

# NAME TAG

National Alliance for Medicaid in Education, Inc.  
Take a Glance  
Volume III Number 2

March 2007

**N A M E**

National Alliance for Medicaid in Education, Inc.

*Providing a network among stakeholders to share information on issues pertinent to Medicaid programs in public education.*

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## President's Corner

Dear Colleagues:

Increasingly, the demands placed on states to receive and retain Medicaid funds for school-based special education services have become difficult. Medicaid in the schools was drafted into law with the intention of providing relief to states for the increased costs that have come with IDEA mandates. It was designed to be a partnership of support.

NAME is the only national organization that represents both Medicaid and Education issues and provides an on-going dialogue that makes these two worlds, which speak different languages, understandable. NAME is a clearing house for newly emerging information as well as a repository of information needed to understanding the forces that have shaped Medicaid claiming for Special Education services. The role of NAME enters and makes clear, once again, why there is a need for the organization, and why you benefit as a reader of the NAME TAG newsletter.

The organization has the ability to generate new information in response to the expressed needs and inquiries of its members. Surveys can be designed, distributed, analyzed and results published on its website. These surveys have and will address concerns such as, how other states responded to the new IDEA requirement for parental consent, and how and if other states claim for special education populations in charter schools, to name a few.

Whatever choices are made with regard to evolving policy implementation or policy advocacy, current, accurate and clearly explained information is needed -- now more than ever. NAME will increasingly work to be that focal point of information.

With reference to Shakespeare: *"What's in a name?"* A lot -- if it's NAME!

Sincerely,



Brenda Mack-Bowman  
2006-2007 NAME President

### 2007 NAME Board Meeting Dates

- January 11, 2007  
Board Business
- February 8, 2007  
National Issues
- March 15, 2007  
Board Business  
(*Minneapolis, MN*)
- April 12, 2007  
National Issues
- May 10, 2007  
Board Business
- June 14, 2007  
National Issues
- July 12, 2007  
Board Business
- August 9, 2007  
National Issues
- September 13, 2007  
Board Business
- September 28, 2007  
Annual Meeting  
(*Minneapolis, MN*)

Watch the NAME web site for the most current updates.  
<http://www.medicaidforeducation.org/>

### Responding to Change

Some people see the near term future of school-based Medicaid reimbursement as a depressing scenario where there are no Medicaid reimbursement dollars for school administrative and transportation services, where the free care issue eliminates health care for fragile populations by removing the ability of LEAs to provide *pro bono* services, where no dollars are available for TCM in the educational environment, where LEAs cease participation in Medicaid reimbursement programs because the bureaucratic burden far outweighs financial reward, and where the submission of any SPA exposes established school reimbursement programs to *ex post facto* review.

I believe NAME has matured to the point where it can be a useful resource during these conflicted times. We have developed a network of more than 35 states, maintain a topical website, produce this useful newsletter, and our annual conference has become nearly indispensable to those concerned about Medicaid in the schools, both from the public and private sectors. Personal and professional friendships have been born and flourish under NAME's umbrella. We have begun the process of building strong ties with other professional organizations, and our voice is beginning to be heard on national issues.

To continue our growth and increase our usefulness, NAME must continue to evolve. This process of organizational maturation, of orderly change, has some definable components. These include:

- Drafting and adoption of job descriptions for each Board officer position
- Establishment of a formal, open nominating process for Board and Board office positions
- Adoption of simplified operating rules for Board meetings, including a consent calendar, and allowing ample time for debate when an issue has been placed on the floor and with all speakers recognized by the Chair
- A requirement that Board members are prepared to participate at Board meetings and implementation of some requirement for attendance or loss of Board status
- Closer scrutiny of issues before a decision is made to send them to the bylaws committee. Referral to the Bylaws Committee delays decision-making and may restrict needed flexibility. (Were it not for the good work of Jane Reagan, we would still be on revision one.)

We will take the opportunity in this and future NAME TAGS to recognize a few individuals who devote a great deal of time and energy to ensuring the success of NAME:

- Amy Edwards and Larry Charny make NAME TAG a valuable medium
- Mike Albino manages the NAME website and keeps it topical and timely

We continue to add bright and industrious Board members who are prepared to commit their time to a common purpose; to make NAME as effective as possible in achieving its goals. I see a NAME that is well grounded in its core values, but flexible enough to meet the challenges we all know are ahead. I look forward to working with you to make that happen.

