

VIRGINIA ACTS OF ASSEMBLY -- 1996 SESSION

CHAPTER 864

An Act to require the Department of Medical Assistance Services, in cooperation with the Department of Education, to examine the funding and components of the pilot school/community health centers.

[H 1440]

Approved April 9, 1996

Whereas, several years ago, the General Assembly authorized the development of a limited number of pilot school/community health centers, by leveraging Medicaid funds and appropriating state funds for the initial implementation of such centers; and

Whereas, in some rural communities, the school/community health centers are virtually the only service delivery for poor children; and

Whereas, the effectiveness of these centers can be attested to; however, the original concept of appropriations to the localities in the form of grants for the state share and Medicaid payments for services representing the federal share may need to be evaluated; now, therefore,

Be it enacted by the General Assembly of Virginia:

1. § 1. Pilot school/community health centers.

The Department of Medical Assistance Services, in cooperation with the Department of Education, shall, consistent with the biennium budget cycle, examine and may revise the funding and components of the pilot school/community health centers. Any revisions shall be designed to maximize access to health care for poor children, and to improve the funding by making use of every possible, cost-effective means, Medicaid reimbursement or program. Any revisions shall be focused on prevention of large costs for acute or medical care and may include, but not be limited to:

1. Funding sources and means of distribution for the state match which will clearly demonstrate that local governments are not funding the state match for these centers.

2. The benefits and drawbacks of allowing school divisions to provide services to disabled students as Medicaid providers.

3. The appropriate credentials of the providers of care in the school health centers, e.g., licensure by the Board of Education and compliance with federal requirements or licensure by a regulatory board within the Department of Health Professions.

4. Utilization of the individualized education plan, when signed by a physician, as the plan of care authorizing services.

5. Delivery of medically necessary services, such as rehabilitation services, psychiatric and psychological evaluations and therapy, transportation, and nursing.

6. Payment for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, with proper medical oversight, in consultation with the students' primary care physicians.

7. The role of the Medallion and Options programs in regard to the school health centers and flexibility for school divisions regarding any required referrals.

Any funds necessary to support revisions to the school/community health center projects shall be included in the budget estimates for the departments, as appropriate.