HOW TO EVALUATE PROGRESS

As states across the country move forward with making major changes to their school-based Medicaid programs, it's essential to evaluate the impact of these changes on both health and academic outcomes.

Evaluating school-based Medicaid programs is key to ensuring program sustainability and informing program development and delivery. More states are considering or are already in the process of expanding their school Medicaid programs to support innovative models for delivering school-based health services. Working with your team to develop assessment frameworks—including program objectives, outcome measures, evaluation questions and methods, and a timeline for measuring impact—can help you track and communicate the success of your work to state leaders and advocates.

1. Establish program objectives and action items.
The objectives of your efforts to expand access to school health services will serve as the foundation for evaluation. What are the changes you want to make to your school Medicaid program? What impact do you hope those changes will have?

Here are some examples of objectives and related action steps:

Objective	Action	Sample Measures
Expand access to school mental health services to address student mental health needs.	· Submit and obtain approval for a state Medicaid plan amendment to implement the CMS "free care" policy reversal. · Ensure school mental health providers (school psychologists, social workers, counselors) can bill Medicaid for reimbursement.	· Number of mental health visits · Percentage of students with mental health diagnoses that accessed mental health services · Depression, anxiety and suicide rates
Improve care coordination between healthcare providers and school districts.	· Establish MOUs between managed care organizations and school districts. · Release state guidance on HIPAA and FERPA and data sharing.	· Percentage of students with a care coordinator · Percentage of students connected to appropriate follow-up care

Objective	Action	Sample Measures
Increase Medicaid revenue generated by the state's school Medicaid program.	· Submit and obtain approval for a state Medicaid plan amendment to implement the CMS "free care" policy reversal. · Update guidance on billing and reimbursement. · Develop and implement training on school-based billing, including administrative billing.	· Total Medicaid revenue generated by the school Medicaid program

2. Develop policy and program evaluation questions.

Changes in state policies and programs related to health and education can be used to demonstrate the success of your efforts—and asking the right questions can help you to identify new opportunities as well as areas of progress. While questions should be based on your specific objectives, here are some questions to consider:

· Did the state submit a state plan amendment (SPA) to: implement the CMS "free care" policy reversal; expand the list of Medicaid-eligible school health providers; or expand the list of Medicaid-eligible services?

· Did the state issue new or revised guidance—such as a school-based reimbursement guide, telehealth guidance, or data-sharing guidance—to support states in expanding access to school health services through Medicaid?

· Was there a change in revenue generated from the school Medicaid program?

· How is the revenue generated by the school Medicaid program being used?

· Did the state establish a formal committee or charge an existing department or agency with advancing this work?

· Did the state leverage non-Medicaid funding, such as federal grant funds or local education funding, to support this work?

3. Identify the impact on key state health measures.
Health and education accountability metrics may shift due to increased access to school health services. Some questions to track impact include:

· Was there an impact on Medicaid accountability metrics? (Consider tracking the impact on measures from Core Set of Children's Healthcare Quality Measures for Medicaid and CHIP relevant to school health.)

· Was there an impact on education accountability metrics, such as chronic absenteeism?

· Was there a change in revenue generated from the school Medicaid program?

· How is the revenue generated by the school Medicaid program being used?

· Was there a change in the number of school health providers (school nurses, psychologists, counselors, social workers, etc.) employed across the state?

4. Identify the impact on school districts and schools.
Increased access to school health services will affect school districts and schools. Some questions to track impact include:

· What were the leading health conditions affecting students in the district prior to the change? Did the changes in policies and programs support addressing those health needs?

· Was there a change in the school district's chronic absenteeism rate? Was there a change in math and/or reading scores?

· Was there a change in revenue generated from the school Medicaid program?

· How is the revenue generated by the school Medicaid program being used?

· Was there a change in the number of school health providers (school nurses, psychologists, counselors, social workers, etc.) employed by the district?

· Was there a change in the number of health services being delivered in the school district?

5. Engage decision-makers and build cross-sector collaboration.
Efforts to expand school-based Medicaid will involve key decision-makers and cross-sector collaboration. Some questions to track engagement efforts include:

· Who have you engaged in regular conversations with about this work?

· Who on your team can move this work forward?

· Is there demonstrated support for this work from your state education agency or state Medicaid agency?

· Have the leaders of this work agreed on the goals and a work plan for achieving them?

· Has state leadership demonstrated a public commitment to this work (e.g., has anyone contacted school districts, conducted a media interview or discussed this as part of the state's strategic plan)?

6. Identify potential data sources.
Identifying and tracking data to answer these questions and move your work forward can be challenging. Not all of the necessary information is publicly accessible or presented in a way that allows you to monitor changes over time.

To start, consider who might have the data you need to better understand student health needs in your state. At the state level, this could be individuals in the state education agency or state Medicaid agency in charge of managing the school Medicaid program. It could also include staff in those agencies coordinating the state's special education programming or leading broader efforts to create safe and supportive school environments.

The state public health department can also play an important role in helping to identify data sources and facilitate connections to key contacts in other agencies. In addition, each state's school nurse consultant may have some of this information and/ or be able to facilitate connections to individuals who do. The National Association of State School Nurse Consultants can direct you to the school nurse consultant in your state.

At the school district level, individuals with access to key information could include the district billing lead, special education coordinator or school nursing coordinator. District health provider partners, including school-based health centers, hospitals or local health departments, can also support the collection of data. For example, local nonprofit hospitals can share data from their community health needs assessments. Finally, managed care organizations serving the students in your district can provide helpful data.

While a great deal of information is available from public databases and reports and through building relationships with state and district employees and partners, it is also important to consider the submission of a Freedom of Information Act (FOIA) request, if needed.

7. Establish a timeline.
Establishing a timeline is important for gathering baseline data and ensuring regular data collection. It's also important for monitoring progress and evaluating the impact of your efforts.

To get an accurate and clear picture of the work you are leading, start the evaluation progress at the beginning of your initiative. If you've already begun, start now—even if you start late, you can still gather information that could prove useful to the initiative's success.

CONCLUSION

The delivery of school-based health services—including physical, behavioral and mental healthcare—is critical to support the health and academic outcomes of students, including the nation's most vulnerable children. We are confident that expanding Medicaid-funded school health services is a key strategy to reduce disparities and improve outcomes for all.

Fortunately, there are multiple avenues to advance this work. The Centers for Medicare and Medicaid Services' 2014 letter clarifying that school districts can seek reimbursement for covered services for Medicaid-enrolled students, even if those services are provided to all students, offers a tremendous opportunity. CMS has given the go-ahead to expand billing for more students—and the opportunity exists to expand the types of services and providers eligible for reimbursement.

The end result could mean more federal revenue to the state and more reimbursement to districts, which could help ensure ongoing investment in and support for the delivery of school health services. It could also ultimately help schools expand the staffing needed to provide physical and behavioral health services to students.

We encourage the opportunities this policy shift invites, including building partnerships with managed care organizations to support the delivery of school health services; creating a policy environment that is supportive of school districts utilizing Medicaid funding to support student health and wellness; and supporting partnerships with community-based providers and other partners to address unmet student health needs.

We commend you for taking on this work in your state and encourage you to contact us with any questions.

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