Liz Touhey  
President-Elect

## 2006 - 2007 Officers and Board Members

### President

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### LEA Representative

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## Issues Corner

### A Date with the NPI

As of **May 23, 2007**, the compliance date, the National Provider Identifier (NPI) will be the only health care provider identifier that can be used for identification purposes in standard transactions by covered claiming entities.

The NPI is a number assigned by the National Plan and Provider Enumeration System (NPPES) based upon identifying information collected on health care providers. This is an out-growth of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which mandated the adoption of a standard unique identifier for health care providers.

This 10-digit number (NPI) must be used in place of “legacy provider identifiers” (e.g., Provider Identification Numbers (PINs) used in Medicaid claiming and Unique Physician Identification Numbers (UPINs) used in Medicare claiming. They do not include taxpayer identifier numbers (TINs) such as Employer Identification Numbers (EINs) or Social security Numbers (SSNs).

For further information, contact <https://nppes.cms.hhs.gov>; or call 1-800-465-3203.

### A Holistic View of School-Based Health Services Delivery

From: **PEDIATRICS: Official Journal of the American Academy of Pediatrics**  
“An Elementary School-Based Health Clinic: Can It Reduce Medicaid Costs?”

School-based health services have evolved from primarily controlling communicable disease to comprehensive programs with direct services, education, and improvement of the school environment. School-based health clinics (SBHCs), currently 1157 in number, are used to reach children for preventive and other routine care. Although several studies have examined the costs and effects of such programs, few, if any, have examined their potential to save Medicaid program outlays. ... The results [of this study] strongly suggest that the operation of a SBHC can have effects on the child’s use of services and health care expenses. Given that these clinics serve all those who come for care and many of these are low-income children, these savings are likely to accrue to the Medicaid program of the state. As states continue to implement Medicaid-managed care for their child populations, they will need to consider the ability of SBHCs to participate in and receive Medicaid revenues through health maintenance organization networks.

Access to the entire article can be found at:

<http://pediatrics.aappublications.org/cgi/reprint/105/4/780>

## 2006- 2007 Committees

### Standing Committees

#### By-Laws Committee

Jane Reagan, Chair

#### Nominating Committee

Cathy Griffin, Chair

#### Membership Committee

Tricia Krotenberg, Chair

#### Communication Committee

Amy Edwards, Co-Chair  
Larry Charny, Co-Chair

#### Web Committee

Michael Albino, Chair

#### Finance Committee

Dann Stevens, Chair

#### Long Range Planning Committee

Dann Stevens, Chair

#### Education and Research Committee

Cathy Griffin, Tri-Chair  
Barbara Neely, Tri-Chair  
Nora Poisella, Tri-Chair

#### Governmental Affairs Committee

John Hill, Chair

### Conference Committee

#### 2007 Conference Co-Chairs

Cathy Griffin and Teresa Pastore

#### 2007 Conference Subcommittees

##### Local Logistics

Cathy Griffin, Chair

##### Education and Program

John Hill, Co-Chair  
Jane Reagan, Co-Chair

##### Communication

Teresa Pastore, Chair

##### Charity Auction

Janet Lowe, Chair

##### Budget and Finance

Dann Stevens, Chair

## Medicaid Enrollment Delays Due to New Federal Law

By

Linda Nablo

Director, Maternal and Child Health Division

Virginia Department of Medical Assistance Services (DMAS)

Thousands of children in Virginia are facing delays when they apply for Medicaid because of a new federal law. The Deficit Reduction Act of 2005 (DRA) included a requirement for those who claim to be U.S. citizens to document both their citizenship and identity when applying for or renewing enrollment in Medicaid programs. The Centers for Medicare & Medicaid Services (CMS) developed regulations for implementing this new requirement that identified acceptable forms of proof and required that only *original* documents (not photocopies or notarized copies) be accepted.

