.
- List criteria services must meet for Medicaid coverage.
- Provide State examples of Medicaid-funded school preventive behavioral health services.
- Explain how to use Medicaid and Children's Health Insurance Program (CHIP) funding to expand access to and coverage of preventive behavioral health services in schools.

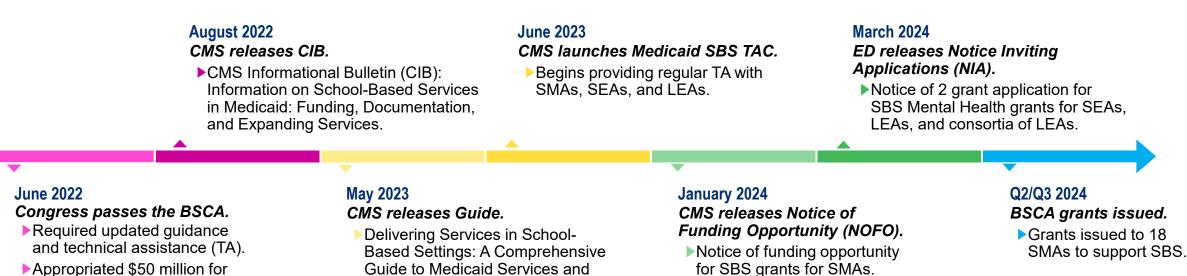


# Welcome from CMS!

## CMS and ED Support Children's Health in Schools

Administrative Claiming Guide.

CMS and ED work with the TAC to develop policy, answer questions, communicate with State and local stakeholders, and assist States in achieving compliance with the 2023 Guide by July 1, 2026.



Appropriated \$50 million for SBS grants for SMAs.

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### Previous TAC Events on School Behavioral and Mental Health



Virtual Meeting: Comprehensive School Mental Health Systems

November 2023



#### Webinar:

Provider Billing for Mental Health Services Within Medicaid School-Based Services

April 2024



#### Webinar:

Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders

May 2024

Materials from previous events can be found on the Medicaid & School-Based Services page.

# Preventive Behavioral Health Services in MTSS

# Supporting Youth Behavioral Health

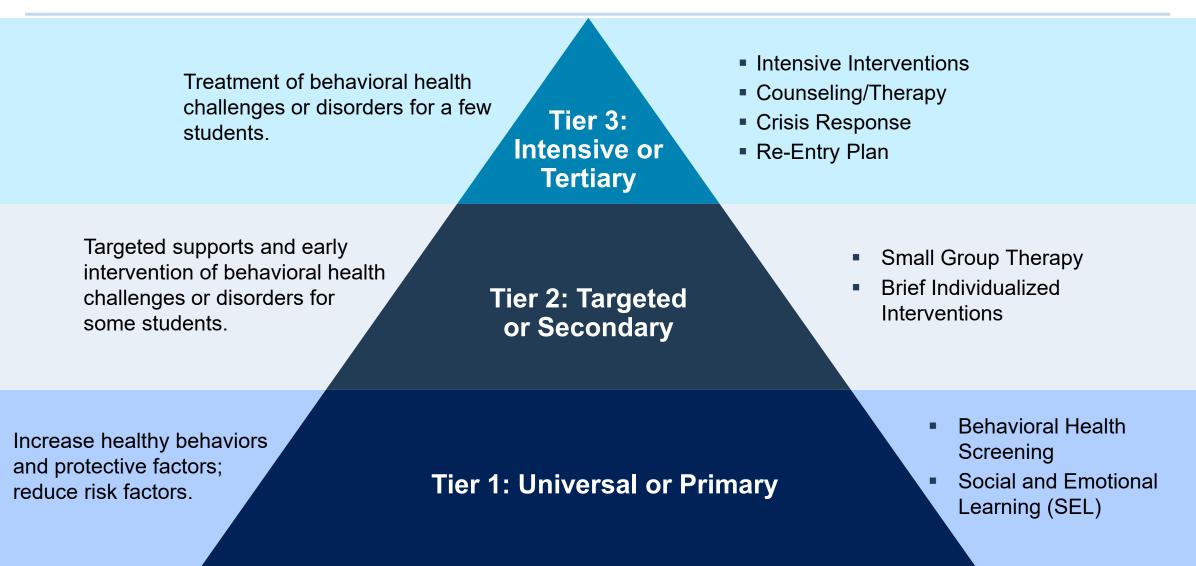
- Schools play a critical role in preventing, identifying, and supporting youth with behavioral health problems.
- School-based providers, including social workers, psychologists, counselors, school nurses, and specialized instructional support personnel, lead the way in helping schools fulfill this role, and provide preventive services.
- Multi-Tiered System of Supports (MTSS) is a common framework to triage student needs, including behavioral health, and match them to appropriate supports.



