A Lesson in Learning

The Intersection of K-12 Education and Behavioral Health –

An Honest Discussion of System Barriers

Office of Superintendent of Public Instruction

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Introduction

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Learning Objectives

- Participants will be able to discuss the important role of relationship building –inter and intra agency -- (i.e. health care and education systems) in addressing cross-systems initiatives.

- Participants will be able to list three benefits that resulted from the work of the regional pilot projects.

- Participants will be able to explain at least three barriers that schools face when accessing Medicaid funding for behavioral health services and potential solutions to these barriers.

Definitions

Behavioral Health or Behavioral Healthcare: Mental health and substance use prevention, intervention, and treatment.

Access to Care in the healthcare and education systems:

- Accessibility to healthcare services
- Capacity to offer fully integrated systems
- Funding for systems of care

Comprehensive School Mental Health: A full array of tiered supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness and substance use.

State Level

History & Context

- WA State Children's Behavioral Health Workgroup (CBHWG), legislatively established in 2016.
  - To identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population.

- Final report recommendations out in 2016
  - In 2017, House Bill 1713, created the Office of Superintendent of Public Instruction Children's Mental Health Regional Pilot Project directing OSPI to provide leadership in supporting two Educational Service Districts (ESD) to hire a dedicated staff person as a Behavioral Health Systems Navigator (Navigator).

Guiding Assumptions

1) School-based behavioral health service delivery is effective;

2) ESD regional coordination will increase access and reduce barriers to behavioral healthcare for K-12 students and families;

3) Fostering school and community partnerships increases access to care;

4) K-12 schools effectively use Medicaid reimbursement to expand health services to students; and,
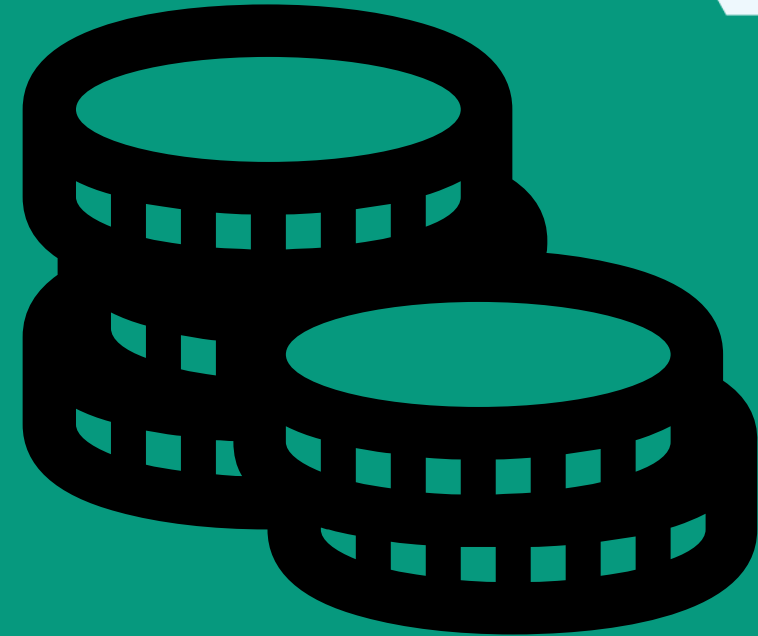
5) Medicaid billing is accessible for schools.