After the DRA went into effect on July 1, 2006, there was an immediate and dramatic impact on the enrollment of children in the Virginia Medicaid program. In the first month following implementation the net enrollment of children dropped by over 4,000. This decline continued for the next several months and by the end of the year over 11,000 fewer children were covered. The Virginia Department of Medical Assistance Services (DMAS) also reported a growing backlog of pending applications as families struggled to produce the required documents.

Although verification of citizenship and identity is a one-time requirement, it means that during the first year of the new law (July 1, 2006 to June 30, 2007) documents must be verified for **every** child already enrolled (over 350,000 in Virginia) and going forward, for every newly-applying citizen child. These are children who come from families in the lowest income brackets and the reality is that they rarely have the one document that could easily prove both citizenship and identity: a U.S. passport. In many cases, just obtaining an original birth certificate to prove citizenship is a financial hardship for these families and it can be especially difficult if the child was born out of state. For those children who already have birth certificates to prove citizenship and driver's licenses or school photo IDs to prove identity, the families are understandably reluctant to mail in these original documents. Taking time off from work to handle the application process in person thus becomes almost a necessity.

Throughout the summer and fall of 2006, states developed strategies to try and help families comply with the new requirement. In Virginia DMAS worked with the Department of Social Services and the Department of Health's Office of Vital Records to create new policies and procedures. Current enrollees were informed of the new requirement, application processing times were extended to allow families more time to obtain the required documents, new forms were created, applications were modified, certain community programs were empowered to verify original documents, and the Office of Vital Records began expediting verification inquiries of Virginia births. Yet, even with these Virginia agencies working together to streamline procedures to ease the verification of documents, the procedures still remain cumbersome for many families and often cause a significant delay in approving coverage for a child.

Over 27 million children across the U.S. are covered by Medicaid. Therefore, when Medicaid requirements change, significant numbers of children across the country are affected. In fact, since the DRA went into effect, states throughout the nation have reported problems with delays and declining enrollments for children's Medicaid, similar to those experienced in Virginia.

The problem is a nationwide problem and ultimately requires a nationwide solution. But in the meantime, schools are in a unique position to help educate families about these new Medicaid requirements. School nurses, school nutritionists, and other school staff are a trusted source of information for families who are sometimes reluctant to ask other government agencies for information. If schools find ways to communicate the requirements of this new law to families it could help them be more prepared with needed documents when they enroll or renew.

There are still nine million children in the U.S. who are without health insurance, most of whom are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP). Working in partnership, we can cover more kids.

For more information about this new law, visit the CMS website at:

[www.cms.hhs.gov/MedicaidEligibility/05\\_ProofofCitizenship.asp#TopOfPage](http://www.cms.hhs.gov/MedicaidEligibility/05_ProofofCitizenship.asp#TopOfPage).

### **Three Federal Initiatives: The Good, the Bad and Undecided**

There are three initiatives that relate to health care in schools. Two are proposed by the administration and the third is a bill proposed by Senator Dodd. The administration is proposing to eliminate Medicaid funding for transportation services listed on a child's Individualized Education Program and also eliminate Medicaid funding for school activities that assist in the administration of a state's Medicaid program. Both were targeted in the last federal budget but survived the federal ax. NAME has not received any information on their current fate. The fate of these two revenue streams for states and LEAs is still very much in jeopardy. See Kennedy/Dingell Bill - Protecting Children's Health in Schools Act of 2007:

<http://www.medicaidforeducation.org/pdf/ProtChildHealthSchoolsAct2007.pdf>

A second initiative is the CMS Notice of Proposed Rule Making for cost limits for providers operated by units of government. The target may have been government run hospitals, nursing homes and other health care facilities but school districts and State plans for Medicaid in Education programs will be part of the collateral damage. The eternal optimist will see this proposed rule as an opportunity for States and LEAs to realize full reimbursement for costs of providing Medicaid eligible services in the school setting. That is if an equitable cost allocation methodology is allowed. What LEA would not want to receive funding equal to its cost for providing a service? The proposed rule requires that the governmental provider retain all of the Medicaid reimbursement. States would not be allowed to share in the federal Medicaid revenue even though they often bear most of the cost.

