

Biden Expands ObamaCare For Mental Health Services at Schools to Psychoanalyze Children 0 to 21



By Anita Hoge

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WARNING: Your Neighborhood School Is Being Set-Up As A School Based Clinic To Bill Medicaid So That All Children Can Be Psychoanalyzed For Health/Mental Health Services At School.

Medicaid Billing Allowed For Social and Emotional Learning

History

April, 2015 I sent out an alert about the Every Student Succeeds Act (ESSA) legislation pending in the House and Senate that would change education forever. The article printed in News With Views was titled "The Medicalization of Schools." (Source: <https://newswithviews.com/Hoge/anita117.htm>) The Republican version of legislation passed with flying colors when Rep. Paul Ryan and Sen. Patty Murray pushed the agenda into law and was quickly signed by Obama. After all, this Republican agenda was really an Obama/Clinton proposal that had been lurking in the shadows for several years. You could refer to it as ObamaCare 2.0 or more commonly known as ObamaCore, merging healthcare to Common Core education through Medicaid for ages 0-21 by attaching mental health standards. What I had proposed

8 years ago has become a reality today.

The Hideous Agenda To Have Schools Become Medical Providers To Bill Medicaid

The Centers for Medicare and Medicaid Services (CMS) published this administrative guide dated 2023 for schools to become a medical provider and begin to bill Medicaid for reimbursement in your neighborhood schools by setting up schools with a hospitalization license:

Delivering Services in School- Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming ([Source](#))

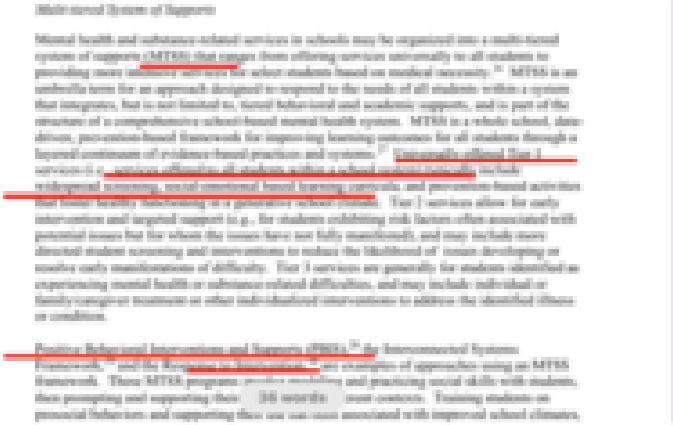
A Joint information Bulletin was released July 1, 2019 explaining the system of techniques that will be used to identify behavioral/mental health disorders as a disability that in turn create interventions at school that now can be used for billing Medicaid reimbursement:

“Together, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare & Medicaid Services (CMS) are issuing this Joint Informational Bulletin (Bulletin) to provide the public, including states, schools, and school systems, with information about addressing mental health and substance use issues in schools.” ([Source: Centers for Medicare & Medicaid Services \(CMS\) Bulletin: pg. 3](#))

The 2013 bulletin for the Center for Medicare Services Administrative Guide page 25, documents the following footnote

referring back to the previous July, 2019 Bulletin- PBIS, RTI, and MTSS are techniques approved for intervention services

**BROAD TERMS USED TO INITIATE MENTAL HEALTH/ BEHAVIORAL INTERVENTIONS AT SCHOOL TO BE BILLED BY MEDICAID:
MTSS PBIS RTI SEL
MULTI-TIERED SYSTEMS OF SUPPORT, POSITIVE BEHAVIOR INTERVENTION AND SUPPORTS, RESPONSE TO INTERVENTIONS, SOCIAL AND EMOTIONAL LEARNING**



provided through schools and ARE INCLUDED in arriving at a disability/disorder for approved Medicaid billing and reimbursement.

“ These multi-tiered models include screening as well as targeted support for students exhibiting signs of potentially struggling with mental health conditions or SUDs, and services for those identified as experiencing mental health or substance use problems.” In addition, this 2019 guidance also states that “[w]ithin federal requirements affecting coverage, payment, and financing of Medicaid services, schools may establish collaborations with community providers.” More recent guidance, “Coverage and Payment of Interprofessional Consultation in Medicaid and the Children’s Health Insurance Program (CHIP),” may be helpful for supporting school-based mental health and SUD services.”