Funding Mechanism; Leveraging Match

State General Fund
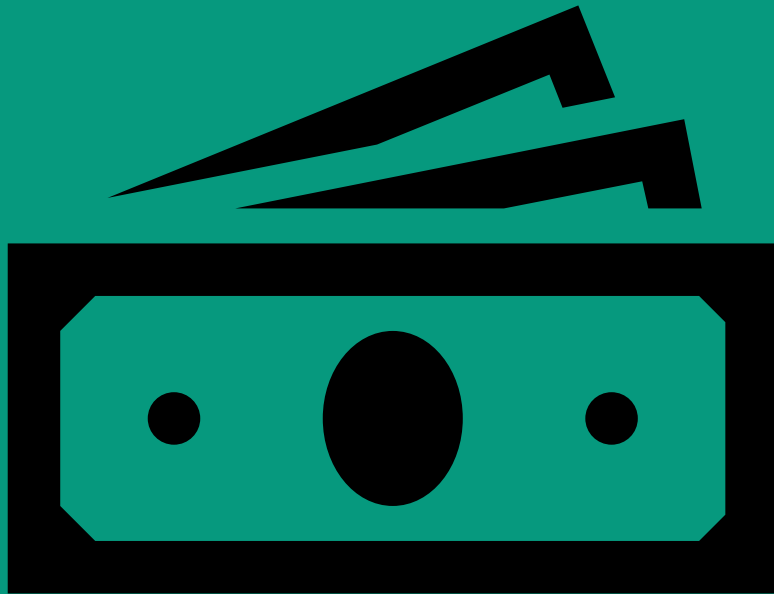
Medicaid Match

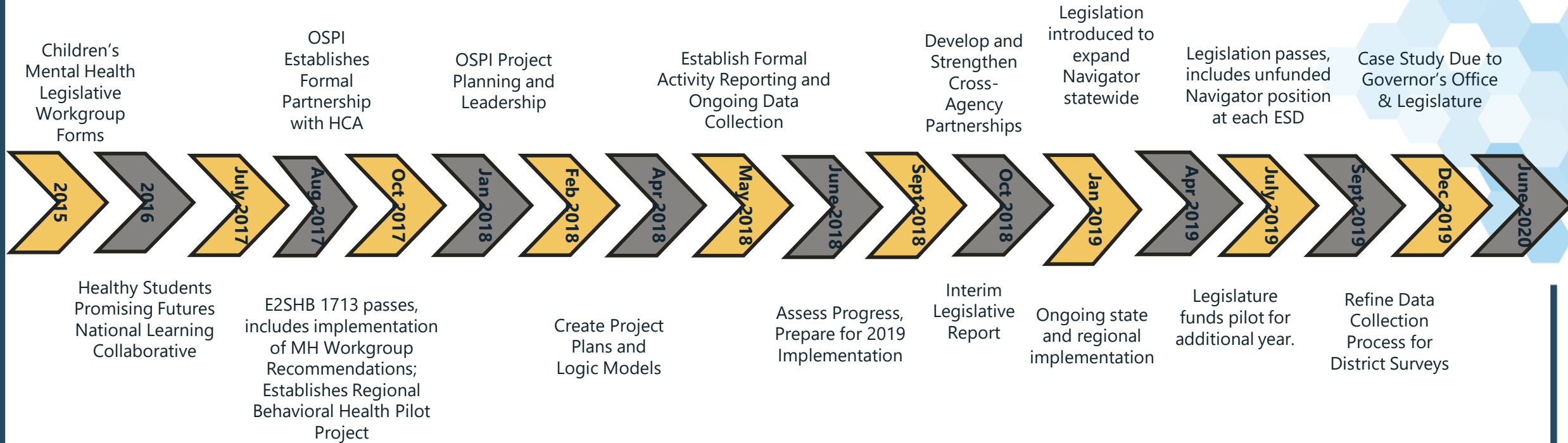# Cross-Agency Collaboration

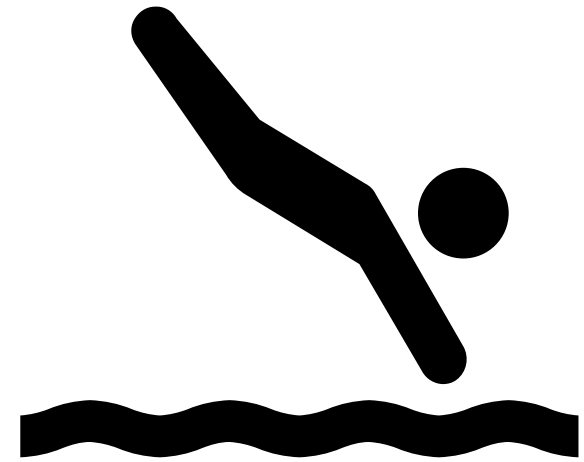# Leadership & Accountability

- State Leadership Role

- Project Evaluation Team

- Products to support replication

- Case Study & Legislative Recommendations

Children's Behavioral Health Regional Pilot Project Timeline and Status

Above the timeline:

- **2015** — Children's Mental Health Legislative Workgroup Forms
- **July 2017** — OSPI Establishes Formal Partnership with HCA
- **Oct 2017** — OSPI Project Planning and Leadership
- **Feb 2018** — Establish Formal Activity Reporting and Ongoing Data Collection
- **Sept 2018** — Develop and Strengthen Cross-Agency Partnerships
- **Jan 2019** — Legislation introduced to expand Navigator statewide
- **July 2019** — Legislation passes, includes unfunded Navigator position at each ESD
- **June 2020** — Case Study Due to Governor's Office & Legislature

Timeline arrows:
2015 | 2016 | July 2017 | Aug 2017 | Oct 2017 | Jan 2018 | Feb 2018 | Apr 2018 | May 2018 | June 2018 | Sept 2018 | Oct 2018 | Jan 2019 | Apr 2019 | July 2019 | Sept 2019 | Dec 2019 | June 2020

Below the timeline:

- **2016** — Healthy Students Promising Futures National Learning Collaborative
- **Aug 2017** — E2SHB 1713 passes, includes implementation of MH Workgroup Recommendations; Establishes Regional Behavioral Health Pilot Project
- **Apr 2018** — Create Project Plans and Logic Models
- **June 2018** — Assess Progress, Prepare for 2019 Implementation
- **Oct 2018** — Interim Legislative Report
- **Apr 2019** — Ongoing state and regional implementation
- **July 2019** — Legislature funds pilot for additional year.
- **Dec 2019** — Refine Data Collection Process for District Surveys

Project Level

Regional Partnership and Collaboration

Project Goal & Purpose

GOAL: "*To increase equitable access to care in K-12 settings for students in need of behavioral health supports through cross-system regional and state collaboration between schools and communities.*"

PURPOSE: "*To investigate the benefits of having a dedicated full-time staff person for networking with regional healthcare partners and K-12 school districts to coordinate behavioral health service delivery to students and families eligible for Medicaid.*"

Establishing the Behavioral Health System Navigator

Coordination

Coordination of Medicaid billing for schools and school districts in the ESD region.

Integration

Integration of service models to ensure the adequacy of system level supports for students in need of behavioral health supports.