To achieve full reimbursement for costs may require a sophisticated and expensive cost accounting system that could eat into a significant portion of the promised revenues. It is also unclear what the definition of cost is. States and LEAs beware.

There is some good news: Senator Dodd introduced a bill that will make \$50 million available for school based health centers to help serve uninsured children. School based health centers are not new concept. Targeted for poor children, there growth has been stymied by lack of funding mechanisms. A school based health center can be an important resource for service the disable in schools. Hopefully this is also an indication that Congress may be willing to offer support to LEAs and States in meeting the rising costs of health related services for the disabled.

### Membership Committee

#### • The LEA Connection

NAME's organizational purpose is to promote integrity, collaboration, and success among all stakeholders; and, to facilitate a network to share information on issues pertinent to Medicaid programs in public schools.

Do you as a member of NAME and a local educational entity know that NAME values your input? Two members of the Board of Directors represent you at each Board meeting:

Barbara Neely, RN                      [bneely@mesd.k12.or.us](mailto:bneely@mesd.k12.or.us)  
Kathleen Cummings Merry        [merryk@resa.net](mailto:merryk@resa.net)

As an LEA representative, we can speak of issues and concerns that are prevalent in our regions, but we need input from other LEA members across the nation to adequately share information from an LEA perspective and to provide input to the long-term strategies of the organization.

Let us hear from you.

### Governmental Affairs Committee

#### • Parental Consent Update

On March 8, 2007, the NAME Governmental Affairs Committee received a response letter from Alexa Posny, Director of Office of Special Education and Programs (OSEP) regarding the October 13, 2006 letter from NAME pertaining to the need for "Informed Parental Consent" prior to billing Medicaid for medically related IEP services. OSEP's response indicated that an informed parental consent must be obtained for each IEP, if the school intends to bill Medicaid for medically related services which are included in the student's IEP.

While OSEP's response is basically the same as previous responses to similar inquiries from other entities, the OSEP letter to NAME did go on to explain how the informed parental consent could be obtained by another agency, such as the State Medicaid Agency, and that under this condition the LEA would not be required to seek a separate consent as long as the consent meets the requirements of 34 CRF §300.9 and 300.154(d). However, it also specified that the school would have to maintain a copy of the consent obtained by the other agency. Needless to say, the response raises several questions regarding confidentiality, feasibility and implementation.

In her letter to NAME, Director Posny offered to meet to discuss potential areas of collaboration, which NAME has accepted. In keeping with its mission to involve all stakeholders, NAME has also invited representatives from the American Association of School Administrators (AASA), the National Association of State Directors of Special Education (NASDSE), the LEAnet and a representative from a local education agency to participate in the meeting with OSEP that has been scheduled for May 9, 2007.

The March 8, 2007 OSEP response letter as well as the October 13, 2006 NAME letter of inquiry can be found at:

<http://www.medicaidforeducation.org/>

For additional information, please contact:

John Hill, Chair  
NAME Governmental Affairs Committee  
Indiana Department of Education  
317-232-0864  
[jhill@doe.state.in.us](mailto:jhill@doe.state.in.us)

• **LEAnet Second Annual Convening: May 9 - 11, 2007**

LEAnet will be holding its second annual convening in Washington, DC on May 9 - 11, 2007. The activities include an early bird briefing and reception, series of presentations on pending federal legislation and issues pertinent to school-based Medicaid and health services.

Confirmed speakers include:

*Bruce Hunter*, Associate Executive Director, Public Policy. Bruce directs the legislative efforts of the American Association of School Administrators in Congress and the US Department of Education

*Amy Hall*. Amy is a professional staff member of the House Energy and Commerce Committee

*Theda Zawaiza*. Ms. Zawaiza is the Senior Disability Policy Specialist for the House Education and Labor Committee.

*Greg Morris*, Attorney at Law and Executive Director LEAnet. Greg is one of the nation's foremost experts on Medicaid as it relates to special education.