So both guidelines identified PBIS, MTSS, and RTI using these techniques to identify children, collect data on child behavioral disabilities, use interventions, and bill Medicaid for mental health disorders through reimbursements by identifying children through social and emotional learning and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as “free care” services. PBIS and MTSS are currently being

administered in every classroom of America. ([Source-1](#)):
Medicaid/CHIP Psychiatric Interprofessional
Consultation/Telehealth Therapy Billing Allowed: ([Source-2](#))

Neighborhood Schools Become School Based Mental Health Clinics

In order for this system to move swiftly, schools are also allowed to skip over parental informed consent so that mental health treatment of children at school and billing Medicaid could move forward. Parents beware!

May 18, 2023, Overview: A Long-awaited Guide to Help Schools Give Care to Children in Medicaid and CHIP

“The Centers for Medicare & Medicaid Services (CMS) is releasing Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming. Developed in consultation with the U.S. Department of Education, the new guide represents an important part of the Biden-Harris Administration’s work implementing the Bipartisan Safer Communities Act (BSCA). BSCA charged CMS with expanding access to Medicaid health care services in schools, including behavioral health services, and reducing administrative burden for states and schools.” (Source:[Delivering Medicaid Services At School](#))



The Clinton campaign released an ad on June 15 that discusses Clinton's efforts to increase health care coverage for children. (Hillary Clinton)

This agenda has been set up by Obama who was following Hillary Clinton’s agenda “IT’S ABOUT KIDS” now being carried out by the Biden administration. It doesn’t take a village to raise a child.

(Hoge testimony 1994: the Blueprint of Medicaid in Schools
[“Womb to Tomb, The New Managed Economy”](#); [Hoge Sept. 2016:](#)

[Link](#))

The target would be your neighborhood school to access every child for a concept called community schools. The “whole child” (head/heart/hand) or (think/feel/act) scenario would develop around the federal government being able to access individual children for health/mental health services. The whole child, whole school, whole community concept was introduced by Hillary and then Governor Bill Clinton at the 1989 Governor’s Association annual meeting as a “Prescription For America” a back door agenda to implement HillaryCare through the school house door. The 1990 pilot program was initiated in an old steel town in Farrell, Pennsylvania heralded as the hub of the community. Newer whole community Medicaid plans from the CDC, Center for Disease Control Model represent the same updated agenda. (Sources: [Farrell School Pilot Community Schools](#), : [Center For Disease Control](#)□

Be assured that gender affirming care will be included in the Medicaid agenda. Be alert to the bulletin that removes parental consent below.

On MARCH 31, 2023, the White House put out a fact sheet that expanded coverage for gender affirming care which would also come under the “no parental permission” needed by reducing administrative burdens for Medicaid billing. Do parents have the right to know and give permission about their children when the school is promoting and supporting gender affirming care to your child?

FACT SHEET: White House Honors Transgender Day of Visibility

“Issuing a landmark report on ways to support and affirm LGBTQI+ youth, especially transgender youth. Today, the Substance Abuse and Mental Health Services Administration (SAMHSA) is releasing a new report providing the latest scientific research on supporting the mental health of LGBTQI+ youth. With the release of today’s report, SAMHSA

is providing new resources to parents, teachers, and mental health providers to help them use evidence-based practices to affirm and support transgender and LGBTQI+ youth and their families. SAMHSA finds that: There is conclusive scientific evidence that affirming a transgender or LGBTQI+ child's identity is vital to protecting their mental health."

([White House Executive Order](#): Reducing Administrative Burden To Bill Medicaid For States and Schools By Removing Parental Consent-Biden Moves Forward To Issue Hospitalization Licenses For Schools To Become Providers For Medicaid Billing And Reimbursement.

Parental consent removed. Recommendations from the School Superintendents Association and others that recommend no parental consent. ([Source](#))

**The Massive Assault On The Family.
Who Is The Target Population? Every Child.
Every Home. Parents Are Eliminated.
No Parental Permission Needed.**

May, 2023, Secretary of Education Cardona proposes to amend regulations under Part B of the Individuals with Disabilities Education Act (Part B of IDEA) that govern the Assistance to States for the Education of Children with Disabilities program, including the Preschool Grants program. Proposed rulemaking for regulations were brought forward for public comment to change parental permission for accessing children in the classroom and using Medicaid for billing without parental permission which was seen as an administrative burden. Unless a parent has been following these guidelines it would almost be impossible to understand the impact of these regulations. But the regulation has a long grasp and extends the rules to every child. This is what has changed:

"Secretary proposes to amend the IDEA Part B regulations to

remove the requirement for public agencies to obtain parental consent prior to accessing for the first time a child's public benefits or insurance (e.g., Medicaid, Children's Health Insurance Program (CHIP)) to provide or pay for required IDEA Part B services. As there are no comparable consent requirements prior to accessing public benefits for children without disabilities, the removal of this consent requirement would align public benefits consent requirements for children with disabilities to those for children without disabilities and ensure equal treatment of both groups of children." (Source: [Removal Of Consent Requirement](#))

What does this mean? Equity. Remember that ESSA contained regulations for IDEA Part B Special Education Services to carry out interventions for PBIS and MTSS. (See Montana Behavioral Initiative graph.) Most Medicaid assistance to children in school have an IEP, Individual Education Plan, that identify children who are truly Special Ed. Those children are funded through IDEA and Medicaid. These handicapped children have true physical and mental health disabilities. Now these regulations will provide the same assistance to children without disabilities. So who are the children without disabilities?

