

HEALTHY SCHOOLS CAMPAIGN

Medicaid Expansion for School Health Learning Collaborative Application

Thank you for applying to join the Medicaid Expansion for School Health (MESH) Learning Collaborative. Through this collaborative, Healthy Schools Campaign will provide free training, technical assistance, and peer learning opportunities to support up to 15 school districts in expanding Medicaid billing for school health services and using the additional funds to provide new services and supports for students.

Applications are due by 6:00 pm on September 3.

For more information about the collaborative, visit <https://healthyschoolscampaign.org/call-for-applications-medicaid-expansion/>.

For questions or assistance with the application, contact Laura DeStigter at laura@healthyschoolscampaign.org.

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District Information

* Please provide the following information about your district:

School district name:

School district address:

Number of schools in the district:

Grades served:

Number of students in the district:

Percentage of students enrolled in Medicaid:

* Which of the following best describes your district's setting: (check all that apply)

- Urban
- Suburban
- Rural

* What percentage of students in your district identify as:

White, non-Hispanic/Latinx:

Black/African American:

Asian:

Native Hawaiian/Pacific Islander:

American Indian/Alaska Native:

Hispanic/Latinx:

Other:

* Does your district work with a special education cooperative?

Yes

No

* Does your district use a vendor for Medicaid billing?

Yes

No

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Team Information

Participating districts must form a team that includes district or school-level staff from the areas of school health services, behavioral health, and/or wellness; special education; finance; and district administration. Team members will participate in project trainings and collaborate to develop and implement an action plan.

You may substitute staff in similar roles if needed.

Please provide the following information about your team members:

* Team member 1: School health services, behavioral health, and/or school wellness representative

| | |
|-------------|----------------------|
| First name | <input type="text"/> |
| Last name | <input type="text"/> |
| Credentials | <input type="text"/> |
| Position | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |

* Team member 2: Special education representative

| | |
|-------------|----------------------|
| First name | <input type="text"/> |
| Last name | <input type="text"/> |
| Credentials | <input type="text"/> |
| Position | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |

*** Team member 3: Finance/billing representative**

First name

Last name

Credentials

Position

Email

Phone

*** Team member 4: District administration representative**

First name

Last name

Credentials

Position

Email

Phone

OPTIONAL- We recommend including a parent, student, and/or community partner on your team. You may also wish to include additional staff as part of your team. These partners may be identified at a later date. Please list any other team members you have already identified.

Additional team member:

First name

Last name

Credentials

Position

Email

Phone

Additional team member:

First name

Last name

Credentials

Position

Email

Phone

Additional team member:

First name

Last name

Credentials

Position

Email

Phone

*** Briefly describe why each team member was selected and the role you envision them playing on the team:**

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Interest and Capacity

* Why does your district want to participate in this learning collaborative?

* What challenges do you currently face with your district's school Medicaid program?

* What challenges do you anticipate with expanding your district's school Medicaid program to include non-IEP services?

* What skills, resources, and experience will your district team contribute to the learning collaborative?

* What opportunities or partnerships exist within your district that could help support school health services expansion?

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Training and Support Needs

* Aside from training on the specific procedures and requirements for expanded Medicaid billing (which will be provided directly by the IL Dept. of Healthcare and Family Services), what information or resources does your district need to get started with expanded billing?

* Are there any specific training topics, resources, or other supports that you would like the learning collaborative to offer?

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Certification

By entering your name below, you certify that you have the authority to enroll your district in this collaborative or have received permission from the appropriate leader(s) to do so. Entering your name also certifies that you and your team members have read the application information and agree to the participation requirements:

- Participate in the collaborative for 2 years
- Attend trainings, peer calls, and other events to the best of your ability
- Develop and implement an action plan
- Meet as a team regularly
- Complete an annual progress report
- Respond to communications from project staff in a timely manner

* Name of person submitting application: