GETTING STARTED: BUILDING A COALITION TO EXPAND SCHOOL-BASED HEALTH SERVICES

Many different participants are involved in developing and implementing policy on expanding school-based health services—and the policies affect an even broader circle of people.

School-based Medicaid has wide implications that affect everyone from policymakers and healthcare providers to administrators and students. Given this, it is important to be as inclusive as possible when considering policy changes. Encourage all stakeholders to make their voices heard, and give everyone the opportunity to address concerns. A broad coalition—including state and local health and education decision-makers, as well as parents, advocates and funders—is essential to expand school-based health services effectively. Together, multiple participants can build a strong school-based Medicaid coalition to support shared goals.

WHO DOES SCHOOL-BASED MEDICAID IMPACT?

School-based Medicaid affects individuals and agencies at every level:

· Students and families eligible to receive health services

· Teachers whose students may have health needs that interfere with their attendance and learning potential

· Superintendents who may be able to access much-needed, available funds to expand health services

· School district legal departments that must work out consent agreements and contracts

· School-based and community-based service providers

· Local public health departments and behavioral health centers that can help target services to meet student health needs

· Local and state healthcare systems and provider networks

· State public health agencies that allocate funding and resources

· State education departments, including multiple programs that work on student health

· State Medicaid agencies, including eligibility and benefit departments, as well as contracting, managed care, and other programs

· State legislatures and governors who manage state budgets

Are these partners already involved in your coalition?

Building the Core

Building support at the state and local levels will help ensure the success of efforts to change a state Medicaid plan or state laws related to school health services. It is important to identify decision-makers in state government who care about both health and education outcomes, including state legislators, the governor's office, and representatives from the various health, mental health, and alcohol and substance use agencies. These individuals can play an important role in building broad support for policy implementation and also have significant influence on state budget matters.

To begin this work, identify the key health and education decision-makers along with agency staff who work on these issues day-to-day and people who can make decisions on behalf of their agency. This includes:

State Medicaid Agencies: Medicaid director or deputy director

Depending on the direction of the coalition's policy goals, the group may want to engage staff with expertise in issues such as benefits and coverage, managed care contracting, school-based Medicaid programs, the claiming/reimbursement process for schools, and the process of credentialing schools and school-based providers for Medicaid. It is also important to include Medicaid's legal counsel for questions on medical necessity, consent, data sharing and documentation.

State Education Agencies (SEAs): Chief state school officer or a key deputy

Additional staff to engage might include those who oversee the school-based Medicaid program, special education and efforts to advance safe and supportive school environments, and staff members who oversee school health grant programming, including the Centers for Disease Control and Prevention 1801 grants and Project AWARE grants. It is also important to include the state education agency's legal counsel for questions related to data sharing and contracting.

Local Educational Agencies (LEAs): District superintendent (or deputy), school board members, district budget director or legal counsel

Other partners might include special education directors, LEA billing specialists, school nurses, speech therapists, occupational therapists, physical therapists and other school-based providers, as well as the unions representing in-school staff.

It is also important to acknowledge the role of state public health department employees who have experience in state and local prevention, health promotion and needs assessment. Public health departments have played a key role in testing and surveillance during the COVID-19 pandemic. This has been an invaluable support to schools during the immediate crisis – and partnerships can extend into the future.

Building Broad Support

The core group cannot do this alone. Many other partners belong at the organizing table and bring tremendous value to the process. The chart on page 21 can help you decide which stakeholders can help your group address its most pressing issues. Some possibilities include:

State Stakeholder Organizations

State stakeholder organizations—such as state chapters of teachers' unions, state associations of school business officials, parent-teacher associations, primary care organizations and associations for school-based health centers—can play an important role in supporting state-level changes that are needed to expand and implement changes in school-based Medicaid.

State provider organizations—including state associations of school nurses, speech-language pathologists, occupational therapists and physical therapists—are essential participants as well. In addition, these organizations can play an important role in spreading the word about changes in school-based Medicaid policy and building on-the-ground support for implementation.

Local Agencies

At the local level, the mayor's office may be interested in discussing the importance of increasing access to school health services and the opportunity at hand. In addition, city council members can serve as important advocates for implementing this change, especially if the schools in the area they serve stand to benefit from increased access to school health services.

The local public health department is uniquely positioned to leverage public health data linking the top two to three health conditions from the State Health Improvement Plan (SHIP) to the delivery of Medicaid services in school settings.[9] Key allies could also include local health providers, local United Ways, and other local advocacy and social service organizations.

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9. *Developing a State Health Improvement Plan: Guidance and Resources, Association of State and Territorial Health Officials (June 2015): http://www.astho.org/Accreditation-and-Performance/Developing-a-State-Health-Improvement-Plan-Guidance-and-Resources/Home/*

State and local advocates bring the perspective of the community and the students and families to the table. Their involvement ensures active consumer engagement and a transparent process along the way.

National advocacy organizations are excellent sources of data, best practices and support for states. While national organizations are not likely to be a member of any state-based organizing table, engaging with one or more of these organizations can add depth and support—and a national perspective—to the work of the state team.

ADVOCATING FOR EXPANSION OF SCHOOL MEDICAID IN ILLINOIS

Healthy Schools Campaign led an advocacy effort in Illinois to expand the state's school Medicaid program. While Illinois school districts were able to bill Medicaid for health services included in students' IEPs, a Medicaid state plan amendment (SPA) was needed to expand the state's school Medicaid program to include all Medicaid-eligible services delivered to all students enrolled in Medicaid.

This required the Illinois Department of Healthcare and Family Services (the state's Medicaid agency) to prepare and submit the SPA to CMS. While the state was interested in the opportunity, competing priorities and changes in staffing delayed Illinois' work to move forward with expanding the program.

Healthy Schools Campaign worked with advocates across the state to urge the state's Medicaid agency to move forward. This work included sending a letter to Governor Pritzker signed by more than 50 health service providers, hospitals, and health and education advocacy, philanthropy and community-based organizations; developing a social media toolkit to provide partners with messages to promote the opportunity; and issuing a policy brief detailing the opportunity for Illinois stakeholders. Additional details about HSC's efforts in Illinois are available at: https://healthyschoolscampaign.org/medicaid-expansion-for-school-health

As a result of this work, the state's Medicaid agency moved forward in 2021 with submitting a SPA expanding the state's school Medicaid program to include all medically necessary services delivered to all Medicaid-enrolled students

Health Providers and Insurers

Including health providers, local hospitals, pediatricians and managed care organizations in initial conversations can help ensure their support for this work as well as leverage the expertise and resources they bring to the table.

Funders

Many state-level funders, especially those who sit at the intersection of health and education, are well poised to support—and, in some instances, catalyze—a robust coalition in support of school-based Medicaid.

WHO SHOULD BE AT THE TABLE?

If your core policy questions include…	Make sure to include…
Financing school-based Medicaid services	· Medicaid department · State education agency · LEA and superintendents · Managed care organizations · Provider organizations
Expanding Medicaid under the CMS "free care" policy reversal	· Medicaid department staff with experience in submitting Medicaid SPAs · Medicaid staff with experience in coverage · State education department and local LEA staff who have knowledge of the various health-related services available to students served by the school · Parent/advocacy organizations
Untangling privacy or parental consent	· Legal counsel · LEA · Parent organizations · Children's advocacy organizations · State Department of Education · Medicaid department staff

If your core policy questions include…	Make sure to include…
The role of managed care	· Medicaid department staff who handle managed care · Representatives of managed care organizations · LEA claiming/reimbursement departments
Credentialing	· Provider organizations · Key state education agency and department of Medicaid staff who work on credentialing and licensing providers
COVID-19 testing, contact tracing and surveillance	· Public health department · School nurse and/or state school nurse consultant · State Medicaid reimbursement staff · LEA staff and superintendents

Building a Common Language

To successfully engage partners, consider developing materials and resources that explain the program. The Indiana Department of Education, for example, has great resources available in English and Spanish that provide a good grounding in school-based Medicaid. These types of resources are particularly useful during the initial education and outreach to potential partners.

In addition, each partner comes to the organizing table with their own objectives, background knowledge and vocabulary. It's important, therefore, to clearly articulate the goals of the collaboration. To do that, each partner needs to understand specifically why each stakeholder supports the goal. Because of the differences in experiences and disciplines, it can sometimes feel like different partners are speaking an entirely different language.

For example, what healthcare stakeholders call measuring unmet need, education partners may call comprehensive needs assessment. In both cases, the purpose is the same: identify gaps where individuals are not receiving the services they need to

improve their health. Same goal—different words and different processes.

Another example is that education partners will refer to specialized instructional support personnel when talking about the providers who deliver services in schools, whereas service providers are called Medicaid-enrolled providers on the Medicaid and healthcare side.

To advance a shared agenda, it is important to understand each discipline's language and priorities. It is critical to have participants who can act as interpreters, ensuring that partners understand one another.

Convening the Team: Best Practices

Regular, Effective Meetings

Regular meetings are essential to advancing a work plan and to building trust among stakeholders. Not only do meetings encourage interpersonal communication, but they are the most effective way to share information, provide updates and make shared decisions.

Experience suggests that periodic in-person meetings provide a strong foundation for advancing shared policy. Phone or video meetings also provide an opportunity for shared communication and can help bridge physical distances. Scheduled in advance, a regular meeting schedule can also serve as a deadline mechanism for individuals to complete their work.

A convener is key to making meetings work. A school-based Medicaid coalition could be convened by any stakeholder. In some cases, an external stakeholder (like a funder) may be an appropriate convener who can arrange logistics and provide financial support for regular meetings. In other cases, it may make more sense for the convener to be someone within a state agency who is tasked with advancing this work for the state.

To enhance the effectiveness of the meeting, clear goals for each meeting should be established with concrete next steps. For purposes of accountability, all deliverables should have owners and target dates attached to them.

A Shared Work Plan

A shared work plan (or action plan) may provide stability and accountability in reaching shared goals. In addition to articulating the objectives, a work plan will list the steps that each partner will take, consider possible barriers and provide a clear timeline. A work plan provides a journey map for getting from point A to point B.

Your school Medicaid team will grow and shift over time. Asking questions of yourself and others will help you find the right partners to bring to the table and work toward making sure the coalition achieves its objectives. For example:

· **I know what my agency's goals are with school-based Medicaid.** *How do our goals align with other agencies' goals? Where do our goals overlap?*

· **My agency/organization runs programs that support student health, and we have a significant perspective to offer on how to improve programs across the state.** *What data do we have to share about how our program works? How can we collaborate with other agencies to move these goals forward?*

· **We have committed to the improvement of the school-based Medicaid program, and we have staff time to dedicate.** *What resources can we contribute to the coalition? Can we play a role as a convener? Is there a role for us to play in advancing this work?*

· **We are new to this coalition but have significant experience with school-based Medicaid.** *How can my agency bring value to the coalition? What can we take on to advance this work?*

· **We do not have support from all key agencies/parties.** *What are their priorities, and how can school Medicaid support these priorities? Who are the decision-makers, and who might have influence over them (state legislator, school district voices, other state agencies)?*