

Key Takeaways from In-Person Meeting of Healthy Students, Promising Futures Learning Collaborative

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1. Best practices for cross-sector coordination:

States have largely created their roadmap and procedures for coordinating work as a state team. While different in each state, there is commitment to continue the work, provide ongoing communication and continue trust-building, and make progress on a concrete action plan. State teams meet regularly yet acknowledge that they would benefit from additional dedicated time together.

State teams have an interest in learning more about how states structure and finance coordinated school health services and healthy school environments across silos and across the agencies.

2. Building the case

State teams continue to identify data sources, to define unmet student need and capacity shortfalls, and to develop a strong business case to invest in health services in schools. States teams asked questions about how to build infrastructure for cross-agency data—including how to document services and how to leverage these data for reimbursement. A persistent challenge is that data is fragmented across silos and, in many cases, not readily available.

State teams continue to ask core questions about CMS policy on reimbursement methodology and there is clear interest in identifying services that are not currently being reimbursed under Medicaid to see what might be billable. Hopefully CMS' new affinity group will be a resource to answer these questions.

3. Making the case

States teams have developed narratives about the importance of investing in school health services and the role of Medicaid to support the investment. With these, they will make the case to a range of audiences, including state and district policymakers.

Some state teams are interested in “marketing” directly to school districts to encourage them to bill Medicaid for services within or outside of an IEP. For example, districts may be interested in reducing chronic absenteeism (CA), now a mandatory measure on state report cards, and thus they may be interested in the role that school health services can play in reducing absenteeism. State teams want to explore other hooks and angles to help persuade districts (and others) to increase the provision of Medicaid services in schools.

A brand-new resource is available to help make the case for the connection between health and learning. CDC recently published [*Health-Related Behaviors and Academic Achievement Among High School Students—United States, 2015*](#), which concluded that, “among U.S. high

school students, healthy eating and physical activity were associated with higher self-reported letter grades, whereas sedentary, substance-use, sexual risk, violence-related, and suicide-related behaviors were associated with lower self-reported grades.”

4. Policies for expanding Medicaid reimbursement

State teams expressed strong interest in billing Medicaid for non-IEP students, including through a “free care” state plan amendment (SPA), if needed in their state. The approval of the Massachusetts SPA re-invigorated questions about SPAs. That said, state teams want specific guidance and updated technical compliance manuals from CMS so that they can figure out which options for expanding billing make the most sense in their state. CMS announced that they are working to update the administrative claiming guide.

State teams experience barriers seeking Medicaid reimbursement in managed care environments and they are wrestling questions such as how to get credentialed with managed care organizations (MCOs) and how to operate in environments where school health is a part of managed care (“carved in”) or where school health is not a part of managed care (“carved out”).

Other issues of interest included:

- **Managed care contracting**, specifically contracting with, getting credentialed by and billing plans;
- **Outreach and enrollment strategies** for getting all eligible kids enrolled in Medicaid;
- **Expanding access to behavioral health services**;
- **Strengthening stakeholder partnerships**, including expanding to new partners, such as public health departments, advocates, and healthcare providers;
- **Innovative partnerships** to expand access to school health services and other services that are critical for children’s health and learning (for example, with health centers or through telehealth, or even through a program like Reach Out and Read); and

Data sharing and untangling HIPAA and FERPA with a strong focus on how home-grown solutions have been successfully implemented.