



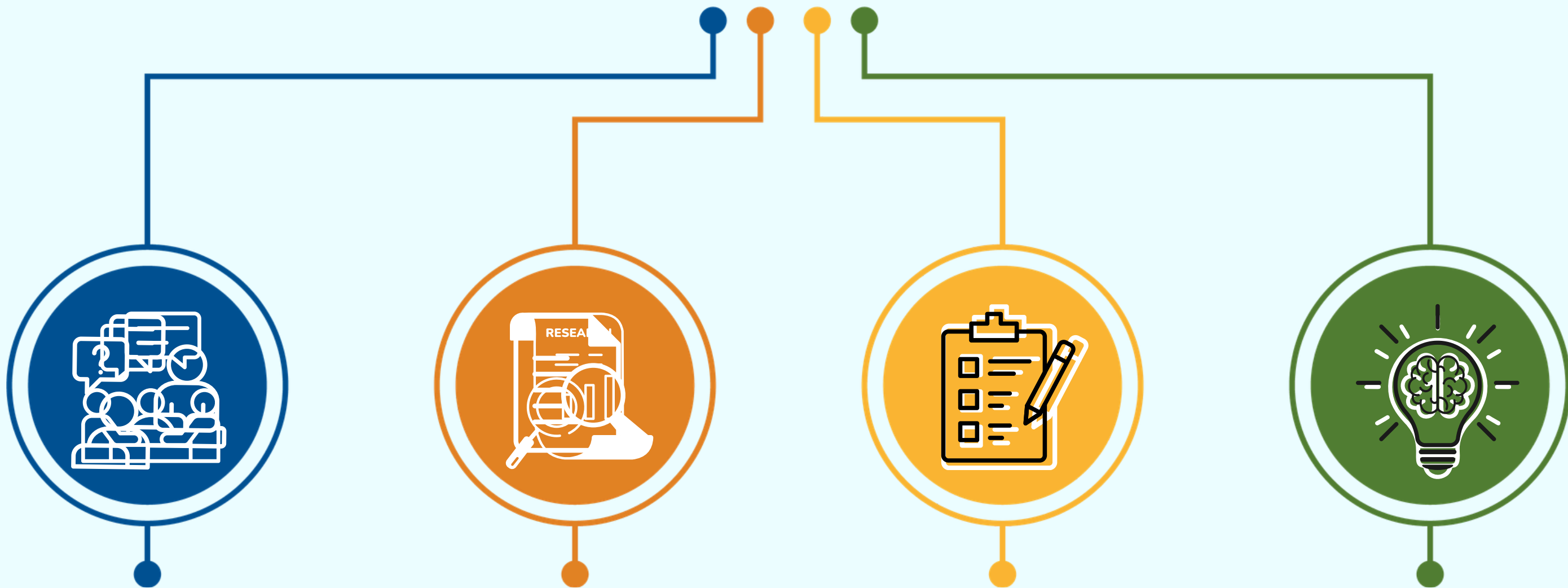
SIVIC SOLUTIONS GROUP
A SOLIX COMPANY

**TOW YOUTH JUSTICE INSTITUTE - UNIV. OF NEW HAVEN
BARRIERS TO BEHAVIORAL HEALTH MEDICAID
CLAIMING IN CONNECTICUT SCHOOLS**

SUMMARY OF RESEARCH FINDINGS AND RECOMMENDATIONS FOR ACTION

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OVERVIEW OF METHODOLOGY



Interviews

SSG conducted email and phone interviews with school district and DSS and CSDE state staff. Spoke with officials from other states as well.

Data Research

SSG Reviewed Connecticut Random Moment Time Study (RMTS) and Cost Settlement Data for all participating districts.

Survey

SSG conducted four surveys of school district staff.

Policy Analysis

SSG reviewed the Connecticut State Plan Amendment and the School-Based Claiming Handbook, as well as compared billing rates with other states across the country.

