

ARIZONA OPEN CARE

RECOMMENDATIONS & FINDINGS

Schools don't have to choose between funding children's health or their education

In 2021, the Arizona Health Care Cost Containment System (AHCCCS) introduced the Medicaid School Based Claiming (MSBC) program, called Open Care. Schools can bill AHCCCS for medically necessary services provided to Medicaid eligible individuals under 21. Health care services delivered in schools are an opportunity to meet children where they are and deliver critical health services in a setting where they spend most of their time. Schools-based health services may be especially important in low-income and rural communities where access to health care services may be limited.



Harvard University through its Education Redesign Lab researched the link between health services and education. Increased access to health care through schools was associated with improved behavioral health and positive effects on students' academic outcomes.¹

MSBC programs can include all medically necessary services covered under the Early and Periodic Screening, Diagnostic and Treatment program (EPSDT), which provides a comprehensive array of preventive, diagnostic, and treatment services for children. These services include, but are not limited to, preventive care, mental health and substance use disorder services, physical and occupational therapy, and disease management.

AHCCCS contracts with [Public Consulting Group](#) (PCG) to administer Open Care, in collaboration with the Arizona Department of Education. Open Care includes two Medicaid reimbursement programs:

1. Direct Service Claiming – direct reimbursement for medically necessary school-based services, furnished by eligible providers.
2. Medicaid Administrative Claiming – funding for the administrative and outreach activities which support the Open Care program.

¹ <https://www.gse.harvard.edu/ideas/usable-knowledge/18/09/healthy-children-better-learning>

What We Did



- Reviewed federal Medicaid and MSBC policy and program guidance.
- Convened stakeholders to identify top policy and operational challenges, bottlenecks, and program opportunities.
- Reviewed other states' MSBC programs to identify innovative approaches and best practices.

What We Found

Overall, there is a need for greater awareness about Open Care, its availability to Local Education Agencies (LEA), how to participate and implement Open Care, and what types of services are eligible. There is a strong desire for increased participation and utilization. The feedback identified challenges, requests for clarification, and assistance, including:

- A need for greater awareness and assistance to reduce the complexity of enrollment and implementation of Open Care.
- Efforts needed to expand the number of LEAs participating in Open Care.
- Lack of technological integration or streamlined electronic health record platform for Open Care.
- Request for a review of updated Centers for Medicare and Medicaid Services (CMS) guidelines and a State Plan Amendment (SPA) to align and expand Open Care.
- Request for more technical assistance, formal training, or standardized educational resources available on-demand. LEAs shared that technical assistance provided by PCG was only available after a formal commitment to participate in Open Care.
- Confusion surrounding the role played by PCG and who can access PCG resources and technical assistance.

What We Recommend

AHCCCS should:

1. Oversee and improve technical assistance, outreach, engagement, and relationship building, focusing on LEAs that are not participating in Open Care.
 - a. Develop toolkits, one-pagers, and accessible information on how LEAs can participate and what the benefits to participation are.
 - b. Enhance training, technical assistance, and access to on-demand materials accessible to LEAs who have not joined or may be interested in participating.
 - c. Increase the number of onboarding sessions annually and consider alternatives to the Train-the-Trainer model.

2. Consider MSBC expansion for TXXI Children’s Health Insurance Program (CHIP) beneficiaries so schools may be reimbursed for services to children in KidsCare.
3. Submit a SPA to align with recent CMS guidance:
 - a. Expand eligible school based MSBC practitioners for direct billing such as school psychologists, licensed bachelor level social workers, Arizona Department of Health Services certified sensory screeners, licensed dieticians and nutritionists, and certified and licensed nursing assistants.
 - b. Examine possible expansion of MSBC covered services such as behavioral health crisis services, dental, vision care, and align practitioners accordingly.
 - c. Per CMS, develop a higher fee schedule for LEAs that considers the school-based cost of care and program administration costs.
 - d. Review CMS-endorsed cost-based reimbursement models to streamline LEA administrative burden and consider removal of direct billing responsibilities.
4. To support recommendation 3a, analyze if statutory changes are needed to expand eligible school-based practitioners who can participate in Open Care.
5. Streamline Medicaid enrollment of school-based healthcare providers.
6. Waive or modify third party liability requirements across Open Care services for LEAs to ease administrative burden.
7. Use a billing modifier/identifier to determine if Open Care is expanding services to students without an IEP, IFSP, or 504 plan.
8. Include LEAs in PCG’s ongoing performance review and oversight.
9. Develop public data dashboards to show Open Care performance metrics, including claims processing and payment.
10. Schedule and publicize regular opportunities for stakeholder engagement and feedback.



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