Deficit Reduction Act (DRA) of 2005

President Bush signed the $39 billion bill during early February. It took almost a year to complete the bill and because so much of it is controversial, it barely passed. While our colleagues in Medicaid are busy trying to analyze the upside and the downside of the Act, there is not much in the Medicaid revisions that affect services provided in schools.

Due to a clerical error, the bills passed by the House and Senate were not identical which is unconstitutional. Apparently this has never happened before, so no one is quite sure what to do. Some argue it was signed and is therefore law and can be fixed “in a technical way.” Others disagree and advise that Congress will need to reconvene and vote on the technically correct version. We will try to monitor this historical Congressional foible.

Beyond the technicalities, two sections of the Act that have some potential to impact Medicaid in schools are Sec. 6035 (Enhancing Third Party Recover) and Sec. 6052 (Targeted Case Management). However, our first inclination is there will be little to no impact on Medicaid in schools because of these two changes. NAME will be conducting a short survey related to Targeted Case Management (TCM) to determine if there is any impact created by the Act which clarifies the definition of TCM.

The DRA clarifies that TCM includes:
- Assessment of the eligible individual to determine service needs;
- Development of a specific care plan to address the individual’s needs;
- Referral and related activities to get needed services for individual;
- Monitoring and follow-up to assure care plan meets individual’s needs.
DRA 2005, cont.

The DRA also clarifies that TCM does not include the direct delivery of medical, educational, social or other services the individual needs. There is much effort spent to describe how TCM does not cover direct delivery of foster care services and that Medicaid funding is only available for TCM if there are no other third parties liable to pay for such services, including reimbursement under a medical, social, education, or other programs. How IDEA regulations fit with this clarified definition will need to be determined.

President’s Corner

To say there is a lot of activity at the federal level related to Medicaid in the schools, is a gross understatement. Those of us in State Medicaid or Education Agencies seem to be falling on two sides of the fence. Some of my colleagues are asking if we all need to dust off our resumes because within the next year we will all be out of jobs. Others among us are all sure that most everything will be different, but fine, when the dust all settles.

 Needless to say, during the next few years we are all going to be on the same journey. Our journey will require that we share our talents and knowledge with each other to make sure that when the final destination of this particular journey is reached, we are at a destination where the intersection of Medicaid and IDEA finally happens.

I hope you pack your bags and journey with us. Together we will find our way to where we need to go. Hopefully along the way we will gain a deeper understanding of how to increase the possibilities for children with disabilities and a new found respect for our colleagues in every level of government across the nation.

With warmest regards,

Cathy Griffin, President
“Journey Through the Crossroads”

Indianapolis, Indiana
October 4 through October 6, 2006

The Conference Committee is busy planning for the 2006 NAME Conference being held in Indianapolis October 4th through October 6th. Several committee and board members will participate in a site visit on March 16th and 17th.

“Journey Through the Crossroads” is the theme selected by the Conference Committee and approved by the Board. At a time when we find ourselves poised to make decisions about how to overcome the challenges that surely are ahead, we must encourage ourselves to make choices that will lead us down the best path as we continue on our journey.

The committee has defined specific objectives for the conference which are based on the feedback from previous conferences. The goals of the 2006 conference are to:

1. Enhance communication with LEA representatives.
2. Provide an opportunity for discussion and technical assistance related to national topics of interest related to School-Based Medicaid Programs, including free care issues, rate setting methodologies, and the Deficit Reduction Act of 2006, etc.
3. Receive input from state personnel, LEA representatives, and vendors through “Town Meetings” to help NAME, Inc. continue to define its future vision.

A Frigid Forecast…. and We’re Not Just Talking Snow and Wind-Chills

President Bush released his wish-list for the FY 2007 Budget. Mind you, these are only proposals at this point. As with any budget proposal, there is a long road between the proposal and Congress passing that proposal. While there aren’t many things that come with iron-clad guarantees, we can say without a doubt that his budget proposal will look different when it is enacted by Congress and signed into law. However, there are items on pages in the proposal that mandate we all sit up straight and pay attention.

You can access the budget proposal to read the text cited below at: www.hhs.gov/budget/07budget/2007BudgetInBrief.pdf
"Strengthening Medicaid Reimbursement Policies: The Budget proposes to lower reimbursement for targeted case management services to the administrative matching rate of 50%.”

Page 65: “Medicaid Reimbursement Policies: The Administration plans to clarify, through regulation,...The budget also proposes to clarify allowable services that can be claimed as rehabilitation services, and to prohibit Federal reimbursement for school-based administration or transportation costs.”