Collaboration

Collaboration among pilot sites, OSPI, districts, schools, community partners, and other stakeholders to increase access to care.
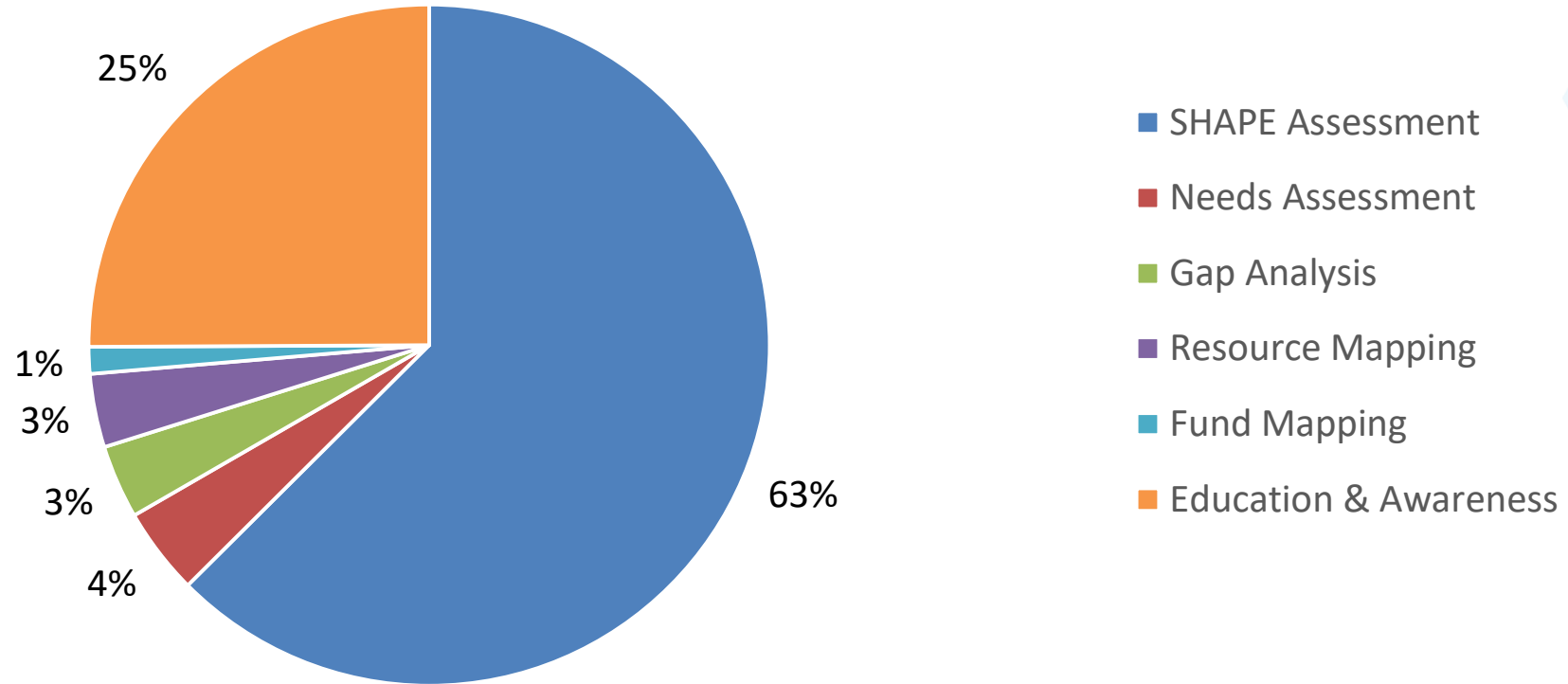
Facilitation