Yes, you got it. It will be ALL STUDENTS. ALL children who are Title I and schoolwide will be screened and labeled through teacher observation and universal intervention practices that now can be billed to Medicaid through an equity lens by "leveraging policy and funding."

"Administration's Policy Priorities The Biden-Harris Administration has established a clear policy goal to increase access to health and mental health services."

"Increasing access to needed health and mental health services that can be delivered to students at school is a key element of this policy goal."

"The report recommends establishing an integrated framework

of educational, social, emotional, and behavioral health support for all and to leverage policy and funding.”

“Medicaid Funding in Schools: Medicaid is one of our Nation’s primary sources of funding for health and mental health services for children with and without disabilities...” (Source: [Amending Regulations For Special Education: pg. 11](#), and [Montana Behavioral Initiative-Medicaid PBIS Billing](#))

What gave the federal government legal access to ALL children without disabilities?

I must remind parents about Title I and school-wide and how Obama and the federal government set the stage for ALL CHILDREN to be identified for this federal power grab.

The Obama Agenda and Eventual Case Management For Every Family

FACTS: Common Core removed subject areas as a graduation requirement and secured the “individual mandate” similar to ObamaCare identifying the student with a unique national ID. Obama changed federal law by removing poverty guidelines in ESEA Title I Flexibility Waiver regulations making every child Title I. Obama identified every child for the federal government to be able to place a finger on every child’s forehead with a dollar sign on their back.

Identify each child as Title I and identify each child to get federal Title I money. (Remember this phrase when federal money will be dispensed for education Choice... it will be Title I.)

Why All Children Are Now Title I and ALL Schools Are Now School-wide

Smearing the Lines of Who Is Poor or Educationally Deprived

The 40% poverty rate for a school to become school-wide would be dropped to zero by an Obama ESEA Flexibility Waiver. So 40% of children in a school had to be enrolled in the free and

reduced lunch program established as poor. By dropping poverty guidelines, school-wide meant that controversial programs like social and emotional learning could be used for the entire school, not just services for those children who were identified as poor. By dropping the percentage to "0" means that ALL children would be Title I and ALL Title I children would be able to be accessed by whole school programming. (NOTE: This change in federal law by waiver was without Congressional authority. The waiver/school-wide agenda has continued through acceptance of COVID/ESSER federal funds. Also, beware that Education CHOICE legislation will use Title I school-wide portability federal funds that "follows a child" setting up control of every private, religious, and homeschool with ESSA and Medicaid regulations.)

This was the only way to identify ALL CHILDREN for the social and emotional programming under Universal Screening in a Tier I intervention program like Positive Behavior Intervention Supports, PBIS. Now, all children can be screened, observed, and interventions applied WITHOUT PARENTAL PERMISSION according to the new Medicaid Biden/Harris regulations. Teachers are being trained through special education cadres (IDEA) to screen, observe, and collect behavioral and psychological data on your children. Teachers enter this data into a local teacher dashboard, transmitted to state and a national data base called the state longitudinal data system at the National Center for Education Statistics, NCES. And, now schools will be paid Medicaid dollars to do it.

