

COLUMBIA COUNTY SCHOOL SYSTEM

OFFICE OF THE SUPERINTENDENT

1

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MICHAEL F. MILLIKIN
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FOR ADMINISTRATION



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September 18, 2007

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-2287-P, Mail Stop S3-14-22
7500 Security Boulevard
Baltimore, MD 21244

To Whom It May Concern:

RE: Medicaid Reimbursement Program

Please accept this letter as written support for the continuation of the Medicaid Reimbursement Program currently available to school districts.

The continued allocation of these funds is absolutely necessary to maintain the level of support our special needs children require and deserve. As you are aware, the last decade has brought a significant increase in the number of disabled children into the schools; particularly children with Autism. Special needs children obviously require more support time from our staff. They also have made it necessary to increase staff such as behavior specialists for interactions and interventions. Lastly, Medicaid reimbursements "free up" local and state dollars so we can reduce class size not only in regular classrooms but directly reduce the size of special education classes as well.

Thank you so much for listening to our important request and our needs as your department considers the pending reauthorization.

Sincerely,

Michael F. Millikin
Assistant Superintendent
Columbia County Schools

MFM:sg

#2



September 10, 2007

Arturo Barrera
Superintendent

Board of Education

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William Finch Charter School

Glenn County Office of Education

311 S. Villa Avenue
Willows, CA 95988
530-934-6575
FAX 530-934-6576

Glenn County Learning

Center - North

P.O. Box 817
607 E. Tehama St.
Orland, CA 95963
530-865-1683
FAX 530-865-1688

Glenn County Learning

Center - South

451 S. Villa Avenue
Willows, CA 95988
530-934-6320
FAX 530-934-6325

Orland Administration Office

P.O. Box 817
676 E. Walker Street
Orland, CA 95963
530-865-1267
FAX 530-865-1276

Dear Secretary Leavitt,

My name is Eileen Dolan; I work with the Medi-Cal Administrative Activities (MAA) program in California. I am the lead contact for northern California. I have been in this capacity since August 2003, the same time the MAA program was revamped to its current form to coincide with the CMS guidelines for the program. I oversee 9 counties in northern California with 126 school districts and 9 county offices of education receiving reimbursement through the program. We are a rural region in California encompassing 6% of the population with 20% of the land mass. The MAA program in our region is very active, follows the guidelines rigorously and does not utilize any vendor support. We are self sufficient, serve our schools to the best of our capabilities and have active and involved schools who work for the betterment of the MAA program.

In my pre-MAA life, I was a speech therapist. I started working in the schools in 1977 and ended in 2003 when I agreed to work within the MAA program. Both my tenure as a speech therapist, which spanned 4 decades, and my 5 years with the MAA program have put me in a unique position to maybe educate you on what the face of education looks like today and how the MAA program relates to it. So, here goes...

I have read the proposal from CMS (CMS-2287-P) that would basically eliminate the administrative and transportation services currently being reimbursed. The line that continually threw me off was CMS' belief that "schools are not necessary for the proper and efficient administration of the state Medicaid plan". My wonderment of this statement leads me to believe that the last time CMS or anyone associated with that statement's last experience of schools is when they were educated. Because anyone who has worked in schools over the last 4 decades will tell you that education is not as limiting in its scope of services as it once was.

I remember the time that I was educated – the 1960's. At that time, the schools were filled with students with basically the same background, same language, same learning style and same needs. Schools taught reading, writing and arithmetic and students received grades for their performance. If there was a student that deviated from this system, they were not enrolled in the schools or, if enrolled, dropped out of sight. There were no other services offered to students other than educational.



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In the early 1970's, I was in college and remember volunteering on several weekends at one of California's state mental hospitals. There was a wide variety of children there, from the very severe, to those that somehow had no other place to go. I often wondered why many of the children were there and not in school. It was obvious they needed more services than the schools offered at that time – maybe that's why they were placed. Again, the schools were basically and solely in the education business. This was certainly a drain to the private sector.