Do we know exactly what the President’s intent is? No. Can we try to interpret it? Yes. However, the interpretation depends on whether we want to think the glass is half full or half empty. In some instances, folks are thinking the glass will be bone dry. The following are some of the statements that have been filtering through the internet:

“Please be advised—this administration at CMS and above do not want schools participating in the Medicaid program except under the most prescriptive of circumstances. This is not about IDEA, this is about Medicaid....I think they are out to shut down school transportation and school MAC through regulation---they don’t need law here. They illegally shut down SPMP in schools and nobody has mounted a real sweeping challenge to that decision. Every one of us should know, without resistance, the pushing is easy and you gain confidence---even if you are pushing in the wrong direction.”

- State Medicaid Agency

“On page 2 it states all Medicaid admin in schools is dead!” In our state, “we channel over $3 million per year to schools...Schools use that money to hire nurses, and other health related staff. We here at the Health Dept keep 15% of the school reimbursement, match it, and hire nurses for our local offices to work with schools on the admin program. This loss cuts another $1.8 million to the Health Dept budget. It will be significant.”

- State Department of Health

Suffice it to say, depending on how the proposals are interpreted, there could be significant reductions of Medicaid revenue to help schools pay for the cost of health services to children with disabilities. However, at this point, we can’t be sure if the intent of the proposal is to:
Frigid Forecast, cont.

1. Eliminate MAC in schools or eliminate MAC for activities in schools that are not directly linked to administering the Medicaid Program.

2. Halt MAC claiming for transportation anytime LEAs transport a student with a disability to school or only eliminate claiming on days they don’t receive another covered service or if they don’t require specialized transportation.

In addition, there are other topics that leave us wondering including the proposed clarification of what can be considered a rehab service and the increased efforts related to third party liability.

During this next year, we must all keep our eyes and our ears open and be clear about what is proposed and the potential affect it may have on the children we serve.  If information comes across your desk, please consider sharing it with the members of NAME.  We will do our very best to keep you informed.

Web Corner

Many of the Power Point presentations from the 2005 Conference in Seattle are now available on the NAME web site.  We hope they will be useful for you.

Currently, the web committee is in the process of installing a chat board that will allow visitors to the NAME web site to comment on important issues such as the proposed 2007 federal budget.  This will give you an opportunity to express your opinions and concerns as well as to “chat” with NAME members across the nation.

The NAME web site has been experiencing some problems with the auto mailer function.  If you are currently a member of NAME and received a copy of NAME TAG that was forwarded to you, but did not get a message about this version of NAME TAG being available on the web site, please contact us at info@medicaidforeducation.org.
Support from our Colleagues at the North Central Regional Resource Center (NCRRC)

NAME is organized by CMS Regions. Those in special education receive technical assistance at the regional level from six Regional Resource Centers. The NCRRC serves the states of Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Ohio, Pennsylvania, and Wisconsin. It is no accident, that most of these states were the first to join NAME. NAME got its start as a spin-off of summits supported and facilitated by the Southeast Regional Resource Center (SERRC) and NCRRC (which was formerly the Great Lakes Regional Resource Center/GLARRC). Those of us in our respective regions, continue to value the support and technical assistance we get from our RRCs.

Both Medicaid and Education Agencies in the NCRRC states who choose to participate, have the opportunity to join a monthly teleconference. NCRRC recently helped us to identify topics of interest for future meetings and to prioritize those topics. We identified the following as our top two priorities:

1. Current Medicaid State Plan Amendments and related issues; and
2. Topic areas to suggest to CMS for which states would appreciate clear guidance.

Other topics that will be tackled include:
- In depth discussion about a “service of the month”
- Advocating for both state level Medicaid and Education staff with responsibilities for Medicaid in schools
- Best practices for accessing Medicaid at the national, state, and local levels
- Rate analysis
- Medical referrals in an educational setting
- Licensure, certification, and credentialing requirements for providers in school settings
- Strategies for building and strengthening collaboration among the variety of stakeholders
- State and local audit processes and findings

Looks like we will have enough to keep busy for a while!
The 2006 NAME Annual Conference plans are well underway. This includes lining up corporate sponsorship to assist in underwriting the cost of the conference. There are two levels of sponsorship this year. **Gold** Sponsorships are available for $2,500 and **Silver** Sponsorships are $1,000.

**Gold Sponsors** will be provided booth space to present materials and services for attendees. There are only ten booth spaces available this year and as of February 20th, half of them are already secured. Sponsors will also be included on the Sponsor web page on the NAME site, allowed one complimentary registration, listed in the conference program, and recognized during the conference in Indianapolis.

**Silver Sponsors** will receive the same benefits, except that they will not have a booth.

Contact Dann Stevens of the Iowa Department of Education at Dann.Stevens@iowa.gov or (515) 281-8505 if you know of a company that might be interested in sponsoring the conference or for more information.