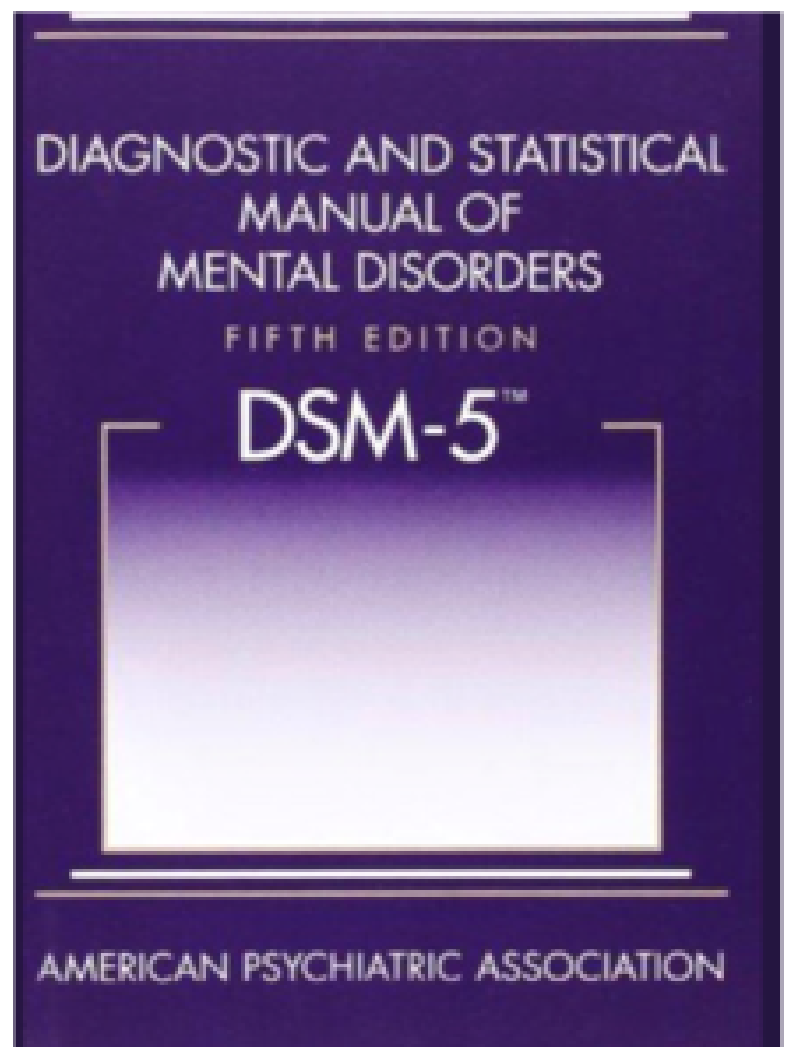
This data has been merged with all other federal departments with the passage of another Rep. Paul Ryan and Sen. Patty Murphy agenda called OPEN GOVERNMENT DATA ACT, HR 4174. This legislation now represents an entire womb to workforce pattern of merged collected data from every federal department that will contain everything, a complete psychometric dossier with the added data benefits of earned wages, IRS, healthcare, etc. For more background see here: (Source: Hoge; Can The

Motherload of Data Hurt You?: <http://bit.ly/2zW4mSn>)

But the sanctity of your home will not be off-limits. The all invasive Promise Neighborhood agenda wants all parents to be involved and engaged. The community school likened to the original Farrell School District is coming to your neighborhood school. A family individual service plan under case management will ensure the entire family comes under the thumb of the federal government. The future intrusion of government into families will continue with case management where government scans your personal environment for more intricate data about you and how you raise your family.

See Promise Neighborhoods in Background and Documentation. (Source: [Individual Family Service Plan](#): and [Teacher Dashboard](#))

What Does It Mean To Have A DSM Code On Your Child's Permanent Record?



Data Trafficking

What parents are NOT being told is the end product of Medicaid billing at school. DSM, Diagnostic and Statistical Manual of Mental Disorders, will be used to code your child that will be billed to Medicaid. A behavioral or mental health disability/disorder will clearly be stated on your child's permanent record that will last their lifetime. Do teachers, healthcare workers, psychologists, psychiatrists, social workers really understand what they are doing? Remember, the Pennsylvania EQA was administered for 20 years before I had the test removed. (See Part 2) Most teachers had no concept of what the test was measuring or why the state wanted this psychological information. Questions remain why teachers are not acknowledging that social and emotional data that they collect and enter into their computers to observe children and implement interventions to mold a child's personality is government approved surveillance. How are personality traits scored? Knowingly or not, we are able to prove this agenda is moving forward at warp speed. What will parents do about it? What is the future?

Social and Emotional Learning and Medicaid At School

Your neighborhood school is a target to become a medical home for government sponsored behavioral/mental health/health care, and gender affirming care services paid for by Medicaid with reimbursement strategies...the more children that are identified with mental health disabilities for Medicaid reimbursement, the more money that would flow to the school. The agenda is meant for EVERY CHILD.

Every child in the United States till adulthood will be monitored. Each must be touched by the federal arm of behavioral conditioning and socialized healthcare. ESSA, Every Student Succeeds Act, states that interventions will be carried out by IDEA, Individuals With Disabilities Act, by having Special Education teams train and teach teachers how to

implement behavioral tactics in classrooms. PBIS, positive behavior intervention and supports, and multi-tiered systems of support, MTSS, are techniques being taught to regular teachers to observe and collect data on your children to identify them with mental health *disabilities/disorders*. This personal, psychological data is categorized as determining factors in what types of “interventions” will be used to change the personality of your children.