Facilitation of partnerships across systems (State-ESD-District-Regional Partners) to increase access to care.
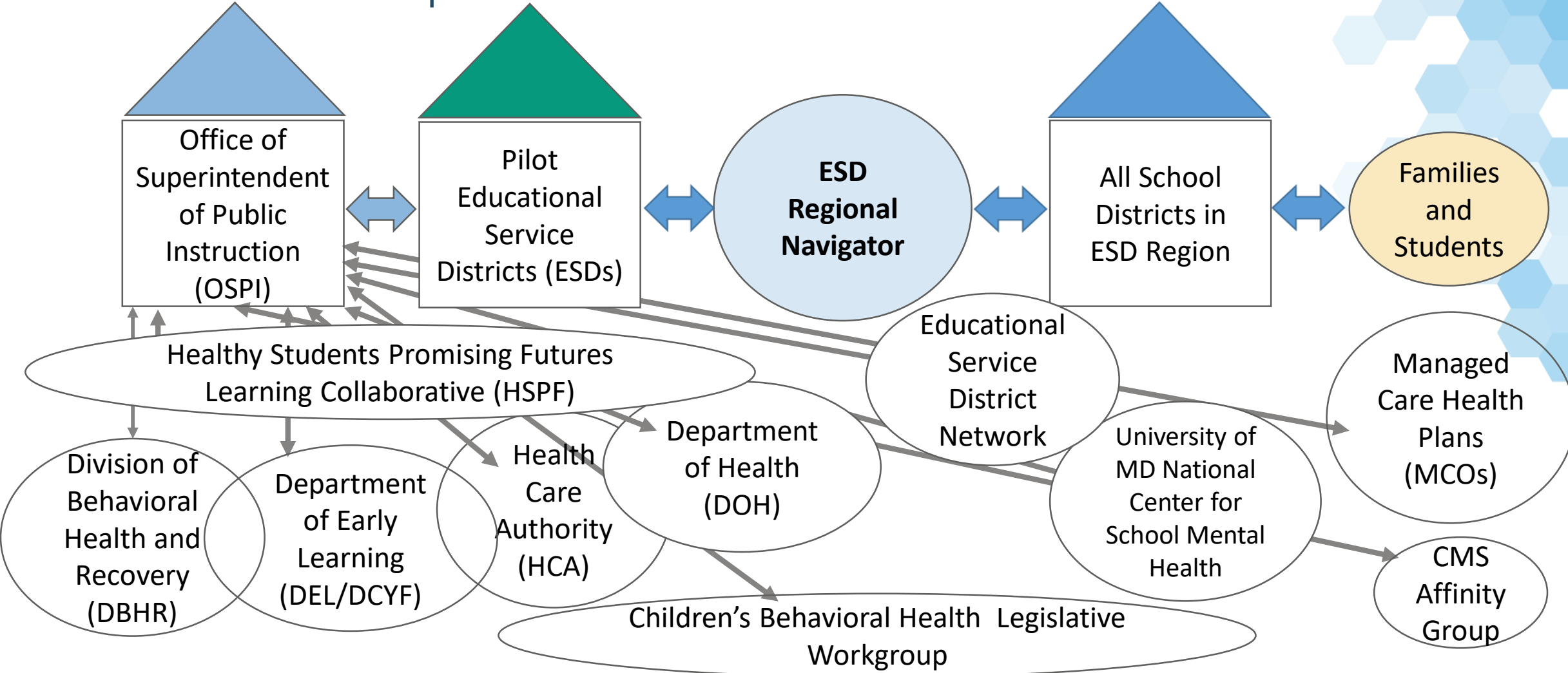
Types Of District Level Engagement Activities
June 2018 - June 2019
N = 315

- SHAPE Assessment
- Needs Assessment
- Gap Analysis
- Resource Mapping
- Fund Mapping
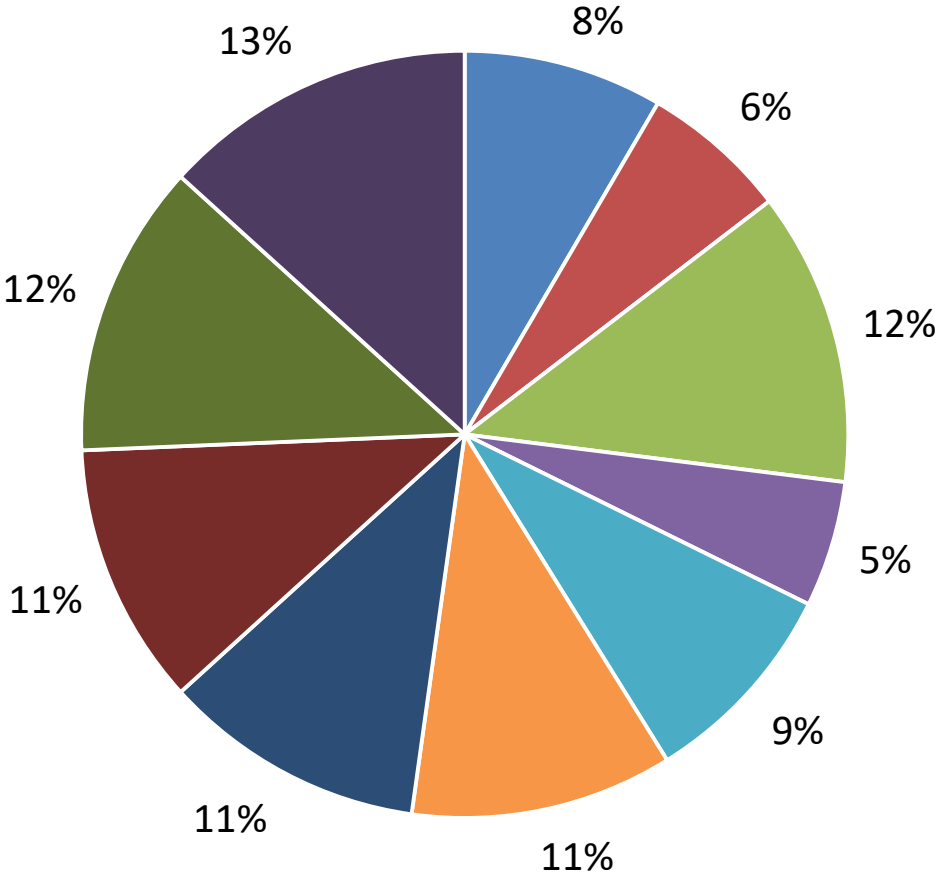- Education & Awareness

