

## Medicaid cuts could be “catastrophic” for schools

TWIN FALLS — On the first day of an extended school year program Tuesday, Canyon Ridge High School students with special needs were learning with flashcards, puzzles and worksheets.

Beyond the typical classroom setting, some of the teenagers also receive services at school such as speech, physical or occupational therapy.

School districts pay for that mostly by using reimbursements from Medicaid, a federal program that provides health coverage to low-income Americans and people who have disabilities.

But the new federal American Health Care Act aims to cut Medicaid over 10 years by \$880 billion — a total reduction of 25 percent. In early May, the bill narrowly passed the House in a 217-213 vote, and now heads to the Senate.

It could have a big impact for already cash-strapped school districts, which would have to find other ways to pay for services they’re required by federal law to provide.

“For some districts, it would be catastrophic for them,” said Mike Gemar, support services director for the Twin Falls School District.

U.S. schools currently receive an estimated \$4 billion in annual Medicaid reimbursements, the Associated Press reported last month.

Here in Idaho, schools receive nearly \$40 million in Medicaid reimbursements per year, Idaho Department of Education spokesman Jeff Church said. The money is administered through the Idaho Department of Health and Welfare.

Cutting Medicaid funding would place more financial responsibility on local school districts, said Sherry Bingham, special services director for the Minidoka County School District.

“Cuts by the federal government in reducing the amount of Medicaid monies to already underfunded special education programs would be disastrous,” she wrote in an email to the Times-News.

The Twin Falls School District, receives more than \$1 million in Medicaid reimbursements each year. And it provides Medicaid-reimbursed services to at least 300 students — about 3 percent of its more than 9,300 enrollment.

Under the federal Individuals with Disabilities Education Act, schools are required to provide services to students who need it.

“It’s something we have to do, whether we’re reimbursed for it or not,” Gemar said.

Kindel Mason, special services director for the Jerome School District, called proposed federal Medicaid cuts “scary.”

It could leave school districts to find other ways to pay for services, he said, such as from their general fund or going to voters with a levy request.

If funding is cut, “it’s more about us losing money than it is about kids losing service,” he said.

In addition to speech, occupational and physical therapy, other school-based services include behavioral intervention, nursing and personal care, and medical equipment. School districts also pay community-based rehabilitation specialists who help students with mental health or trauma needs.

Students are identified to receive services as part of their Individualized Education Program, created by a team including the student’s parents, teachers and school administrators.

In Jerome, about half of the 410 special education students — between 175 and 200 — receive services billed to Medicaid.

The school district gets reimbursed for a portion of the costs, Mason said, but has to pay about one-third of it. Last year, the Jerome district received \$686,000 in Medicaid reimbursements and paid \$226,000.

School districts are careful about which services are written into a student’s IEP, Mason said, “because we pay a share of that as well.”

Each year, the Jerome district receives about \$658,000 in special education funding from the federal government — slightly less than it receives in Medicaid reimbursements.

“We’re actually funding more special education through those Medicaid dollars than what the federal government apportions through special education, in our school district,” Mason said. “To put that in perspective, that’s a big deal.”

Many area special education directors have written letters to Idaho’s Congressional leaders, Mason said. And he’s among five who will attend a legislative summit in July through the nationwide Council for Exceptional Children, which will meet directly with Congressional officials.

Plus, Mason is a member of a state Medicaid taskforce, which meets quarterly.

There’s “so much talk” among school district support services directors and state education groups about potential Medicaid cuts, Gemar said, because it would impact districts “in a dramatic way.”

Said Gemar: “There’s a lot of lobbying going on to leave school-based Medicaid alone.”

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