A 3-tiered process ranges from universal/preventive screening for all students, having the least amount of interventions in

Interconnected Systems Framework for School Mental Health



your child’s personality, to intensive interventions with a re-cycling emphasis. CASEL and PANORAMA are 2 programs that use social and emotional learning as a means to collect this psychological data and implement interventions in their behavior, values, beliefs, and dispositions. The following questions are from Panorama User Guide under the heading Emotion Regulation;

“When everybody around you gets angry, how relaxed can you stay?”

The answers range from “not relaxed at all” to “extremely relaxed”

“When things go wrong for you, how calm are you able to remain?”

The answers range from “not calm at all” to “extremely calm.”

Remember that the assessment of emotion regulation tallies the responses with a number code. Emotions will be scored to a criterion for intervention. Parents do not know the scoring or algorithms used that lead to a variety of interventions, how it’s done, or why. How much is too much or not enough emotional regulation? How are emotions measured by unbiased teachers when they observe your child? ([Source: Panorama SEL User Guide](#))

Phone Apps are also being used for teachers to monitor behavior in the classroom. Fidgeting, flipping pages in a book, or staring out the window may impact your child through behavioral interventions. Normal child behavior is being coded for interventions. (Source: [Behavioral Observations for Students in School: BOSS APP. pages 22-24](#))

America’s Social Credit System Is Entirely In Place

An enforcement mechanism would monitor individuals to bring about not only forced personality changes to every child in America, but a conditioning process to control literacy and a system of surveillance never seen before in this country. This will be the end of privacy, Second Amendment rights, and civil rights in America. Hillary’s agenda has always been-control the kids and control guns...through mental health. If you have a DSM code on your record, you will never own a gun.

Interesting how the Second Amendment will collapse with this Medicaid agenda. When this data collection is laced with the 50 state strategy of behavioral conditioning, this egregious system is using a design down concept meaning the goals were prepared starting with the global citizen, and the system worked backwards to achieve those goals...piece by piece.

Since this data collection began with state longitudinal data

systems and experimental psychological interventions that were legislated in 2015, we can predict the timeline for total-impact-reach across the country starting with daycare centers and kindergarten through adulthood womb to workplace. This agenda in 15 years from the date of legislation in 2015 will have totally consumed the population by 2030 with baby boomers vanishing as the strong patriot guards at the gate. This is the same timeline as the World Economic Forum for a new world order.

America's children must be identified for their value to the economy. American human capital must be up-skilled. Human capital assessment is defined as the worth or worthlessness of the individual that fits exactly to the same definition as how worth is determined for your property. Human capital (the value placed on a person) would be determined in detail through an algorithm of inputs (costs and profiles associated to develop a future global worker) versus outputs (a job that would determine the worth that individual had to the economy) all correlated to a defined set of global outcomes.

This concept of collecting behavioral and sensitive psychometric data would eventually merge into the new "census" that would be considered an individual social credit score system similar to Communist China. Your value to the economy is monitored by adult wages and your behavior-birth to retirement. The United States will no longer use academic indicators for success. The government can and does access personal data, or specifically, everything about you, what you do, how you feel, and what you think. Medicaid gives government easy access to your home through case management. Decisions on collected data can demand compliance, reprimand, censure, or refuse services, licensing, travel, banking, or perhaps even food in the future.

The word that must be focused on at this point is enforcement. How will you be forced to conform? Enforcement can be used by flagging people through a future digital currency. Your

psychographic profile will decide your 'haves and have nots.' Someone in the federal government will decide if you get your bowl of rice. Whoever is in power, maintains the direction of decision making in a world controlled ONLY by data and numbers.

A parental revolution is a must if we are to assume that America will uphold her ideals and notions of freedom of thought and freedom of exercise that will be lost in datamining, interventions, and enforcement of pure brainwashing to every student in the United States. No family will be exempt. This has been the great experimental progression since Lyndon Johnson pushed ESEA Title I legislation in 1965. The system has been contaminated.

As for your future, do not be blinded by the sugar coating of social and emotional learning, Title I portability money, or choice in education. There is no choice but to remove your kids from public school and stop the federal money flow to private and religious schools. We are paying for brainwashing and data compliance.

Your children are no longer yours. Your family is in danger. A revolution is needed to stop this madness.

"Medicaid would merge into the main healthcare system," Ira Magaziner,
Vice-Chair of Hillary Clinton's Health Care Initiative Task Force, 1993.

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