



Supporting Children and Youth With Disabilities and Other Complex Health Needs in Schools



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- ▶ Identify the population of children and youth who have disabilities and other complex health needs.
- ▶ Explain the coverage and services that support children and youth with disabilities and other complex health needs.
- ▶ Describe how SMAs and SEAs can support LEAs and schools in coordinating care for students with complex needs.
- ▶ Explore best practices in case management and care coordination in schools through a panel discussion.

Today's Speakers



**Charlotte Steniger,
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Medicaid SBS TAC



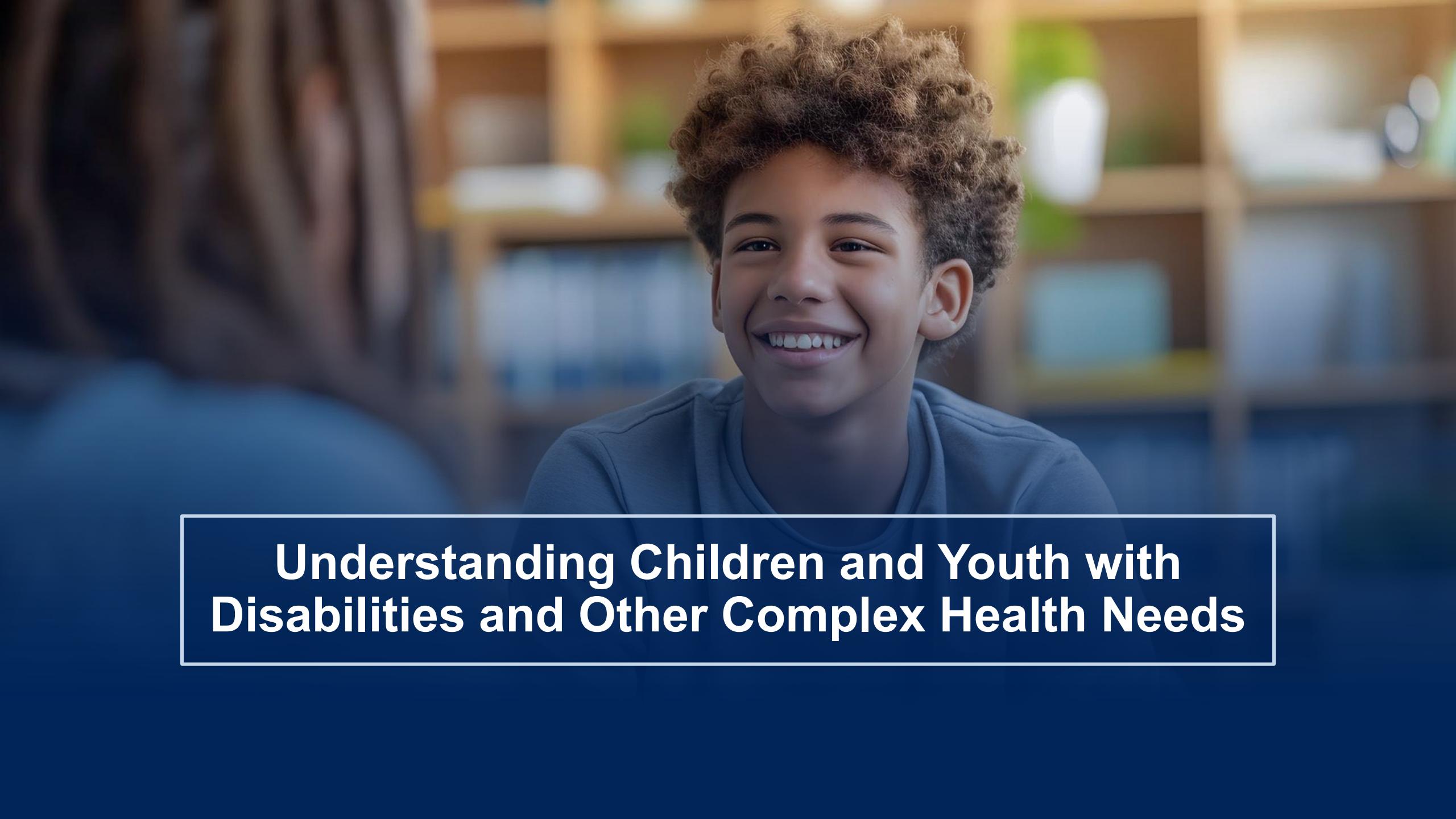
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Medicaid SBS TAC Facilitator



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Dr.P.H., FACHE, PMP**
Medicaid SBS TAC



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OT/L**
Medicaid SBS TAC Facilitator

A young boy with curly hair, wearing a blue hoodie, is smiling in a classroom setting. He is the central figure in the background, with a blurred background showing shelves and other students.

