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OPPORTUNITY: BUILDING PARTNERSHIPS TO EXPAND ACCESS TO SCHOOL HEALTH SERVICES

Partnerships can play an essential role in addressing student health needs and expanding access to student health services. Identifying and engaging potential partners in your state and community is key to ensuring access to care for vulnerable students.

Increasingly, healthcare providers recognize the role that schools can—and do—provide in meeting student health needs. As such, there are emerging opportunities to expand access to health services in school-based settings, including partnerships with a variety of different healthcare stakeholders. These types of partnerships already exist in communities across the country and hold great potential for bringing additional healthcare resources into schools and expanding the workforce to serve students.

This chapter provides an overview of the different kinds of service providers that might be willing to partner with schools and school districts to improve student health. It also looks at a few emerging delivery options—meaning formal agreements with an external healthcare provider, such as a hospital or a nurse who is not employed by the district or the school, in which the provider agrees to deliver services to students in a school-based or linked setting (a site near the school campus).

Many local educational agencies (LEAs) will expand their school-based health services program through a combination of partnerships, school-based providers and other models. In this way, they can help as many students as possible receive the services they need.

The partnership models are distinct from the expansion of school-based Medicaid programs through implementation of the "free care" policy reversal; however, Medicaid may play a role in reimbursing the providers for services delivered. In these partnerships, the school and the LEA are not employing or contracting with the provider to pay for services. Instead, the provider seeks reimbursement through its regular methods.

For example, hospitals and federally qualified health centers (FQHCs) already bill Medicaid for services delivered by their providers, and that process would be extended to cover services delivered to students enrolled in Medicaid. By entering into these partnerships, schools can expand access to needed services without having to use scarce district resources to do so—and without taking on any of the administrative and paperwork burdens.

It may be necessary to have a formal memorandum of understanding (MOU) between the school or LEA and the external partner that includes a clear definition of the roles and responsibilities of all parties. This will ensure that students are receiving services from qualified health providers and that their health data remains protected. The MOU may also clarify any financial implications (such as whether the external provider will bill Medicaid for the services provided)—and what that means for schools and families. For a sample MOU, see the blank MOU template Missouri School Boards Association developed to support partnerships between school districts and external providers.

State agencies can play a role in fostering partnerships between healthcare providers and school districts and schools. This can be done by: developing state-level guidance that helps communities address data sharing or contracting with managed care organizations; conducting statewide assessments that provide communities with the data needed to inform partnerships; and approving policies that create a supportive school health environment.

State agency leaders also can be the catalyst for building an improved system of care. Agencies can partner directly with school districts and offer a new vision for how schools can improve physical and behavioral health. Mental health and alcohol and substance use services may be provided through collaborations between state agencies and school districts.

Building a partnership between a school or LEA and a healthcare provider takes time. It involves the development of a shared understanding of the scope of services and clear guidelines around data-sharing, parental consent and documentation. While the logistics can feel overwhelming, the process can start with a phone call between interested parties. Once there is an interest in working together, and institutional commitment, the right people can be brought together to formalize the arrangements.

Partnerships with Healthcare Providers

Partnerships with external healthcare providers usually take place at the school or district level. The healthcare entity may approach the school, or the school or district can be proactive in reaching out to the healthcare entity. Many of these external health partners may already be engaged in school health, making it possible to tap into existing efforts.

The chart below features examples of the types of healthcare providers and organizations that may partner with schools and LEAs. Every community offers different opportunities and resources. An independent assessment of each community's healthcare system may uncover many different willing partners. Local public health agencies and community-based organizations can also play a role in identifying willing community providers and other local programs that could partner with schools.

Potential Partner	Value of Establishing a Partnership
Hospitals and health systems	Hospitals and health systems are working to identify and implement new strategies that increase access to comprehensive and coordinated care for the populations they serve. Schools can play a key role in meeting the needs of the children that the hospitals serve. Hospitals may have a medical director, community benefits department or an outreach director who can explain more about potential partnerships.
Healthcare practitioners and large medical practices	A wide range of healthcare providers can support student health. Community-based providers, including pediatricians, nurse practitioners and counselors, may want to expand their reach outside the office walls and into the communities where their patients and families live. Often, individual providers will help shape partnerships with schools; other times, large medical practices will have a community outreach manager.
Federally qualified health centers (FQHCs)	FQHCs are community-based health centers that provide a wide range of primary care services in underserved areas. Their services are provided on a sliding-scale based on ability to pay. The vast majority of health center patients are enrolled in Medicaid. Because of their deep community roots, and because they may serve as the primary care provider of many Medicaid-enrolled students, FQHCs can be an excellent partner for an LEA interested in expanding access to school-based services. Individual FQHCs will have medical and dental directors, as well as community outreach staff, who can discuss potential partnerships. Also, community health centers are represented across the state by the state Primary Care Association (PCA), which can be an important resource. Many school-based health centers are also FQHCs.

Potential Partner	Value of Establishing a Partnership
Community mental health centers	As states pursue opportunities to increase access to student behavioral health services, community-level mental health centers will play a key role. They can provide an accurate assessment of the opportunities for expanding access in schools, address workforce shortages in the area of mental health providers, and provide clinical services through joint partnerships.
State and local public health agencies	State public health agencies are an excellent source of state data and state needs assessments. They can provide support in convening and implementing, and in aligning state policy with the State Health Improvement Plan. Local public health agencies can help school districts by helping to assess unmet healthcare needs in the student population; by filling in gaps in services and programs; and by helping to foster important connections between the local healthcare community. Schools and LEAs would benefit from strong and ongoing partnerships with public health agencies in a number of key areas.
Academic institutions / universities	Local academic institutions and universities can be excellent partners for schools. In addition to deep community roots, academic institutions with medical or professional services programs have a built-in healthcare workforce that needs professional practice. With direct supervision, students in medical or professional services programs may be able to deliver services in schools.
Community-based organizations	Community-based organizations can provide medical services and supports. Some CBOs work with community health workers, including promotoras (female community health workers in Spanish-speaking communities) who can provide services in schools. Other CBOs may be able to provide linkages to other external services, like helping families navigate health insurance or options for obtaining eyeglasses.

