Overview of Granite School District's Medicaid Programs

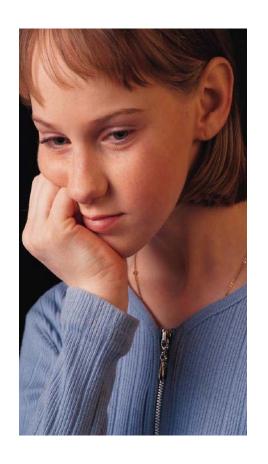
Lynne Larsen-Miller
Assistant Director Special Education
Health & Related Services

The Medicare Catastrophic Coverage Act, 1988

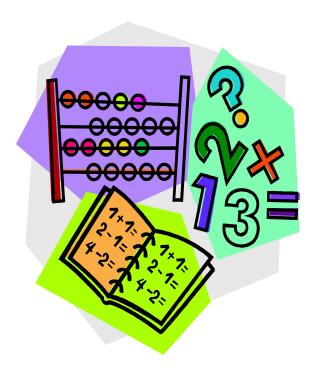
Section 411(k)(12) permits Medicaid to pay for related services included in a Medicaid eligible recipient's Individualize Education Plan (Special Education) when the services are medically necessary and are covered in the Medicaid State Plan.

As A Result Of This Change...

Medicaid would reimburse school districts for the health related services provided to Special Education Students.



Granite School District Difference



- Institutionalized outreach
- Partnered with agencies
- Simplified application process through reproducible model

Out Of This Beginning, Three Programs Developed



- MedicaidServicesProgram
- MedicaidAdministrativeClaiming
- Outreach to all students

Outreach



The Key to Success

The single most important thing a school district can do to increase Medicaid funding is to increase outreach.

GSD Model Set Up On Referral System

District Professionals Trained to Refer

- Psychologist
- Social Workers
- Principals
- Teachers
- Nurses
- Secretaries
- OT/PT
- Preschool Staff



GSD Model Set Up On Referral System



- Referrals Come into Office
- Assigned to staff member
- Staff get application and documentation completed
- 4. Work directly with eligibility office

Results of Our Effort

- 1,100 referrals last school year or 5 per day
- State average 47% eligibility on submitted applications
- Granite average is 77% eligibility
- Families and students get results in half the time:
 - Social Security Disability 5 week versus 9 months usual process
 - Medicaid and Chip 2 weeks or less

Consequences of Medicaid Funding