Understanding Children and Youth with Disabilities and Other Complex Health Needs

Who Are Children and Youth With Disabilities and Other Complex Health Needs?



- Children and youth with disabilities and other complex health needs may require increased care coordination between school and community-based providers for many different reasons. The child may:
 - Have multiple medical conditions, which may include mental health conditions.
 - Have significant healthcare needs and require ongoing assessment, evaluation, and treatment of chronic and acute health conditions.
 - Require specialized care, including behavioral health, specialized transportation, prescription medications, and medical technology/equipment.
 - Have multiple sources of healthcare coverage (family-based insurance, Medicaid and/or Medicare).
 - Receive support from the child welfare system and/or be in foster care.
- Regardless of why the child requires increased care coordination, schools and LEAs play a crucial role in ensuring these children receive services and supports in school and in the community.

Types of Healthcare That Children and Youth with Disabilities and Other Complex Health Needs May Receive

- Children and youth with disabilities and other complex health needs may have a chronic physical, developmental, behavioral, or emotional condition or multiple acute and/or chronic conditions.
- These conditions could require:
 - Treatments such as:
 - Monitoring and maintaining medical devices that are needed to maintain the health and safety of the child, including respiratory, nutrition, or operation of other bodily functions.
 - Therapeutic supports, including:
 - Occupational therapy (OT)
 - Physical therapy (PT)
 - Speech language pathology (SLP)/Speech therapy (ST)
 - Psychological/mental health services



Addressing Educational Supports and School-Based Services

- LEAs must provide interventions and supports for many of these children and youth with disabilities and complex healthcare needs.
 - Evaluation to develop a comprehensive plan.
 - Academic supports: Individualized Education Program (IEP), 504 Plan.
 - Considerations to implement a Least Restrictive Environment (LRE).
 - Provision of services such as PT, OT, and SLP for treatment of medically necessary conditions.
 - Care coordination: inside and outside of school.
 - Specialized transportation.
 - Wraparound services, including services in hospitals, mental health facilities, and at home (IDEA calls this a continuum of alternative placements).
 - Education disruption planning (sick days/surgeries/doctor appointments).
- Sometimes the coordination of care between schools and outside providers is challenging.



Review of Coverage and Services for Children and Youth with Disabilities and Complex Health Needs

Accessing Medicaid

- While most children become eligible for Medicaid due to their family's income, children may also be eligible for Medicaid due to disability/healthcare needs, and states may offer coverage to enable them to live at home rather than in an institutional setting.
- Children and youth who qualify based on medical need are more likely to also have coverage through their parent's employer or another source, with Medicaid coverage as secondary.
- Some children and youth with Medicaid are also eligible for Medicare due to their specific disability.



Most Medicaid-Enrolled Children Are Entitled to EPSDT

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements in the Social Security Act entitle eligible children under the age of 21 to Medicaid coverage of healthcare, diagnostic services, treatment, and other measures that are medically necessary “to correct or ameliorate defects and physical and mental illnesses and conditions,” whether or not such services are covered in a particular state’s Medicaid state plan.
- Such services might include:
 - OT, PT, SLP services
 - Mental health screenings and treatment
 - Well-child checkups
 - Dental screenings
 - Vision screenings
- The goal of EPSDT is to ensure that individual eligible children get the healthcare they need, when they need it, in the most appropriate setting.

Learn about best practices for offering EPSDT services in the [State Health Official Letter #24-005, “Best Practices for Adhering to EPSDT Requirements.”](#)



Some States Offer Additional Medicaid Services for Certain Children/Youth

Example HCBS services children/youth may receive include:

-  Skilled nursing care
-  Case management, including targeted case management (TCM)
-  Personal care services
-  Respite services

- Home and Community Based Services (HCBS) are designed to keep children with complex needs who would otherwise meet the criteria for institutional care living and receiving care in their community.
- States have great flexibility over which HCBS services they cover and for which populations.
- HCBS services are generally authorized under “waivers” and may also be covered under state plans.
 - In some states, waivers have long wait lists.

Want to learn more about your state's resources? Visit [CMS' State Resource Map](#).