The 1980's found me in education again, however this time on the other side of things. I was not being educated but providing health services within the educational system as a speech therapist. The mental hospitals were closed down, children needed a place to go and parents wanted their children in school even if they had more needs and required more services than schools were used to providing. The solution, at that time, was to build special schools to house those children. They were within the educational system, although isolated from the regular population, and their education could be received there. However, they also required more services than just education. Parents were unwilling to seek these services in the private sector as they had been and were expecting schools to deliver them. So, a myriad of health services were interwoven into these special schools and the services provided in the private sector was not utilized as much. The shift was starting!

In the 1990's, parents did not want their children isolated from the other children in public education. They demanded that their children be visible and part of the mainstream. The special schools were closed to all but the very severe and classrooms were opened and functioning on mainstream school campuses. The health needs and services were still abundantly needed for these students and so health providers were utilized both in the special schools and on regular school campuses. Although the children were still mostly isolated, the health needs and services of all children were being met within the school system and not in the private sector.

The 2000's have seen probably the biggest change in the education world and the health world coming together. Parents do not want their children isolated even into special classrooms. They feel that their children, however great their needs, deserve the same advantages as those children in the regular school program. Health services are almost exclusively offered and provided to students within the school system. Classroom teachers navigate a



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myriad of services for students – from educational to health. It takes careful coordination, monitoring and managing of a child's whole well being at school. All of the needs of children (both educationally and health related) are assessed, reviewed and met through the school system. To make the statement that "schools are not necessary for the proper and efficient administration of the state Medicaid plan" is being said with blinders on or out of an ignorance of the educational system today. I hope that CMS is not consciously making such a statement without learning the facts. If that were the case, you would be acting in an unprofessional and irresponsible manner.

It is essential to have all the facts before making a decision of this magnitude. **CMS first recognized that "schools are necessary for the proper and efficient administration of the state Medicaid plan" back in the early 1990's**; to turn your back at this juncture would suggest an ulterior motive on the part of CMS. This is not only a huge insult but also an under recognition of how hard and diverse a job educators have in their quest of working on behalf of children today. Education has a hard enough time being recognized for the contributions they make in the life of children, the elimination of this vital program would be a set back that education would not recover from.

I have put together a PowerPoint presentation that would help enlighten you and others on the role of education today and also on the progression of health services being integrated into the school system. It would be my pleasure to be able to present this to you as soon as you could offer me your time. I am hoping that I could be allowed to have someone's time on this manner even if it cannot be yours. I look forward to hearing from you.

In good health,

Eileen Dolan, MA, CCC
Region 2 MAA Coordinator
P.O. Box 817
Orland, CA 95963
530-865-1267 ext. 3030
edolan@glenncoe.org



MODOC COUNTY OFFICE OF EDUCATION

139 HENDERSON STREET
ALTURAS, CALIFORNIA 96101

530-233-7101 530-233-5531 (FAX)

www.modoccoe.k12.ca.us

#3

*Promoting the academic,
social, and vocational
excellence of all Modoc
County students.*

ADMINISTRATION

GARY L. JONES
SUPERINTENDENT

September 19, 2007

PETER CURREN
ASSISTANT
SUPERINTENDENT

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-2287-P, CMS-2287-P 3

RANDY WISE
ASSISTANT
SUPERINTENDENT

Mail Stop S3-14-22
7500 Security Boulevard
Baltimore, MD 21244

CAROL SILVERIA
CHIEF BUSINESS
OFFICIAL

To whom it may concern:

BOARD OF EDUCATION

CMS Rule 2287-P should be rejected and school-based Medicaid administrative claiming programs maintained.

JAMES HARRIS
PRESIDENT

This rule eliminates the reimbursement under Medicaid for school administration expenditures and costs related to the transportation of students between home and school. However, schools are the primary gateway to Medicaid Assistance for a significant segment of our school children in Modoc County, California.

DIXIE SERVER
VICE PRESIDENT

JIM HAYS
MEMBER

MARCELLA HAYNES
MEMBER

Rule CMS-2287-P is incorrect in its recommendations and CMS should instead continue to support Medicaid administrative claiming in schools. CMS's main arguments are purposefully erroneous or based on incredible ignorance of school systems and the populations we serve.