LIMITATIONS OF RESEARCH



Limited Participation from Schools NOT
Currently Participating in the Program



Summer Months Limited Feedback

No Technology or Specific Third Party Vendor
Tools or or Processes were Reviewed

Summary of Findings

1

Struggles with
Obtaining
Parental Consent

2

Understanding
Billing Codes and
Units of Service

3

Completing RMTS

4

Documentation
Challenges

5

Grant Funded
Behavioral
Services

6

Revenue
Retention

7

Contracted Staff
Participation in
RMTS & Cost
Settlement

8

Staffing in Smaller
Districts

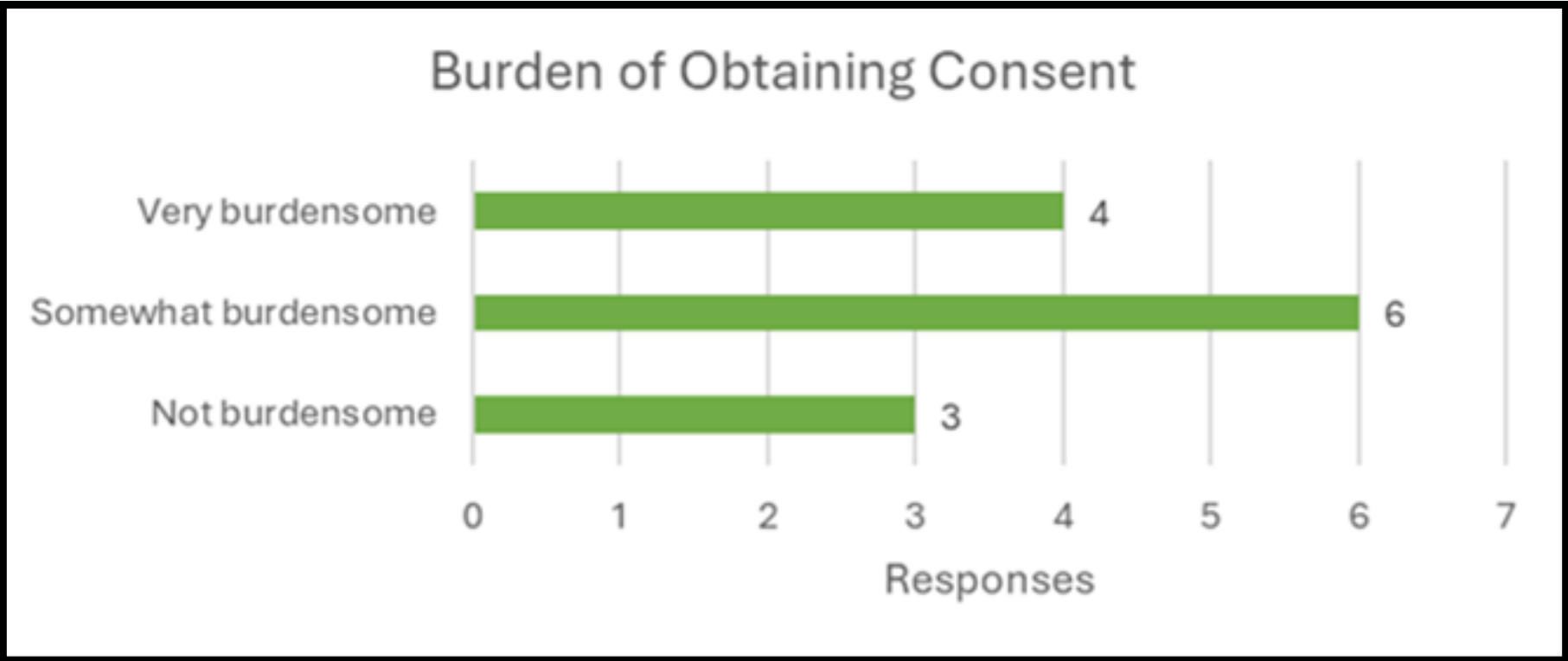
FINDINGS AND RECOMMENDATIONS

FINDING

Districts identified consent collection as a significant administrative burden. Respondents frequently believed annual consent was required even though the SBCH User Guide indicates that a one-time consent is sufficient unless service levels materially change.

RECOMMENDATION

Reinforce statewide guidance regarding one-time consent requirements. Consider embedding consent within IEP processes or annual registration packets.



FINDINGS AND RECOMMENDATIONS

FINDING

Districts reported confusion regarding billing codes, service definitions, and unit limitations. Providers indicated that multiple behavioral health services delivered to the same student in a single day may not be reimbursed because of service caps or coding limitations.

RECOMMENDATION

Clarify billing guidance, evaluate service unit limits, and consider more provider-specific coding structures.