Spotlight on Case Management and Care Coordination



- Case management: a benefit defined in 1905(a) that helps individuals access healthcare and support by assessing needs, creating care plans, and connecting them to appropriate resources and providers; typically involves a single case manager.
 - Early intervention (EI) regulations require service coordinator services/case management (34 CFR 303.34*)
 - General case management is available to many different populations, typically based on medical need.
 - Targeted case management (TCM) is a special type of case management in which Medicaid programs have defined a specific, targeted population (e.g., certain levels of medical complexity, specific diagnoses, intensive behavioral health needs).
 - Some states' school-based services (SBS) programs include TCM.
- Care coordination: a series of activities in which engaged parties coordinate to ensure consistency and continuity of care across providers and settings, like schools, pediatricians, and specialists.
 - All children's care should be coordinated, regardless of individuals' complexity.

*Service coordination Services, 34, CFR 303.34 (2025) <https://www.ecfr.gov/current/title-34/section-303.34>

Care Coordination Is Reimbursable Under Medicaid Administrative Claiming (MAC)

Care coordination can be a component of direct service, or if it is not a component of a direct service, it may be reimbursable through Medicaid administrative claiming.

- Most states participate in MAC, which authorizes states to claim federal reimbursement for a proportion of expenditures for activities that support the administration of the Medicaid state plan, such as:
 - Coordinating care with families and other providers.
 - Conducting Medicaid and CHIP outreach and/or facilitating eligibility determinations for a child or family who may be eligible for Medicaid.
 - Participating in Medicaid- and CHIP-related trainings like today's.
- LEAs seek reimbursement for administrative activities by participating in a time study and submitting a cost report (they do not submit a bill, like for PT services).
- LEAs are reimbursed for time spent conducting administrative activities.
- When care coordination is conducted as an administrative function, the individuals conducting care coordination may be, but are not required to be, enrolled Medicaid providers.



Approaches to Increased School-Community Care Coordination

What does care coordination look like in schools?

PRINCIPLES OF CARE COORDINATION*

Educationally relevant

Student- and family-centered

Assessment- and data-driven

Planned and implemented across settings

Cross-disciplinary team-based

* [National Care Coordination Standards for Children and Youth with Special Health Care Needs \(CYSHCN\): Proceedings from the National Forum on Care Coordination for CYSHCN](#)

The principles of care coordination apply to all domains of support

DOMAINS OF SUPPORT



Educational



Social



Behavioral



Medical



Developmental



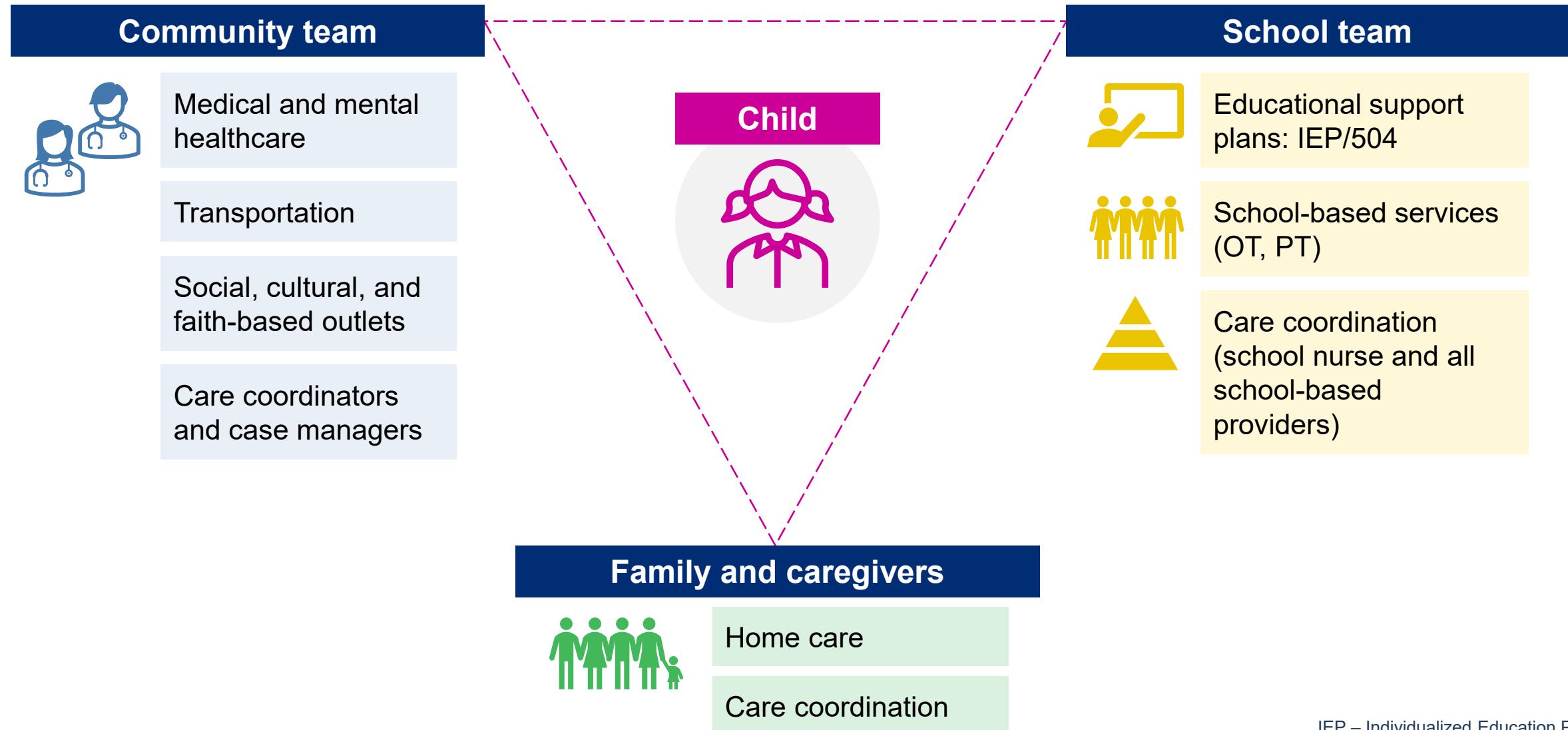
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School Nurse Practice Framework: Care Coordination