25%
1%
3%
3%
4%
63%

Relationships

Types Regional Stakeholder Participants
June 2018 - June 2019
N = 226

- District
- School
- ESD
- OSPI
- FYSPRT
- ACH
- MCOs
- BHOs
- CB-SUD
- CB-MH

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13%

Revisiting Our Assumptions...Lessons Learned

1. **The Medicaid system is complex** *(Assumption #4: K-12 schools effectively use Medicaid reimbursement to expand health services to students).*

2. **Medicaid Reimbursement Programs create multiple pathways to navigate** *(Assumption #5: Medicaid billing is accessible for schools).*

	School Based Health Care Services (SBHS)	Medicaid Administrative Claiming (MAC)	Managed Care Organizations (MCO)	Behavioral Health Organizations (BHO)	Integrated Managed Care (IMC)	Fee-for-service Program (FFS)
Service area	All counties	All counties	• Currently, physical health is managed by MCOs* and behavioral health is managed by BHOs in the following counties: ○ Mason, Thurston, Grays Harbor, Pacific, Lewis, Wahkiakum, Cowlitz, Clallam, Jefferson, and Kitsap. • By 2020, all physical and behavioral health will be covered through integrated managed care (IMC), managed by the MCOs. • See Attachment 1 for additional information. *Coordinated Care is the statewide MCO responsible for the Apple Health Integrated Foster Care Program for children and youth in foster care, adoption support, and young adult alumni.	• Apple Health offers integrated managed care in all counties except for Mason, Thurston, Grays Harbor, Pacific, Lewis, Wahkiakum, Cowlitz, Clallam, Jefferson and Kitsap. • See Attachment 1 for additional information.	All counties
What does/could the Medicaid program do?	Reimburses contracted ESDs, SDs, charter, and tribal schools for Medicaid-covered special education and early intervention related health care services.	Provides partial reimbursement to contracted ESDs, SDs, charter, and tribal schools for staff time spent performing Medicaid administrative activities.	Reimburses ESDs and SDs for Medicaid-covered physical health services and low-level behavioral health services.	Reimburses contracted ESDs and SDs for providing Medicaid-covered behavioral health services.	Reimburses contracted ESDs and SDs for providing Medicaid-covered physical & behavioral health services.	Reimburses ESDs and SDs for Medicaid-covered physical & behavioral health services.
Which students are eligible?	Title XIX Medicaid eligible students (0-20) with an individualized education program (IEP) or individualized family service plan (IFSP).	• All students (not just those that are Medicaid-eligible) can be the recipient of MAC reimbursable activities. • The application of a Medicaid Eligibility Rate (MER) determines the reimbursement amount to just those Medicaid eligible children.	Medicaid eligible students enrolled in an Apple Health MCO and who reside in non-integrated managed care regions, which includes: Mason, Thurston, Grays Harbor, Pacific, Lewis, Wahkiakum, Cowlitz, Clallam, Jefferson, and Kitsap.	Medicaid eligible students enrolled in Apple Health and who reside in non-integrated managed care regions, which includes: Mason, Thurston, Grays Harbor, Pacific, Lewis, Wahkiakum, Cowlitz, Clallam, Jefferson, and Kitsap.	Medicaid eligible students enrolled in an Apple Health managed care plan and who reside in integrated managed care regions.	Medicaid eligible students not enrolled in an Apple Health MCO. Examples of students who may be FFS: • American Indian/Alaska Native • Dual-eligible—Medicare/Medicaid • Individuals who meet certain criteria
How is student eligibility determined?	• Students must meet the definition of a child with a disability per the Individuals with Disabilities Education Act (IDEA) and must have an IEP or IFSP. • Referral by a physician or other Department of Health (DOH) licensed provider of the healing arts within the provider's scope of practice.	• All students (not just those that are Medicaid-eligible) can be the recipient of MAC reimbursable activities. • The application of a Medicaid Eligibility Rate (MER) determines the reimbursement amount to just those Medicaid eligible children.	• Medical necessity as determined by a physician or other qualified provider within the provider's scope of practice. • ESDs and SDs must contact the student's MCO to determine which services are available and to determine eligibility criteria. • Some services may require prior authorization (PA).	• Medical necessity as determined by a physician or a behavioral health professional within their scope of practice • Meets access to care standards. and/or American Society of Addiction Medicine (ASAM) criteria for substance use • ESDs and SDs must contact the student's MCO and/or BHO to determine which services are available and to determine eligibility criteria. • Some services may require prior authorization (PA).	• Medical necessity as determined by a physician or other qualified provider within the provider's scope of practice, including behavioral health professionals. ESDs and SDs must contact the student's MCO to determine which services are available and to determine eligibility criteria. • Some services may require prior authorization (PA).	• Medical necessity determined by a physician or other qualified provider within the provider's scope of practice. • ESDs and SDs must review HCA's Provider Billing Guides for detailed billing instructions. • Some services may require prior authorization (PA).

