



Medicaid and CHIP School-Based Health Services Affinity Group



Healthy Students

Promising Futures

*Liz Clark, Center for Medicaid and CHIP
Services, Division of Quality and Health
Outcomes*

December 4-5, 2018

Participating State Medicaid Agencies

- Arkansas
- Colorado
- Idaho
- Michigan
- Nebraska
- New Jersey
- North Carolina
- Ohio



Goal: To improve access to care and health outcomes for children and adolescents with Medicaid or CHIP coverage by leveraging schools as settings for care

- 12 months
- Voluntary
- No funding
- Medicaid/CHIP primary applicant
- State-directed content

Arkansas

- Worked to promote better billing through Medicaid Coding
 - Planned to provide designated Arkansas Department of Education employees with limited access to Medicaid Management Information System (MMIS) to directly assist school employees with Medicaid claims questions
 - Began discussions with University of Arkansas Medical School to provide training to school-based personnel for proper Medicaid coding
 - Initiated development of stand-alone Medicaid manual school-based services, procedures and diagnoses
- Focused on Access to Care
 - New Medicaid Telemedicine rule approved by Arkansas Legislature (Effective 8/1/18; retroactive to 4/10/18)
 - Considering additional opportunities

Colorado

- Produced a plan to pilot Regional Accountability Entity/District partnerships
 - Full support across state and nonprofit partners
 - Leveraging existing resources
- Developed ongoing Medicaid data projects
 - Comprehensive child health data dashboard, integrating existing delivery system measures
 - Medicaid-led health/education data sharing strategy
- Launched third phase of School Health Services free care research
 - Based on CMS communications facilitated by this affinity group

Idaho

- Data Sharing and Health Information Technology Issues
 - Successful collaboration between State Department of Education and Division of Medicaid
 - Updating the Memorandum of Understanding between the agencies
 - Optional free Statewide IEP system for school districts and charter schools
- Care Coordination and Access
 - Increased competency and services delivered in schools
 - Workgroup for Behavioral Health standardized screening and risk tool
- Core Measure Improvement
 - Coordination of Healthy Connection PCPs and school nurses
 - Weekly visits with one School-Based Health Center to learn best practices and expand the knowledge with other school districts

Michigan

- Free Care
 - Behavioral/Mental Health Services
 - Determined that there were viable opportunities for expanding services to general education students
 - Collaborated with other State programs
 - Nursing Services
 - Identified opportunities to increase services to all students
- School-Based Medical Home Model of Care
 - Explored but Opted for an Alternate Model of Care

Nebraska

- Conducted a state-wide survey of schools
 - 39.8% indicated their schools work with community partners to facilitate mental and behavioral health (MBH) referrals for students.
 - 75.24% do not believe there are adequate community resources available within a range of 25 miles to serve students with MBH issues.
 - When students have MBH issues, 61.44% of schools inquire about a recent medical visit, 41.69% inquire about a vision checkup, and 31.03% inquire about a dental visit. (Physical, visual, or dental issues all can be implicated in a child's behavior.)
- Created “Why Health Insurance is Important for Your Child” communication piece, which was translated into several languages.
- Organized *Healthy Youth Nebraska Conference*, Addressing Risks, Resiliency and Barriers to Success for 144 professionals.
- Created a map for Nebraska Public School Districts and agencies across NE to help identify tele-behavioral health resources.
- Developed Cross-Division Relationships within Department of HHS.

New Jersey

- **Initiated discussions on crafting NJ licensure standards for School-Based Health Centers**
 - Reviewing initiatives from other States
 - Collaboration between community partners, the NJ Dept. of Health, Dept. Human Services and Dept. of Child and Family Services
 - Determining physical plant limitations
 - NJ DOH Regulatory Committee participation
- **Explored Leveraging Managed Care Organizations**
 - Ongoing discussions with MCO Medical Directors
 - MCO Receptiveness
 - Augmenting Networks
 - Ongoing Discussions
- **Pursued Potential Partnerships with School Based Health Centers**
 - Hospitals
 - Federally Qualified Health Centers
- **Worked to Address Active Immunization Issues**
 - Vaccines for Children (VFC) programmatic challenges
 - Vaccine storage and provider suspensions
 - Data logger mandate
 - Vaccine Transport
 - Provider VFC participation

North Carolina

- Used the monthly TA calls to inform the development of State Plan Amendments (SPAs) to improve access to care for children with specialized needs.
- Worked on developing SPAs to address the following areas:
 - Transportation services
 - Personal care services
 - Case management/Targeted Case Management

Ohio

- Created and distributed a SBHC Toolkit
 - Help schools develop locally focused SBHCs by giving examples of success already found in Ohio
 - Ohio PCP model for partnering schools and medical practices
- Included health factors in ODE Agency goals
 - Dedicated position to help with SBHC day-to-day activities
 - ODE restructure to highlight school health and better incorporate health issues into larger agency framework
- Created an Ohio School Health Collaborative
 - Ongoing state/local meetings to discuss issues and develop results
 - Use of data to address known issues of mental health, asthma, and diabetes

Questions

Please contact:

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