Service Definitions	Procedure Code	Session Time/Units	Max Units per day Procedure Code	Procedure Code Description
10-Counseling; 40-Counseling	96101	per Hour	8	Ended 12/31/18 Psychological Testing (per hour) use one unit increments
	96130	per Hour	1	Psychological Testing (per hour) use one unit increments, first hour only
	96131	per Hour	7	Psychological Testing (per hour) use one unit increments, additional hours
	90791	per Hour	8	Psychiatric diagnostic interview examination (per hour) use one unit increments
	90832	per 30 minutes	8	Individual psychotherapy (30 minutes) use one unit increments
	90853	per 15 minutes	4	Group Psychotherapy- 15 minutes
	90847	per 15 minutes	8	Family Psychotherapy - 15 minutes

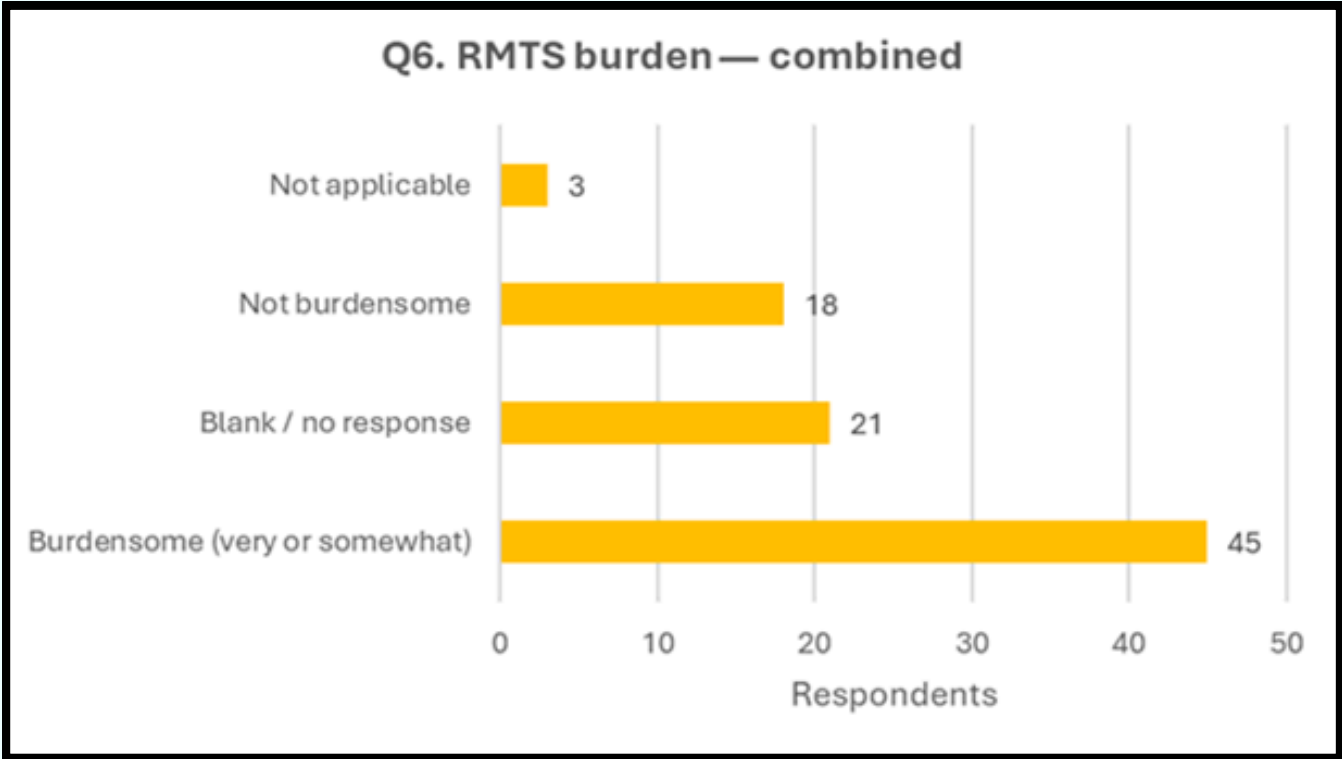
FINDINGS AND RECOMMENDATIONS

FINDING

Many respondents viewed RMTS participation as burdensome. Questions frequently require multiple follow-up attempts before resolution, generating frustration and lower engagement.

RECOMMENDATION

Provide focused staff training regarding the purpose of RMTS and appropriate response practices.