REBEKAH INGRAHAM
MEMBER

SERVICES

HUMAN RESOURCES
530-233-7103

1. Schools are not strictly educational agencies. Our work with and financial support of Medicaid outreach, eligibility, referral, coordination, and monitoring of health services supports the goals and objectives of state Medicaid agencies. The Modoc County Office of Education, for example, has established Family Resource Centers in communities so that public and private health and welfare agencies can provide care and services to students and their families.

SPECIAL EDUCATION
530-233-7110

BUSINESS OFFICE
530-233-7108

2. Employees of the state Medicaid School based administrative claiming are not available to the rural districts of my county. It is unreasonable to expect the presence of a state Medicaid employee at each school district,

MEDIA CENTER
530-233-7123

TECHNOLOGY
530-233-7169

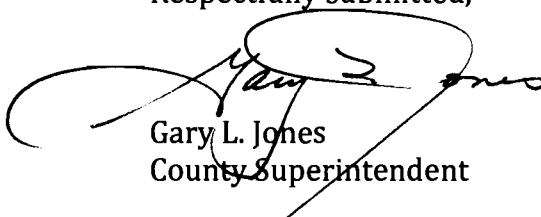
and it would be economically inefficient when compared to the current school-based administrative claiming. Even as it is, our state's Medicaid agency only reimburses our schools for a small portion of the time that they spend serving Medicaid eligible students.

3. The activities performed by our school employees are specifically authorized by our state Medicaid agency, and therefore are eligible for cost reimbursement. School-based administrative claiming provides for state oversight in our school districts that contract with a local governmental agency that in turn contracts with the responsible state Medicaid agency for the provision of these services. The state Medicaid agency authorizes these services through our state's plan, oversight, and audits.

4. CMS's claim that School Medicaid administrative reimbursement dollars have exceeded school Medicaid assistance dollars appears to be an attempt to establish a falsehood: that there is a direct correlation between the provision of Medicaid services and Medicaid administration within schools. This claim obfuscates the fact there is no direct correlation between the provision of Medicaid services and Medicaid administration within schools or that. Schools may direct medical services through their nurses, but they more often refer and connect students to other community health service providers and contract with outside health professionals for in-school programs. There can be no surprise then that schools spend more on administrative activities than on direct medical assistance. Our school personnel more often coordinate care as opposed to delivering care.

CMS Rule 2287-P will negatively affect the physical and mental health of the children of my county and must be rejected. If anything, the Centers for Medicare & Medicaid Services should be looking for ways to increase funding to schools to provide Medicaid administration. Our schools are currently subsidizing the costs of services from our educational funds for health services that the Department Of Health And Human Services should be providing to our children and their families.

Respectfully submitted,



Gary L. Jones
County Superintendent



CALAVERAS COUNTY OFFICE OF EDUCATION

#7

John C. Brophy

County Superintendent of Schools

185 South Main Street • P.O. Box 760

Angels Camp, CA 95221

209.736.4662 • Fax 209.736.2138 • ccoe@ccoe.k12.ca.us

August 27, 2007

Secretary, Health and Human Services Michael Leavitt

SUBJECT: PLEASE STOP CMS 2287

As school board members of the Calaveras County Office of Education, along with the County Superintendent, we urge you to stop CMS 2287 in order to protect schools' ability to provide administrative and transportation services to Medicaid-eligible children with disabilities.

2007 SEP - 60 PM 9: 11

Schools rely on these reimbursements to outfit buses with specialized equipment, transport children from school to their medical appointments, identify students who need special screenings and evaluations and refer them to needed services in their community. The loss of these resources would substantially increase the burden on already financially-strapped local school districts, our county office of education, and will likely impact children with disabilities, as well as students in regular education programs.

Thank you for your support on this important matter.

Sincerely,

Steven E. Looper
Calaveras County Board of Education President, on behalf of the Board

John C. Brophy
Calaveras County Superintendent of Schools