Schools Are the Key to Improving Student Health:
How States Can Leverage Medicaid Funds to Expand School-Based Health Services

January 29, 2020
Logistics

• Webinar will run for 1 hour
• Question and answer session after all presentations
• Brief survey at end of webinar
Thanks to Our Supporters

Association of State and Territorial Health Officials

Kaiser Permanente

Maico Diagnostics

School Health Corporation

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Today’s Speakers

• Rochelle Davis, President & CEO, Healthy Schools Campaign
• Alex Mays, Senior National Program Director, Healthy Schools Campaign
• Anand Parekh, Chief Medical Advisor, Bipartisan Policy Center
• Wayne Lewis, Dean and Professor, School of Education, Belmont University (former Kentucky Commissioner of Education)
• Kristi Putnam, Special Advisor, Office of the Speaker, Kentucky House of Representatives
Webinar Overview

• Provide an overview of the health and learning connection and benefits of expanding access to school health services
• Highlight an important opportunity to expand school health services through Medicaid
• Learn from one state’s efforts to expand access to school health services
• Provide concrete steps you can take to move forward with this opportunity
Anand Parekh
Chief Medical Advisor
Bipartisan Policy Center
Health in All Policies
The importance of school-based health services

ANAND PAREKH, M.D., M.P.H.
CHIEF MEDICAL ADVISOR

JANUARY 29, 2020
FOR HEALTHY SCHOOLS CAMPAIGN WEBINAR
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health in All Policies: Exploring the Role of Three Federal Departments in Influencing Health</td>
</tr>
<tr>
<td>• The Health and Learning Connection</td>
</tr>
<tr>
<td>• School-Based Health Providers as a Solution</td>
</tr>
<tr>
<td>• Societal Benefits of School-Based Health Providers</td>
</tr>
</tbody>
</table>
• Federal departments other than HHS can have a significant impact on disease prevention and health promotion.


• BPC encourages the ED to support efforts to increase access to school based health providers such as psychologists and social workers, as these providers help address the needs of the whole child.
Increasingly, studies show that mental and physical health impact a child’s ability to learn and succeed in the classroom.

1 in 5 children and youth have a diagnosable behavioral or mental health disorder. However, 84% of children do not receive the mental health care they need.

Nationally, only 40% of students with behavioral or mental health disorders graduate from high school, compared to the national average of 76%.

Unaddressed mental health conditions in students can lead to poor attendance, frequent absences, difficulties with academic work and social integration, and increased school suspensions.

Sources: CDC\(^1\), American Psychological Association\(^2\), U.S. Department of Education\(^3\)
• Access to consistent and healthy meals, physical activity and school safety are also influential to a student’s ability to learn.

• **1 in 5 children are obese.**\(^1\) Overweight kindergarteners have been shown to have lower math and reading scores than those at a healthy weight.\(^2\)

• **Food insecure children are more likely to miss school** more frequently, and more likely to repeat a grade than food-secure children.\(^3\)

• **Only 24% of children** 6 to 17 years of age participate in 60 minutes of physical activity a day.\(^4\) Students who are physically active tend to have better grades, display more on-task classroom behavior and have higher rates of school attendance.

Sources: CDC\(^1,4\), Datar et al\(^2\), USDA\(^3\)
SCHOOL-BASED HEALTH PROVIDERS AS A SOLUTION

• Studies show that health care provided in school settings can reduce health care costs and improve access to and quality of care.

• Important strides have been made to address childhood obesity, asthma and other health issues in schools, however gaps remain.

• More than half of public schools do not have a full-time school nurse or counselor and less than 5% of the nation’s students have access to services through a school-based health center.

• School-based health providers include but are not limited to physicians, nurses, psychologists and social workers.

Source: Bipartisan Policy Center
## Societal Benefits of School-Based Health Providers

<table>
<thead>
<tr>
<th>School-Based Care Benefits</th>
<th>Potential Societal Impact (long-term)</th>
</tr>
</thead>
</table>
| • Access to Mental Health Care Services | • Reduced violence in schools  
• Less substance abuse  
• Reduced crime |
| • Screening for social issues (i.e. screening for food insecurity) | • Early intervention  
• Connection to social services  
• Increased likelihood of educational attainment  
• Increased likelihood of productive employment  
• Enrollment in coverage  
• Increased military fitness |
| • Screening/Diagnosis/Treatment of medical conditions | • Early intervention  
• Health care savings  
• Increased health literacy |
BPC supports policies which improve the nation’s health outcomes and reduce preventable health care costs.

School-based health services are an important investment in meeting the needs of a whole student. These services can help optimize mental and physical health outcomes so that school-aged children can grow into healthy and productive adults.
Alex Mays
Senior National Program Director, Healthy Schools Campaign
Expanding Medicaid-Funded School Health Services
Access to School-Based Healthcare

• Less than 50% public schools have a full-time school nurse or school counselor
• Less than 5% of students have access to services through a school-based health center
School Medicaid

- For 30 years, Medicaid has paid for eligible school health services included in students’ Individualized Education Programs (IEP)
- 37% of all school-aged children receive health coverage through Medicaid and CHIP (Medicaid’s sister program)
- While Medicaid spending on school-based health services represents less than 1% of total Medicaid spending, it’s significant for schools.
Free Care Policy Reversal

- A recent change in federal policy presents a new opportunity to expand school-based services under Medicaid.

