OPTIMIZING HEALTH CARE IN SCHOOLS BY ACCESSING MEDICAID FUNDING

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MANY THINGS WE NEED CAN WAIT, THE CHILD CANNOT,
NOW IS THE TIME HIS BONES ARE BEING MADE, HIS MIND IS BEING DEVELOPED.
TO HIM WE CANNOT SAY TOMORROW,
HIS NAME IS TODAY
GABRIELA MISTRAL
FRAMEWORK FOR THE 21ST CENTURY SCHOOL NURSING PRACTICE
COVERED SERVICES ARE SPECIFIC TO STATE MEDICAID CONTRACT

The child’s physician sends the school a statement of the diagnosis and treatment.

Service must be written into the IEP.

Services may include:

- Hearing services
- Clinical Social Worker
- Nursing services covered by a licensed RN
- Speech Therapy covered by licensed speech pathologist
- Physical Therapy covered by a licensed physical therapist
- Occupational Therapy covered by a licensed occupational therapist
- Autism Therapy
- Transportation, non emergent
- Psychologist Services
Each state sets up its own Medicaid program which includes coverage and financial criteria. 

1/3 funding is from state monies and 2/3 is federal monies.

Medicaid has a mandatory benefits package in all states: hospitalization, medical provider services, lab and radiology and transportation for Medicaid beneficiaries.

Program generally managed by the financial manager of the school/school system who is paid quarterly.
369,385 Indiana children receive Medicaid
173,107 children attending Indiana schools have IEP’s
47% of Medicaid Population in schools have IEP’s
SFY 2016= $12,146,403.62
MODELS FOR STAFFING CLINICS

-School corporation hires and pays an RN to manage the health clinic for a school that can bill Medicaid if they have an RN administering care

-School Based Health Center Clinics can utilize Medicaid or private insurance for student care

-Contracted services from hospital staffed school clinics, hospitals bills Medicaid or insurance for the services provided

-Private schools, charter schools, parochial schools- staffed with Unlicensed Assistive Personnel (parents, volunteers, teacher aids or secretaries), sometimes no services, sometimes nominal contracted services for children with special health care needs. At times there is no RN on staff who can provide any care, therefore cannot bill Medicaid
WHO BENEFITS FROM SCHOOLS RECEIVING MEDICAID FUNDING?

Students receive prescribed care while at school and on field trips

Teachers can devote time to teaching

Administrators see benefits in keeping students in school, special needs are addressed, compliance laws are met and additional funds are provided to district

Parents are assured of services provided
HOW CAN THIS PROGRAM BE ACCESSED FOR A SCHOOL?

Students are eligible for Medicaid depending upon the state’s approved plan and may include:

- Pregnancy
- Children in foster care or receiving adoption assistance
- Aged, blind, and disabled and they meet the financial criteria
- Family agrees to let the school bill Medicaid
INDIANA MEDICAID ADMINISTRATIVE CLAIMING

Help families identify and apply for Medicaid
Conferring with parents regarding child’s health needs
Arranging for health care
Collaborating with community agencies
Arranging transportation for families to access health care
Arranging translation services for family
Referral and coordination of care
STUDENTS RECEIVING SCHOOL SERVICES

Preschool (½ day in school with a licensed teacher) 4 year old girl with spastic cerebral palsy, learning disability, seizures, takes medications, and is wheelchair bound. She receives a gastrostomy feeding per G-button while at school.

School Aged (attends all day) 7 year old boy with L 1-2 myelomeningocele, shunted hydrocephalus, & neurogenic bladder, learning disability, takes medications, and ambulates with orthotics and crutches. Needs clean intermittent bladder catheterization every 4 hours (catheterized twice during the school day). Learning to do his own catheterizations

Adolescent/Teen (attends class all day) 15 year old young man with muscular dystrophy, learning disability, neurogenic bladder, wheelchair ambulator, on a low calorie meal plan, takes only thickened liquids, and needs some assistance at meals. Gets out of his chair twice daily and rests, and has (bladder catheterizations twice a day) at school. Unable to do catheterizations himself.
HELPING CHILDREN AND FAMILIES

Medicaid is the largest provider of public health insurance for children in the USA.
Provides needed financial support for public clinics, hospitals and long term care.

Federal regulations require states to cover children 6 years and under if family income is 133% of the federal poverty level, & children 6-18 years with family income less than 100%.

Federal funding for states Medicaid programs (FMAP) is based upon per capita income.

Medicaid funding frees other school funds previously used for health services.

Early intervention with school health services can minimize health problems from starting or progressing.
WHY?  HOW?  WHAT?

KIDS WITH DISABILITIES
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