"Many people believe working with Medicaid is not a good investment, so having the ability to have the [Navigator] walk [districts/schools] through this process…to make direct connections…makes the system more human, more doable, more complete." –ESD Level Stakeholder

"[The pilot project] has increased visibility of current Medicaid funding for SBHS and MAC – one of the benefits is having someone on the ground, sharing this information, reengaging districts in this option…" –State Level Stakeholder

3. State-level coordination & leadership is important

(Assumption #2: ESD regional coordination will increase access and reduce barriers to care for K-12 students and families).

"What I like about the Navigator, is having someone know specifically what's happening in the region – knows each district – it's helpful to have someone local at the site."

--State Level Stakeholder

School-Based Health Services and Cross Agency Collaboration

Healthy Students, Promising Futures
In January 2017, the Health Care Authority (HCA) and the Office of the Superintendent of Public Instruction (OSPI) established the Washington State Healthy Students, Promising Futures (HSPF) state team. The team was formed after HCA and OSPI attended the National HSPF Learning Collaborative along with 14 other states in 2016. The state team includes representatives from OSPI, HCA, the Department of Health (DOH), the Department of Children, Youth, and Families (DCYF), the School-Based Health Alliance who represent school-based health centers (SBHCs), and Kaiser Permanente Thriving Schools. The team attends the national forum biannually and meets quarterly. The goals of the HSPF state team include expanding access to school-based health services through the School-Based Health Care Services (SBHS) and Medicaid Administrative Claiming (MAC) programs, as well as through SBHCs. This collaborative effort is also exploring strategies to expand services available in school settings through partnerships with Managed Care Organizations (MCOs) and other health partners.

School-Based Health Services and Medicaid
School-Based Health Care Services Program
SBHS is a fee-for-service, optional Medicaid program that reimburses contracted school districts, educational service districts (ESDs), charter and tribal schools for providing medically necessary services to Medicaid eligible children with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs). Currently, 203 school districts and 4 ESDs participate in the program which serves approximately 18,000 students annually. SBHS covered services, which include audiology, occupational therapy, physical therapy, speech language therapy, nursing and counseling services, are carved out of the MCO contract and offered fee-for-service. Children with IEPs and IFSPs may receive additional services outside of school through their MCO benefit package.