School connectedness was found to be the strongest protective factor for children against substance use, school absenteeism, early sexual initiation, violence, and risk of unintentional injury.

Source: Centers for Disease Control and Prevention. (2009). *School connectedness: Strategies for increasing protective factors among youth.* U.S. Department of Health & Human Services.

### Multi-Tiered System of Supports: Behavioral Health Services





- A. Universal Behavioral Health Screening
- B. Social Emotional Learning (SEL)
- C. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- D. Individual or Group Therapy
- E. Individual Substance Use Prevention and Education
- F. Group Substance Use Prevention and Education
- G. Positive Behavioral Interventions and Supports
- H. Other



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# Requirements for Medicaid Coverage of Direct Services

### Services must meet all criteria:

Medicaid-enrolled provider

- Medicaid-enrolled student
- Service covered under Medicaid State Plan or 1905(a) of the Social Security Act

### **Examples:**

- Social-Emotional Learning (SEL) delivered by a classroom teacher is not covered by Medicaid. However, a skill-building group can be covered by Medicaid if *delivered by a Medicaid provider* to *Medicaid enrolled students* and *covered under the Medicaid State Plan*.
- General tobacco use prevention education is not covered by Medicaid. However, individual or group tobacco cessation counseling can be covered if delivered by a *Medicaid provider* to *Medicaid enrolled youth* who have been identified as tobacco users and covered under the Medicaid State Plan.

### Medicaid Benefits for Preventive Behavioral Health Services

Benefit	Description	Examples
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Specified in section <u>1905(r)(5)</u> of the Social Security Act, the EPSDT benefit entitles most eligible Medicaid-enrolled children and adolescents to medically necessary services and treatments coverable under section 1905(a) of the Social Security Act (the Act). <b>All States are required to</b> <b>cover EPSDT services. A specific behavioral health diagnosis is not</b> <b>required for preventive services.</b>	Any service below
Preventive Services	Specified in section <u>1905(a)(13)</u> of the Act, this benefit category includes but is not limited to well-child care, clinical and behavioral interventions to manage chronic disease and reduce associated risks.	Screening for depression (e.g. PHQ-9) or anxiety (e.g. GAD-7)
Rehabilitative Services	Specified in section <u>1905(a)(13)</u> of the Act, this benefit category is often used to authorize mental health and substance use disorder services.	Individual or group mental health or substance use counseling; Peer support services
Other Licensed Practitioner Services	Section <u>1905(a)(6)</u> of the Act provides states with flexibility in covering services provided by licensed practitioners.	Counseling by a licensed clinical social worker; Testing by a licensed psychologist

16 A given service may be covered under more than one benefit category.

# Requirements for Medicaid SBS Administrative Claiming

### **Requirements:**

Necessary and proper for the efficient administration the State Plan

Costs may not be an integral part of a direct health service.



Does not include direct or indirect costs of delivering direct services



Not for general health initiatives unless specific to serving Medicaid eligible individuals



Interagency agreement between the SMA, SEA and LEA around administrative activities



Supported by adequate documentation





Does not include costs of activities related to the operation of a provider facility

### Examples:

- Informing Medicaid- and CHIP-eligible and potentially Medicaid- or CHIP-eligible students and families about the benefits and availability of mental health services covered by Medicaid and CHIP.
- LEA staff meeting with a behavioral health agency that provides Medicaid- and CHIPcovered services in order to plan the delivery of services for Medicaid- and CHIP-eligible children in a Title I school.
  - LEA arranging for any Medicaid- or CHIPcovered services for a Medicaid-eligible child identified through school-wide screening as needing behavioral health services for anxiety or depression.

### Implementing Interventions through Medicaid and CHIP

Most initiatives involve partnerships between the State Medicaid agency (SMA), State education agency (SEA), and local educational agency (LEA).

#### **LEA** - delivers services

Federal Medicaid reimbursement is reinvested to expand services



Supported by the **SEA** 



**SMA** - maintains Medicaid and CHIP State Plans, which show what services are covered and what payment methodologies are used.