For more information visit: <http://www.theleanet.com/>

## Nominations Committee

• **Sorry To Announce/Happy To Report**

In December, the Board lost two vital members: Joseph Greene, LEA Representative from Seminole County Public Schools and Fritz Jenkins, Region X Representative from the Oregon Department of Human Services. The Nomination Committee received recommendations about and solicited interest from individuals willing to serve in these positions. The Committee recommended and the Board approved the following individuals to fill these vacancies for the remainder of the terms:

**Region X**

Michelle Lyons-Brown  
Alaska Medicaid State Coordinator  
[Michelle\\_Lyons@health.state.ak.us](mailto:Michelle_Lyons@health.state.ak.us)

**LEA**

Kathleen Cummins Merry  
Executive Director Governmental Affairs  
Wayne County Regional Educational Service Agency, MI  
[MerryK@resa.net](mailto:MerryK@resa.net)

Michelle brings a wonderful variety of experience and perspectives to the board. She began her career as a teacher and is also a licensed social worker. She has worked in public assistance as an Eligibility Technician and now holds the position of Medical Assistance Administrator responsible for the Medicaid State Plan and is also the Statewide Olmstead Coordinator. Michelle has five years experience with Medicaid in Education issues and believes her "unique" perspectives "will prove to be an asset" to NAME and she looks forward to serving you.

Kathy has spent the last thirteen (13) years involved with Medicaid in Education issues. As the Executive Director of Governmental Affairs for 34 school districts, she definitely has her fingers on the pulse of both state and federal legislative activity. Prior to this, she held positions in an Alternative School Program setting as well as a residential treatment facility. In both of these programs she was engaged in activities relating to delivering of health care services as well as regulatory and funding matters. Kathy told us "it was Wayne RESA that brought Medicaid reimbursement to the state of Michigan.... So I have been through all phases of school based services development, implementation and refinement." She will certainly be able to relate to the concerns of our LEA members.

Cathy Griffin, Chair  
NAME Nominations Committee

## Communications Committee

As requested, a compass in navigating the sea of acronyms:

<b>AAIDD</b>	American Association on Intellectual and Developmental Disabilities (AAMR)
<b>AASA</b>	American Association of School Administrators
<b>ADA</b>	Americans with Disabilities Act
<b>CBO</b>	Congressional Budget Office
<b>CHIP</b>	Children's Health Insurance Program
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CPE</b>	Certified Public Expenditures
<b>CPSE</b>	Committee on Preschool Special Education
<b>CSE</b>	Committee on Special Education
<b>DOE</b>	Department of Education
<b>DRA</b>	Deficit Reduction Act
<b>EI</b>	Early Intervention
<b>EPSDT</b>	Early Periodic Screening Diagnosis and Treatment
<b>FERPA</b>	Family Education Rights and Privacy Act
<b>FFP</b>	Federal Financial Participation
<b>FFY</b>	Federal Fiscal Year
<b>GAO</b>	General Accounting Office
<b>HHS</b>	Health and Human Services
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IEP</b>	Individualized Education Plan
<b>IFSP</b>	Individualized Family Service Plan
<b>IGT</b>	Inter Governmental Transfers
<b>LEA</b>	Local Education Authorities
<b>LGU</b>	Local Government Unit
<b>LRE</b>	Least Restrictive Environment
<b>MAC</b>	Medicaid Administrative Claiming
<b>MMIS</b>	Medicaid Management Information System
<b>MOA</b>	Memorandum of Agreement
<b>MOU</b>	Memorandum of Understanding
<b>NAME</b>	National Alliance for Medicaid and Education
<b>NASDE</b>	National Association of Special Education Directors
<b>NPI</b>	National Provider Identifier
<b>OIG</b>	Office of the Inspector General
<b>OSEP</b>	Office of Special Education Programs
<b>OSERS</b>	Office of Special Education & Rehabilitation Services
<b>RFA</b>	Request for Application
<b>RFP</b>	Request for Proposal
<b>SCHIP</b>	State Child Health Insurance Program.
<b>SEA</b>	State Education Agency
<b>SPA</b>	State Plan Amendment
<b>SSA</b>	Social Security Administration
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Income
<b>TCM</b>	Targeted Case Management
<b>TPHI</b>	Third Party Health Insurance
<b>USDOE</b>	United States Department of Education



# The Fifth Annual NAME Conference

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2007 Annual Conference  
*Bridge to Understanding*  
September 25th-28th,  
Minneapolis Hyatt Regency Hotel

## Conference Focus

The theme of this year's conference, "*Bridge to Understanding*", acknowledges that Medicaid and Special Education are two complex systems, both structured over 30 years ago. Each has a strong foundation containing thick layers of regulations and requirements coupled with great expectations to serve children with disabilities. These programs appear to be different on the surface, yet they share some basic values and goals.