- Provide direct care for emergent, episodic, and chronic mental and physical health needs.
- Connect student and family to available resources.
- Collaborate with families, school community, case managers, mental health team (including school counselors, social workers, and psychologists), and medical home.
- Coordinate plans of care across providers (including nursing, PT, SLP, OT, etc.).
- Foster developmentally appropriate independence and self-advocacy.
- Provide evidence-based health counseling.
- Facilitate continuity of care with family during transitions.



The Support Team



Care Coordination: Examples of School Services



- Students and youth who have disabilities and other complex health needs often require intensive support from skilled staff in the use of specialized interventions and equipment to access their education.
 - Intensive support example: daily bus-to-bell-to-bell-to-bus nursing care for tracheostomy care, g-tube feeding, and seizure response protocol.
 - Skilled staff example: PT, OT, Speech, and Nursing for mobility and positioning, Activities of Daily Living (ADLs), communication, and medical care.
 - Specialized intervention example: teaching the student to use an augmentative communication device.
 - Specialized equipment example: multi-position stander for postural management and participation.

Working Together to Help Meet the Needs

- LEA/School and community care teams
 - School and community teams may need to coordinate:
 - Equipment and supplies
 - Transportation
 - Routines, service approaches, and strategies
 - Staffing
 - Reimbursement
- SMAs and SEAs can support LEAs/schools in connecting with community teams by sharing information about:
 - Which students are enrolled in HCBS.
 - Emerging student needs.
 - Managed care plans operating in LEAs' area.
 - Point of entry for Medicaid care coordination team.



Best Practices for Care Coordination with Community-Based Providers



- Include consent for care coordination in existing consent processes.
- Ask the family/caregiver whether the child has a community-based case manager or care coordinator.
- Identify and provide a single point of contact at school for community providers.
- Build and maintain strong, trusting relationships with case managers (at managed care plans and other related organizations).
- Proactively engage community-based care coordinators or case managers.
- Promote care coordination as a valuable use of school personnel's time.
 - Foster understanding that it is a Medicaid allowable administrative activity.
 - Encourage educational/IEP coordinators to carve out time to support coordination.
- Welcome community-based care coordinators/case managers to meetings.



