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Coordinator Perspective on School Medi-Cal Programs

Results from Paradigm’s Policy Impact Survey

Earlier this year, Paradigm’s Policy & Research Division distributed a Policy Impact Survey to more than 170 California Local Educational Agencies (LEAs), including a handful of Local Educational Consortium (LEC) and Local Governmental Agency (LGA) program coordinators. The results published in this brief are intended to promote a better understanding of the role current policy issues play in day-to-day program operations and will also influence the focus of research and publications for Paradigm’s Policy Division in fiscal year 2012/13.

Method

The Policy Impact Survey was designed to gather input from school Medi-Cal reimbursement program coordinators about the level of influence they feel certain claiming and billing issues have on their Medi-Cal Administrative Activities (MAA) and LEA Billing Option programs.

The survey was composed of two main sections.

- Impact Scale:** Program coordinators were given a list of policy issues and asked to circle a number corresponding to a response on a scale ranging from “not at all” (1) to “extremely impactful”(5) to indicate which response best fit their opinion of the importance of an issue.
- Free-Form Question and Answer:** Program coordinators were asked a series of questions regarding their participation in school Medi-Cal programs and their experience with some of the issues on the Impact Scale.

Impact Scale Results



Program coordinators were asked, “In maximizing your Medi-Cal reimbursement, to what extent do the following issues hinder your claiming?” One hundred and seventy one responders identified the following issues as “somewhat prohibitive”(4) to “extremely prohibitive”(5).

Issue	“Somewhat Prohibitive”	“Extremely Prohibitive”
Restriction on claiming for health services provided to regular education students (Free Care)	20%	26%
Restriction on claiming medically necessary treatments for autistic students, often categorized as 'behavioral health' services in an IEP and therefore ineligible for reimbursement	26%	23%

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Issue	"Somewhat Prohibitive"	"Extremely Prohibitive"
Restriction on claiming for wheelchair van transportation services provided to non-wheelchair bound special education students facing other mobility challenges (LEA Transportation)	21%	22%
Requirement to obtain a prescription from a physician to bill eligible OT and PT treatments	11%	15%
Lack of administrator support (Superintendent, etc.)	25%	11%
Participant push-back from difficulty understanding program policies or intent	50%	9%
Duplicative, competing, or confusing state education and health regulations (IDEA, FAPE v. Medicaid)	29%	7%
Lack of administrative support (clerical support, etc.)	27%	6%
Difficulty obtaining consent from parents for Medicaid purposes as part of the IEP process (Parental Consent)	16%	2%

Free-Form Question & Answer Results

The second portion of the survey involved a series of six free-form questions. Results have been analyzed and grouped based on similar responses.

1. Reinvestment of MAA Funds: "How are MAA funds reinvested in your district (i.e., general fund, certain percentage to health programs or participating provider groups)? Do you or your MAA coordinator have control or influence over this process?"

With 136 program coordinators responding, the most common responses were

- 42% — General fund/No control over how funds are allocated
- 33% — General fund/Some control. A strong majority of responses in this category also indicated that where control was exercised, reimbursement funds were reinvested back into health programs
- 22% — Percentage of the reimbursement funds are distributed to participating school sites based on contribution or predetermined split amounts

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1 Richard Foster, April 22, 2010, Estimated Financial Effects of the Patient Protection and Affordable Care Act, as Amended, Centers for Medicare and Medicaid Services. Retrieved from <https://www.cms.gov/ActuarialStudies/Downloads/PPACA_2010-04-22.pdf>

2. Reinvestment of LEA Funds: "How does the LEA Billing Collaborative reinvest health funds in your district? For example, where are funds traditionally allocated, and how are allocation amounts decided (based on provider group participation, need, etc.)?"

With 102 program coordinators responding, the most common responses were

- 56% — Collaborative distributes LEA Billing reimbursements based on need
- 20% — Collaborative distributes LEA Billing reimbursements based on participation, to the provider groups that bill and generate reimbursements
- 19% — Reimbursements support specific, predetermined, health programs (i.e., Healthy Start sites, mental health programs)

3. LEA Transportation: "What types of disabilities in your district, other than need for a wheelchair, require wheelchair van transportation? Please list only the disabilities that would prevent a student from being transported in an automobile."

With 44 program coordinators responding, the most common responses were

- 68% — Autism, walkers, major seizure disorders, and severely emotionally disturbed students
- 16% — No students in our district fit this description

4. Mental Health (AB 3632/AB 114): "How has your district/SELPA decided to handle responsibility for these services (for example, contract with your county mental health (CMH) department, providing more services in-house, a combination, other)? What funding sources, other than LEA and MAA, are being used or researched to cover the costs related to these services?"

With 93 program coordinators responding, the most common responses were

- 33% — Contract with CMH/Special Education Local Plan Area (SELPA)
- 23% — Providing more services in the school (increased providers, additional support)
- 16% — Combination CMH/SELPA contract and an increase in services provided through the school

5. Health Care Reform: "Medicaid will be expanded greatly under health [care] reform. Between 2014 and 2019, it is expected to cover an additional estimated 2-3 million Californians¹, including roughly 870,000 children currently covered by the Healthy Families program. Does your district employ, or plan to employ, streamlined Medi-Cal enrollment processes, such as Express Lane Eligibility or contracts with Certified Application Assistants?"

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With 28 program coordinators responding, the most common responses were

- 61% — LEA-employed certified application assistants (CAAs) or clinic referrals available
- 18% — Contracted certified application assistants (CAAs) available
- 14% — Discussions pending

6. Impact Statements: "Have school-based Medicaid program reimbursements been used to save or supplement essential health staff or programs for students? What stories can you share about the positive effects these programs have had in your district or region?"

Sixty six program coordinators responded with positive statements of how school Medi-Cal reimbursement programs have benefited their LEAs. The following is a sampling of comments:

- *"Helps keep Healthy Start available in all 7 school districts, increases access to health care and assist with health outreach and screenings; [reimbursements are] critical to sustaining programs"*
- *"Keeps our school based clinic open. [Supports] drug prevention programs. The mental health counseling for low income families has been crucial to help families in crisis, e.g. suicide and self-harm."*
- *"Reimbursements provide the funding backbone to our essential health programs. We are a small, isolated rural district. If we don't provide programs, students don't have access."*
- *"[Reimbursement programs] make health services look good in a bad economy."*
- *"We have used reimbursements to supplement school nurse salaries. It has been extremely helpful with the rise in diabetic students."*
- *"Behavior support services and additional staff, without LEA funds those things wouldn't be possible. We (nurses, psychs, SLPs) are viewed as beneficial to the district because of revenue generated."*

Additional Resources

Paradigm would like to thank those who lent their feedback to the Policy Impact Survey. This information is invaluable to the study and continued improvement of Medi-Cal program policy in California.

More information on policy issues discussed in this brief is available at Paradigm's [Policy Center](#), our online resource for issue analysis, industry news, and primary source documentation tailored to Medicaid reimbursement programs.

[Free Care
Health Reform](#)

[Mental Health/AB 3632
Parental Consent](#)

[Third Party Liability](#)