Expanding Access Through Telehealth

Through the use of specialized technology, telehealth virtually links the student in the school-based setting with an external provider who can offer diagnosis and treatment.

Telehealth programs are used in schools to treat acute illnesses such as an ear infection or sore throat, and to provide a limited amount of chronic care management for conditions such as asthma and ADHD. Telehealth also can be used for certain behavioral health and therapy services, such as speech-language therapy and physical therapy.

When the COVID-19 stay-at-home orders first took place in 2020, the broader healthcare system quickly switched to delivering many services remotely, causing a dramatic expansion in the types of health providers using telehealth and the array of services available.

Schools also quickly pivoted to telehealth. There was a sharp learning curve for school-based health providers, and the results varied from district to district. But the flexibility it gives schools to reach students and connect providers and families means it's likely here to stay.

In a school-based setting, services are provided to the student by the nurse (or an aide) onsite and by a local provider at the other end of the line. The provider assesses the student and provides the needed medical advice. The nurse and the provider coordinate care and follow-up. When delivered remotely, telehealth services may look different and may vary by provider type.

Because Medicaid reimbursement is regulated at the state level, and each state makes decisions on what types of providers can be reimbursed for telehealth and what services are covered, states may have different strategies for reimbursing the cost of telehealth services in schools.

As a result of the COVID-19 pandemic, almost all states have dramatically expanded their Medicaid telehealth programs, at least for the duration of the public health crisis, allowing some school-based healthcare providers to become eligible for reimbursement. This provided a financial incentive for offering services to students remotely.

Ohio, for example, implemented emergency rules in March 2020, at the onset of school closures, promoting care at a distance and allowing a wide range of practitioners, including school health providers, to bill Medicaid for these services. Oregon released a series of telehealth guidance FAQs for each type of school-based provider with a special focus on student privacy.

When delivered in schools, telehealth services require complicated funding streams, often braiding together several funding sources. Depending on the state, both the school and the telehealth provider may be able to bill for their time. In many cases, Medicaid does reimburse for visits: Schools get reimbursed for their time with a facility fee, and the external provider is paid for delivering the services.

While the facility fee may not cover the full costs of the program, it is a sustainable revenue source that helps maintain staffing and services. Specialized equipment is needed; some schools and LEAs have received donated equipment from local healthcare providers or local telecommunications companies.

School districts and providers may be able to leverage the expansion of telehealth that occurred during the public health crisis to support ongoing remote delivery of school health services and to find a new and sustainable way to finance these services. Telehealth continues to hold great promise for the remainder of the pandemic and beyond.

State Medicaid Reimbursement Policies for School-Based Telehealth Services: Before and During COVID-19

Telehealth Service	Number of States That Reimbursed Before COVID	Number of States That Implemented Reimbursement During COVID	Total Number of States That Reimburse for Telehealth Service
Audiology and/or speech/language therapy services	15	11	**26 states** + 11 additional states reimburse this service under all IEP or ESPDT services
Behavioral health services	8	14	**22 states** + 12 additional states reimburse this service under all IEP or ESPDT services

Telehealth Service	Number of States That Reimbursed Before COVID	Number of States That Implemented Reimbursement During COVID	Total Number of States That Reimburse for Telehealth Service
Occupational therapy	8	13	**21 states** + 13 additional states reimburse this service under all IEP or ESPDT services
Physical therapy	8	13	**21 states** + 13 additional states reimburse this service under all IEP or ESPDT services
Nursing and/ or physician services	3	2	**5 states** + 13 additional states reimburse this service under all IEP or ESPDT services
All IEP services	11	9	**20**
All EPSDT services		6	**6**

States Expand Medicaid Reimbursement of School-Based Telehealth Services is used with permission from the National Academy of State Health Policy.

Other Partnerships to Increase Access to School Health Services

Schools and LEAs have been able to expand access to school-health services by utilizing a range of partnerships that focus on the *delivery* of services, meaning an external provider either *provides or facilitates* the services.

These types of partnerships rely on several different funding streams. Medicaid will reimburse for the services provided to Medicaid-enrolled students. Schools and LEAs would only be responsible for the costs associated with the time and activities of the district-employed providers.

The start-up costs associated with some of these delivery models can be very low (simply a matter of the school providing free space) or high (if including investments in physical spaces and technology). This type of investment has been successfully funded by grants and donations in many communities.

Potential Model	How it Works
School-based health centers	School-based health centers (SBHCs) are based in schools and provide students and their families with a full range of age-appropriate healthcare services, typically including primary care. School-based health centers provide a much more comprehensive set of services than are typically offered by schools and can serve as a student's primary care provider and medical home. SBHCs draw their funding from a variety of sources, but Medicaid does reimburse SBHC on a per-patient rate for services delivered to Medicaid-enrolled students. While not every LEA has SBHCs, those that do value the contribution they make to the student and community health. Learn more about school-based health centers from the Health Resources & Services Administration and the School-Based Health Alliance.

Potential Model	How it Works
Mobile van	Mobile vans have been successfully used to expand access to certain health services for students, including oral health and vision services. Mobile vans work in partnership with the schools but are usually externally funded. If the mobile van serves a Medicaid-enrolled student, it may be able to bill for that service. The billing and reimbursement is handled by the organization or operator of the mobile van, not by the school or LEA. Operators of mobile vans can be private providers, universities or community health centers.