Panel Discussion

Guest Panel



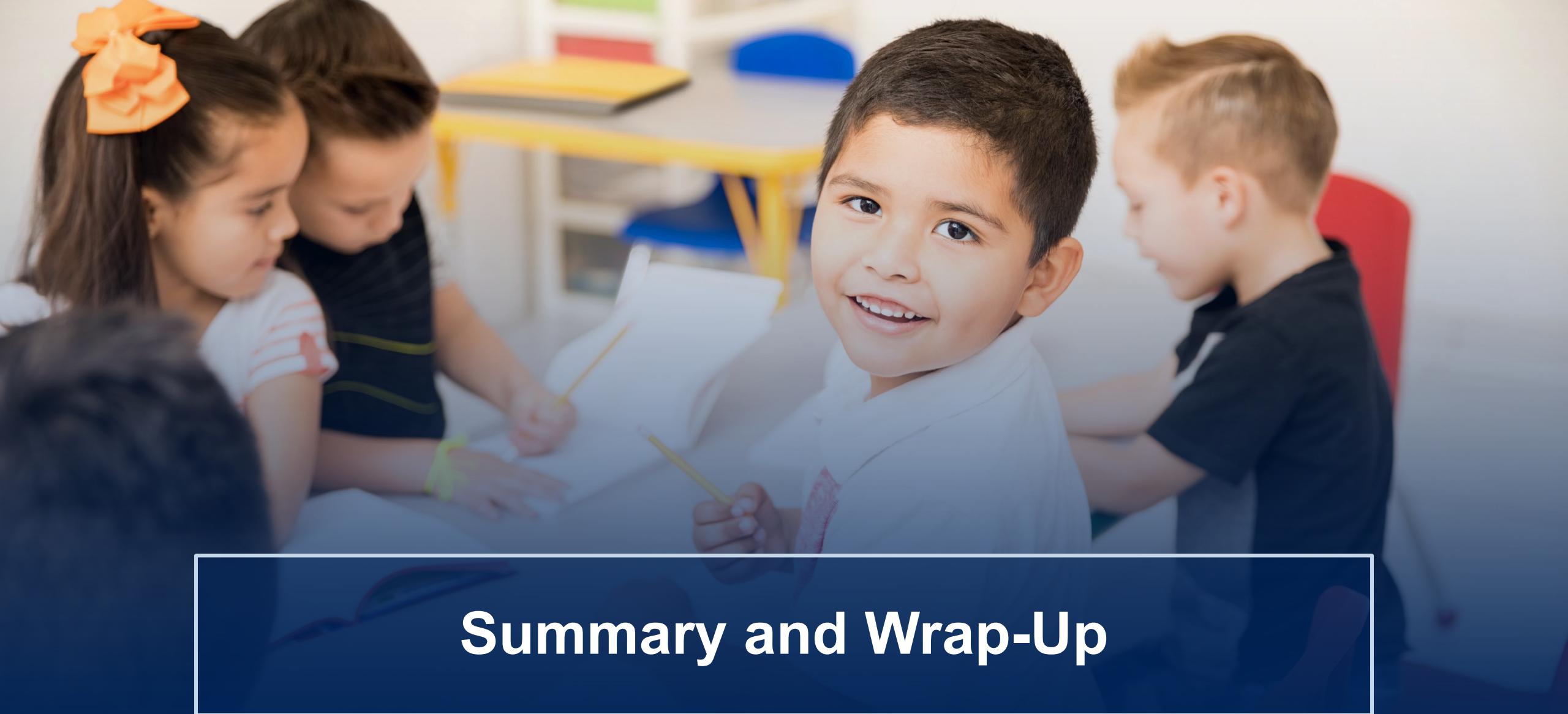
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Summary and Wrap-Up

What Have We Learned?



- Discussed children and youth with disabilities and complex healthcare needs.
- Discussed Medicaid coverage and services:
 - Home and Community-Based Services
 - Case management and care coordination
- Explored the importance of care coordination for these children and youth:
 - Support team
 - Best practices for school/community care coordination
- Discussed critical factors to the care and education of children and youth with disabilities and complex healthcare needs.



Questions?

Email: SchoolBasedServices@cms.hhs.gov



Resources

- ▶ *Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming* guidance.
<https://www.medicaid.gov/medicaid/financial-management/downloads/sbs-guide-medicaid-services-administrative-claiming.pdf>
- ▶ Medicaid SBS Technical Assistance Center Resources.
<https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/medicaid-and-school-based-services/school-based-services-resources>
- ▶ National Association for School Nurses.
[Home - National Association of School Nurses](https://nasn.org/)
- ▶ Early Intervention Service Coordination services (Case Management) Code of Federal Regulation.
[eCFR :: 34 CFR 303.34 -- Service coordination services \(case management\).](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp_key=1&ecfr_part=34&ecfr_section=303.34&ecfr_title=34&ecfr_subpart=303.34&ecfr_currentness=final&ecfr_gpo_title=45)