

Complementary Roles of School and Community Providers:

Working Together to Support Student Health & Strengthen the School Health Ecosystem

- While the composition of providers serving students in a school building looks different in every district, collaboration between school providers* (those employed or contracted by the school district) and community providers* (those hired by an external employer) is integral to delivering the health services students need to live and learn well.
- The true workforce shortage of qualified providers exacerbates staffing challenges for both school and community providers.
- While the funding streams for both types of healthcare providers are separate and distinct, maximizing opportunities in Medicaid for increased and sustainable funding benefits both and strengthens school and community well-being.

Students succeed when they get the health services they need – both in school and in the community.

Meeting the needs of students through a whole child approach helps them learn and thrive.

Although care collaboration can be complicated and some state-level policies may present challenges to fully leverage Medicaid, these are barriers that can be addressed through policy and practice change to improve student access to essential services, no matter the setting.

School and community providers are quality healthcare providers working together to meet student health needs.

A comprehensive school health program hinges on strong partnership between both school health providers (e.g. school nurses; school psychologists) and community health and mental health professionals.

These providers are qualified healthcare providers – school health providers are trained to work specifically with students in a school-based setting and community providers may bring additional capacity or specialization to the delivery of school health services.

The full continuum of providers and specialties is needed to improve student well-being and fill gaps in care. It is a both/and situation.

Medicaid pays for services to school and community providers.

These providers are not in competition for limited or fixed Medicaid funding.

Medicaid can pay for services delivered by both types of providers.

The fact that a student receives health-related services from a school provider does not prevent them from receiving services from another Medicaid provider, such as a community provider. (However, services may be subject to medical necessity standards and other rules according to the student's managed care plan, if enrolled.)

The funding streams are distinct and not capped.

State policy should maximize Medicaid reimbursement for school and community providers to expand the availability of student health services.

Medicaid is a sustainable source of funding for both school and community providers.

If a provider delivers a qualified service to a Medicaid-enrolled student, they can get paid for it. This is a core feature of the Medicaid program and extends to all providers, regardless of the setting.

Medicaid is a sustainable funding source for the ongoing provision of services already being delivered by both types of providers.

Expanding reimbursement for school providers does not diminish the overall pot of Medicaid money available nor a community providers' ability to bill and be reimbursed.

Ultimately, investment in the overall workforce is needed to address staffing challenges that may give rise to the appearance of limitations or scarcity.

**School providers refers to providers who are employed or contracted by the school district and deliver services in a school setting that the district can then reimburse through the school Medicaid program.*

**Community providers refers to providers who deliver health services in the school setting and whose employer (e.g., a hospital or Community Health Center) bills Medicaid directly for reimbursement.*