- In 2014, CMS reversed long-standing policy and gave states the option to obtain federal Medicaid reimbursement for services provided to all Medicaid-enrolled students in schools.

- Medicaid reimbursement is no longer tied to IEP.
Free Care Policy Reversal Five Years Later
State Activity

*Florida received CMS approval in 2017; implementation pending change in state legislation

Expanded school-based Medicaid program

Expansion pending CMS approval
Potential Impact

- Increased sustainable revenue/reimbursement for schools
- Expansion of allowable health services and service providers
- An increase in students served and services provided
- Improved access to care for Medicaid-enrolled children
- Reductions in overall healthcare costs
- Improved academic outcomes
Wayne Lewis
Dean and Professor, School of Education
Belmont University
(former Kentucky Commissioner of Education)
How States Can Leverage Medicaid Funds to Expand School-Based Health Services

Wayne D. Lewis, Jr., PhD
Dean & Professor, School of Education, Belmont University
Former Kentucky Commissioner of Education (2018-2019)
Kentucky’s Public School System

- Approximately 650,000 students
- 172 public school districts [120 county, 52 independent (city)]
  - 1,466 schools
- Kentucky School for the Deaf & Kentucky School for the Blind
- Over 60% of students qualify for free or reduced-price meals
- Students’ Race/Ethnicity (rounded)
  - White—77%
  - African American—11%
  - Hispanic—7%
  - Asian—2%
  - Two or more races—4%
Kentucky’s Opportunity (Why?)

- Health challenged population (adults and children)
- Schools as central to every community in the commonwealth
- Schools’ desire to better meet the health needs of students (and staff)
- Insufficient state and local resources for providing health services
- Unprecedented coordination and cooperation between education and human services agencies
Medicaid in Schools: A Partnership for Implementation

Wayne Lewis
Kristi Putnam
Kentucky’s program before change:

Provided services only to Medicaid-eligible students who have an IEP

The following are examples of services are provided:

• Speech Therapy/Language Services
• Physical Therapy
• Occupational Therapy
• Behavioral/Mental Health Services
• Specialized Transportation
• Nursing Services
Problems Identified

- Increased need for mental health services in schools
- Lack of primary care provider
- Need for increased access to all students
- Desire to decrease absences
- New Kentucky legislation (Senate Bill 1) included mental health requirements for schools
A Bigger WHY

- Overall poor health outcomes
- Low utilization of prevention services
- Individual engagement in health & well-being
- Increased family healthy habits
- Addressing “non-cognitive” needs to improve academic performance and behavioral health
- Improved outlook for the future
- Holistic approach to serving students
### Social Determinants of Health

**WHY: Other Factors Affect Health**

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Social integration</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Discrimination</td>
<td></td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
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**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

~10%
WHY: Health and Economy are Linked

Health of Population

Health of Economy

KY’s Economy Ranking - #45

23 Metrics:
• Economic activity
• Economic health
• Innovation potential
Implementation Timeline

1. Submitted State Plan Amendment April 28
2. Public comment section closed May 28
3. Some changes requested by CMS (RAI)
4. Final approval received November 4
5. Retroactive approval for billing to August 1

ONGOING COMMUNICATIONS

Initial partnership with KDE
Ongoing discussions with KASA, KSBA
TA sessions with school-based stakeholders
What does this mean for my district?
What does this mean for my school?

Each district can implement Medicaid School-Based Services in ways that best serve the unique needs of students in that district.

Additional Mental Health Care Providers
Dental Services
Immunizations
Onsite Clinic
Moving Forward
Federal Recommendations

• Support states and school districts in expanding school Medicaid programs
• Promote cross-sector partnerships
• Fund efforts to deliver technical assistance to school districts
• Promote innovative models for delivering school health services
State Recommendations

• Develop a strategy to expand the state’s school-based Medicaid program
• Implement a suite of trainings, educational materials and guidance
• Identify additional opportunities to expand school health services
• Create a positive policy environment to support this work
Key Questions to Ask in Your State

● What are the greatest unmet student health needs?
● How are school health services currently being delivered? Various models exist.
● Is my state currently billing Medicaid for school health services delivered to any Medicaid enrolled students?
● Does my state need to amend its state Medicaid plan to implement the free care policy reversal?
● Who are key partners in my state to support this work?
● How does this opportunity align with existing state commitments to improve student health (e.g. state policies and programs addressing nutrition, physical activity, school climate, etc.)
Resources

- Schools Are Key to Improving Children’s Health (RELEASED TODAY!)
- A Guide to Expanding Medicaid-Funded School Health Services
- State Efforts to Implement the Free Care Policy Reversal
Q&A