FINDINGS AND RECOMMENDATIONS

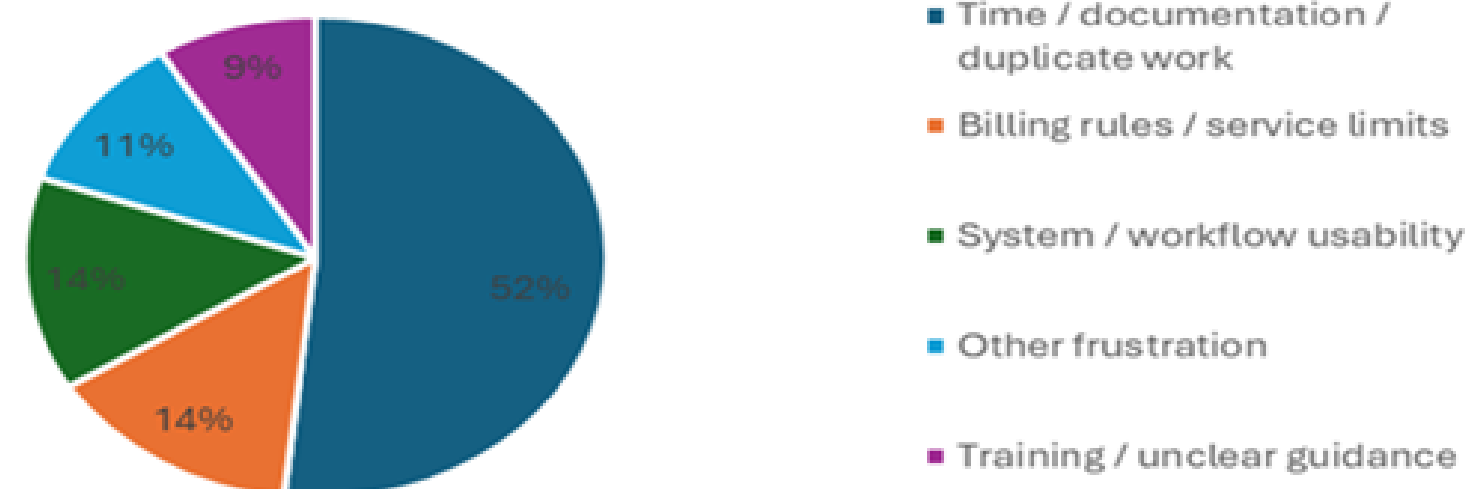
FINDING

Providers feel that there are several barriers to documentation of services. Providers felt guidance on billing was unclear or somewhat unclear, and the majority felt only somewhat supported.

RECOMMENDATION

Implement timely documentation policies, improve provider training, emphasize documentation as a service requirement rather than a billing function, and strengthen vendor support.

Biggest billing frustration — combined themes



FINDINGS AND RECOMMENDATIONS

FINDING

Some districts have used the Connecticut Primary Mental Health Grant to aid in behavior health service provision. However, rather than using these funds to establish sustainable detection and intervention programs, the grant funds have been used for external behavioral health providers. While beneficial to students, these arrangements may not be sustainable after grant expiration and often operate outside the SBCH reimbursement framework.

RECOMMENDATION

Develop sustainability plans, strengthen in-house service capacity, and ensure providers are positioned to support Medicaid claiming and administrative claiming activities.

FINDINGS AND RECOMMENDATIONS

FINDING

Several districts questioned whether the current state share of Medicaid revenue makes participation financially worthwhile.

RECOMMENDATION

Evaluate legislative or policy options allowing districts to retain a greater portion of Medicaid revenue.

FINDINGS AND RECOMMENDATIONS

FINDING

CT-SBCH excludes contractors from the RMTS and allows districts to claim contractor costs in the annual Cost Settlement. Contractors are subject to the RMTS reduction percentage (if district chooses to do so) comprised of answers completed by only district employees participating in the state-wide RMTS.

RECOMMENDATION

With expanded services upcoming, we recommend continuing this methodology for added expansion services. This will be especially helpful since historically (in other states) 'expansion' RMTS percentages have been lower than traditional IEP RMTS percentages.

FINDINGS AND RECOMMENDATIONS

FINDING

Smaller districts in particular find that having the staff and infrastructure in place to bill for behavioral health services is especially challenging.

RECOMMENDATION

Look for opportunities for smaller and rural communities to work through consortiums or larger districts to assist in their claims. The State could consider creating a Technical Assistance Center for schools.

STATE COMPARISON: BILLING CODES & TECHNICAL ASSISTANCE

CONNECTICUT

Utilize **6** Different Billing Codes for Behavioral Health

Does not currently use a university backed Technical Assistance Center

NEW MEXICO

Utilize **15** Different Billing Codes for Behavioral Health

MASSACHUSETTS

The **Behavioral health Integrated Resources for Children (BIRCh) Center**, operating out of UMass, represents a model for bridging the gap between clinical school mental health and state Medicaid systems.

STATE COMPARISON: STATE SHARE

CONNECTICUT

The State of Connecticut keeps **50%** of the Federal money in general fund

OTHER STATES

Pennsylvania - All Medicaid Dollars Return to School District less vendor costs

Massachusetts - All Medicaid Dollars Return to School District less vendor costs

South Dakota - All Medicaid Dollars Return to School District less vendor costs

Virginia - The State of Virginia keeps **5%** of Federal money in general fund

Louisiana - he State of Louisiana keeps **15%** of Federal money in general fund

Thank You!



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