Both Medicaid and Special Education are obligated to serve children with disabilities. There are nearly 7 million children and youth with disabilities receiving special education and related services in America's schools and almost 24 million children enrolled in the Medicaid program. This year's conference will strive to help attendees gain a better understanding of the relationship between Medicaid and Special Education through courses, breakout sessions and forums that bridge the two systems.

The Goals for this 2007 Conference are to:

- **Connect policies:** increase and strengthen our knowledge and understanding of current and proposed federal and state statutes and regulations for both programs;
- **Connect services:** provide opportunities to learn more about other states' programs, including unique features, common processes and best practices; and
- **Connect people:** help attendees establish and/or strengthen relationships with their counterparts from across the country while remaining focused on outcomes for children and students with disabilities.

A new feature of the conference this year is a half-day "Meducaid" Academy on Tuesday afternoon for those attendees interested to gain a basic understanding of Medicaid and/or a basic understanding of Special Education including how the two are linked together. The session is tentatively scheduled from 1:00 to 4:30 pm on September 25th. Attendees will need to register separately for the session, there will be an additional fee, and registration will be limited. More information about the Academy will be provided in the registration material and on the NAME web site.

Anyone wishing to submit a proposed presentation or conference sponsorship, please visit the "Invitation to Participate" at: <http://www.medicaidforeducation.org/content.asp?a=122>

Questions or thoughts about the conference? Contact Conference Co-Chairs:

Teresa Pastore at [teresa.pastore@umassmed.edu](mailto:teresa.pastore@umassmed.edu) or 617-886-8078

Cathy Griffin at [cathy.griffin@state.mn.us](mailto:cathy.griffin@state.mn.us) or 651-582-8263

## Frequently Asked Questions Corner

... and the answers to the questions that appeared in the last issue of NAME TAG are:

Q. Does NAME have a political agenda?

No. NAME provides information to enable stakeholders to make intelligent decisions with regards to issues affecting Medicaid in the Schools.

Q. Can I access information from NAME without being a member?

The NAME website is accessible to everyone. The advantage of being a member is that NAME notifies all members when significant postings are made to the website.

Q. How do I keep current with the fast changing information that is emerging on Medicaid claiming requirements?

Become more involved in NAME. Although NAME posts all current information related directly or indirectly to Medicaid in Education programs on its website there is no substitute for getting involved in the various committees and serving on the Board. Active members are always reaching to other members for advice and information. As result many friendships have been formed and programs have benefited.

Q. I'm new to the world of Medicaid claiming and lost in a forest of acronyms. Where do I turn for help?

There are two Medicaid primers that we recommend. Both of these documents give the basics of the Medicaid program. A link can be found on the NAME website, under the drop down box "Medicaid Information", select Links of Interest. Look for the two selections titled Medicaid Primer. Also, plan on attending the Medicaid Academy at the 2007 NAME Conference in Minnesota on September 25.

Q. What are the difference between NAME and LEAnet?

The following lays the foundation to delineate the similarities and the difference between NAME and LEAnet, two organizations whose stakeholders are primarily the same - State and LEA representatives.

### *Similarities between NAME and LEAnet*

- The intended audience consist of States and Schools
- National Focus
- Common issues and concerns

### *Differences between NAME and LEAnet*

#### NAME

- State Perspective
- By definition, States are the stewards of the federal government
- Limited to informational
- Board Structure with Regional Representatives
- Focus on Medicaid Reimbursement in the Schools
- Decisions are made slowly and deliberately (mostly as a result of the board structure)
- Limited by State Agency restrictions

#### LEAnet

- LEA Perspective
- LEAs are the stewards for the Department of Education and the Children
- Advocacy
- Standard Board Structure
- Focus to protect and enhance school program
- Decisions making happens quickly
- Limited by LEA restriction

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