Mr. Chair, members of the Committee. For the record, I am Karen Echeverria, Executive Director of the Idaho School Boards Association. I’m here today representing school districts, charter schools, and the over 900 school Board members who govern them.

As a reminder, this legislation is related to the school-based Medicaid reimbursement program. Before I begin my testimony, I want to take a minute and thank the representatives from the Department of Health and Welfare and the Department of Education, as well as other education partners and Chairman Mortimer who have worked for many hours over the last month to come to consensus on this very important piece of legislation. What you have before you is consensus legislation.

As with any piece of legislation of this magnitude and these kinds of negotiations, there was a lot of give and take. First of all, I want to apologize for some of the formatting issues you see with the redlined copy we provided you. We had a very difficult time working with the pdf version of the bill.

So, what you have in front of you is a lot of red ink. While it certainly isn’t everything we wanted or hoped for, we are definitely moving the needle on this issue and are happy with the outcome of these negotiations.

Because this is an entirely new chapter, I would like to take some time to walk you through the bill.

On page 1, Section 33-6101 states the legislative findings of the bill. The findings set out that public schools may choose to be Medicaid providers and seek reimbursement for certain services. The findings also state that the legislature believes these students will be best served through interagency collaboration between the Idaho Department of Health and Welfare, the State Department of Education, and the newly created Interagency Student Services Support Committee.
On pages 1-3, Section 33-6102 contains definitions that are applicable to this section. I want to note that these definitions were all taken from current federal and state law, rule, or regulation. So, while new to this chapter, these are not new definitions in the school-based Medicaid setting.

On page 4, Section 33-6103 clarifies that school districts are required, under the Individuals with Disabilities Education Act, to provide services to Medicaid-eligible students. It also clarifies the medical necessity is outlined in the health and welfare part of the statute.

On pages 4-8 of the bill in Section 33-6104 you see the main section of this bill. It is the Interagency Student Services Support Committee.

1. This section of the bill sets out the Committee membership in subsection (1);
2. The Committee governance can be found in subsection (2) on page 6. This section also includes who will chair the committee and when they will meet.
3. Subsection (3) sets out the voting rights of the committee.
4. Subsection (4) on page 7-8 sets out the Committee’s mission and responsibilities. I do want to be clear that this committee is advisory only and has no authority to make decisions on behalf of either the Department of Health and Welfare or the Department of Education. Those responsibilities include reviewing all state regulatory requirements that may exceed federal requirements and making recommendations on those as well as recommendations to the state Medicaid plan, to assist in developing an interagency agreement between the two agencies, to annually review the professional development program and make recommendations for additions and modifications, assist the department of health and welfare in the preparation of cost-avoidance waivers, researching and recommending methodologies that could simplify claims processing for billing and auditing, reviewing all forms utilized in the school-based Medicaid program and making recommendations for modifications; and recommending content for the school-based Medicaid website.
5. Finally, Subsection (5) of the bill requires the Committee to report back to the Legislature and the Governor on the number of schools utilizing school-
based Medicaid as well as any professional development that occurred throughout the year.

We removed Section 33-6105 and agreed that the newly formed committee would look at Medicaid Administrative Claiming in future years but not this upcoming year. We condensed the information found in 33-6106 and moved that to Subsection 33-6104(5)(c) on page 8.

Section 33-6105 deals with accountability and audits. This section sets out that the department of health and welfare is responsible for ensuring that proper documentation exists to justify the receipt of school-based Medicaid reimbursement. It states that audits will be conducted pursuant to state and federal laws, rules, and regulations. It also sets out that in an instance of an identified overpayment, public schools have the ability to provide additional documentation to support their position. Finally, if the error can’t be corrected, and an overpayment has occurred, the public school may negotiate a repayment schedule with the department of health and welfare.

We would ask that you send SB1095 to the amending order for possible amendments.

Thank you Mr. Chair and members of the committee. I appreciate your time today and I would be glad to stand for any questions.