Medicaid Administrative Claiming Program
MAC is an optional Medicaid program that allows school districts and ESDs to receive federal reimbursement for administrative activities performed by school staff that support the goals of the Medicaid State Plan. Examples of eligible activities include outreach and providing information about Medicaid programs and covered services to students and families, assisting individuals in applying for or accessing Medicaid covered services, and referring students and families to health providers. Currently, the MAC program contracts with 49 school districts and has an annual budget of approximately $3.6 million.

Children's Behavioral Health Regional Pilot Project
The legislatively mandated Children's Behavioral Health Regional Pilot project, created from E2SHB 1713 (2017) and E2SHB 2779 (2018), requires OSPI to implement and study the efficacy of a regional coordinator in two ESDs (ESD 101 and 113) who will coordinate system-wide activities to maximize the delivery of behavioral health services to Medicaid eligible students in schools. The intended outcome of the pilot is to identify barriers and increase access to Medicaid covered behavioral health services for children. OSPI and HCA are exploring the possibility of MCOs contracting directly with ESDs and/or school districts to allow direct reimbursement for providing covered services to children who do not have an IEP or IFSP. To assist with implementation of this project, HCA executed two contracts with OSPI to provide federal matching funds for allowable activities such as cross-agency coordination, data requests, and providing technical assistance.

Managed Care Organizations
Due to the reversal of the CMS free care policy in 2014, school districts and ESDs now can contract directly with MCOs in order to receive reimbursement for providing health services not included in an IEP or IFSP. Examples of services that schools may now seek reimbursement for include vision and hearing screenings, diabetes and asthma treatment for students with 504 plans, behavioral health services, and any other Medicaid-covered health services provided to students who do not have IEPs or IFSPs. We know this model works because ESD 113 and Spokane Public Schools have been contracting with BHOs and billing for behavioral health services for years. MCOs have an interest in working with schools and this is an opportune time for MCOs to contract directly with each ESD or district in the state. This creates a unique opportunity to reach vulnerable and underserved children, thereby supporting children's health and achievement, while reducing overall healthcare costs and maximizing Medicaid funding for schools.

4. The education and healthcare sectors are different cultures and thus experience conflicting values about levels of behavioral health service needed for all *(Assumption #2: ESD regional coordination will increase access and reduce barriers to care for K-12 students and families).*

This stakeholder commented on how the Navigator is able to… *"Merge the two worlds – healthcare and school – and continues the conversation [outside of meetings], bridging the work that is already happening – putting it together into one big picture."* In a nutshell, making sure that partners are *"working from the same sheet of music."* –State Level Stakeholder

I tried to put myself in the shoes of a school counselor or school administrator in a building trying to connect a youth to services in this new system. Schools already find this task challenging, and it will only become more challenging with integration. Currently, referral sources only deal with ONE Medicaid system.

However, when transition occurs (in our region) they will be dealing with FOUR Medicaid systems (Amerigroup, Molina, United, and Coordinated Care for foster youth), all of which could end up having different access points and be contracted with a different provider network. Having someone at the ESD level who can help schools understand and navigate this system to connect youth to care is essential. --Navigator

Next Steps

Current Context

- 3rd year of pilot funding
- Position expanding to all regions, established in legislation, but not funded
- Pursuing full funding for the positions
- Legislative report—using to inform future policy
- Legislative workgroup continues to seek solutions to systemic barriers

Products used for Replication

- Interactive spreadsheet for SBHS cost/reimbursement projection for each district
- Playbook for ESD Navigator Position
- Communications materials
- Legislative report

Review of Learning Objectives

- Discuss the important role of relationship building –inter and intra agency in addressing cross-systems initiatives.

- List three benefits that resulted from the work of the regional pilot projects.

- Explain at least three barriers that schools face when accessing Medicaid funding for behavioral health services and potential solutions to these barriers.

Q & A

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