# State and Local Spotlights in Medicaid Covered Services

# Behavioral Health Screening: Massachusetts

- Age-appropriate, evidence-based screening identifies behavioral health conditions early.
- Methuen Public Schools (Massachusetts) screen all K-12 students for behavioral health needs.
  - Grades K-4: Mood rating
  - Grades 7 and 9: Substance use
  - Grades 5-12: Depression (PHQ-9), anxiety (GAD-7), PTSD (UCLA PTSD Assessment Tool)
- Screening data is used to:
  - Identify students who need services or referrals.
  - Establish medical necessity for services.
  - Plan behavioral health services and curricula to meet students' needs.
  - Identify professional development needs for school staff.

- Eligible service under EPSDT, such as other diagnostic, screening, preventive, and rehabilitative services (1905(a)(13)).
- Medicaid provider time for screening can be captured in a Random Moment Time Study (RMTS).
- Medicaid costs can be allocated based on the percentage of provider time spent on Medicaid-covered services and the percentage of students enrolled in Medicaid.



## Behavioral Health Group Therapy: Massachusetts

- Methuen Public Schools provide individual and group therapy for students identified in behavioral health screening.
- Evidence-based, developmentally matched therapy groups for students in grades 3–12 last 8 to 10 weeks.
  - Primarily Cognitive Behavioral Therapy
- Students do not need a formal diagnosis but must demonstrate a need (meet medical necessity).

- Eligible service under EPSDT, such as other diagnostic, screening, preventive, and rehabilitative service (1905(a)(13)).
- Provider time for group therapy can be captured in RMTS.
- ICD-10 codes correspond to the need addressed even if there is not a formal diagnosis.



### Preventing and Treating Substance Use Disorder (SUD): Maine

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive early intervention for persons with, or suspected, SUD.
- Maine started its SBIRT program with annual fees collected from pharmaceutical companies and American Rescue Plan Act (ARPA) funds at select school-based health centers (SBHCs).
  - Some participating SBHCs are sponsored by federally qualified health centers (FQHC) or primary practice partners.
  - In the first year, nearly all enrolled students received a substance use screening across three SBHCs. The program expanded to six SBHCs in the second year.

- Eligible under EPSDT, such as other diagnostic, screening, preventive, and rehabilitative services (1905(a)(13)), and federally qualified health center services (1905(a)(2)(C)).
- States select codes for SBIRT billing.
- SBHCs should have a sponsor that participates in Medicaid.



# Social Emotional Learning (Skills Building): Idaho

- Idaho's school-based Medicaid program includes a rehabilitative "skills building" service for students with an Individualized Education Plan (IEP) and serious emotional disturbance (SED).
- Skills include behavior control, communication skills, coping skills, symptom management, and others.
- Idaho's skills building service is one example of social emotional learning.

- A school-based Skills Building service is covered under Idaho's Medicaid State Plan.
- Fee-for-service Medicaid claims are submitted for children with an IEP.





# **Additional Funding Mechanisms**

# CHIP Health Services Initiatives (HSI): Missouri

- In Missouri, CHIP HSIs are used to expand the reach of Local Public Health Agencies (LPHA).
- Under the "Screening, Diagnosis, and Education of Public Health Issues" HSI, LPHAs serve children in schools and other settings.
- Services include health education, screenings, diagnosis, and referrals.
- HSI funds are a "payor of last resort" when a service is not covered by Medicaid or another federal grant.

- CHIP HSIs improve the health of lowincome children and youth under age 19.
- Can include students who are not eligible for Medicaid or CHIP.
- CHIP HSIs are approved by CMS as amendments to the CHIP State Plan.
- A state may use up to 10% of its CHIP allotment to fund an HSI, after covering regular CHIP program administration costs.



## Reinvesting Medicaid Reimbursement: Colorado

- A Colorado <u>State statute</u> requires each LEA to develop a 5-year communitydriven local services plan to reinvest Medicaid reimbursement dollars into supporting student health.
- During the 2021–22 school year, participating districts in Colorado spent \$16.7 million of their \$69.7 million in Medicaid reimbursement on mental health and well-being activities for students and staff.
- Colorado also uses the reimbursement to fund school-based provider positions, such as school nurses, which can screen students and help refer them to treatment in school or community settings.

- When using Certified Public Expenditures as the State share of Medicaid costs, States and LEAs can choose how to spend Federal Medicaid reimbursement.
- LEAs may reinvest in school-wide prevention programs (not limited to Medicaid-enrolled students).
- Legislation may be needed to direct funds to LEAs and behavioral health programs.





# **Questions?**

**Email:** SchoolBasedServices@cms.hhs.gov



- SHO # 24-005 RE: Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements
- Medicare Learning Network Booklet: SBIRT Services (pages 21-22, Medicaid-Covered SBIRT)
- Frequently Asked Questions: CHIP Health Services Initiatives