

## **Key Policy and Practice Themes: December 2017 In-Person Meeting *Healthy Students, Promising Futures Learning Collaborative***

Listed below are key topics heard frequently during the December 2017 in-person meeting of the *Healthy Students, Promising Futures Learning Collaborative*. State Teams talked about the structure and function of their State Team and best practices for intra-state goal setting and coordination. In addition, State Team policy topics included mechanisms for and reimbursement of health care services covered by Medicaid. This list is not exhaustive and there are many additional substantive issues that were discussed during the meeting—but these themes rose to the top.

### **Strengthening the foundation**

State Teams remain extremely committed to advancing student health through Medicaid and to using the Learning Collaborative as a tool to do so. A number of State Teams have new Team members, both because of the expanded reach of the Team into state agencies and due to staff turnover.

Progress has been made in developing a shared language and shared learning to support student health. Building a strong cohesive State Team remains key to moving a unified agenda forward. What is more, State Teams value the opportunity to work across silos.

It is a challenge to keep all the partners at the table and to engage some partners that teams need to advance their goals. Some State Teams noted difficulty in keeping certain partners, often Medicaid Departments, at the table.

The time *between* in-person meetings is when groups need to meet the most and to build on-going communications. However, a forcing mechanism (such as a Learning Collaborative call) may help spur a regular schedule. The appointment of Team Leads may help solidify state Teams.

### **Role of new partners**

State Teams are composed of a range of different partners; increasingly, Teams want to build a bigger table and invite more partners to join.

A handful of states include advocates on their State Teams (CA, IL, NE, OH). These advocates serve as advisors and conveners. For some, it is the advocate who serves as the driving force to keep the right state players at the table. For others, advocates play an important bridge as the voice of students and families.

Other State Teams include public health departments. Public health can bring new data, community partners, knowledge of evidence-based practices and other critical supports. Public health departments could also be leveraged as a convener in states struggling to keep partners at the table.

State Teams benefit from the participation of school district personnel, including superintendents. Participation from these partners can demonstrate the opportunities and barriers of real-life implementation. They can also potentially be a rich source of student data.

Other State Teams wanted to explore new areas of opportunity to improve student health, including adding managed care companies, state legislators and/or early education.

### **Forward progress**

State Teams continue to set ambitious goals—with mileposts along the way. The State Team presentations (and the slides provided by each Team) showcase real forward momentum towards their goals.

State Teams are working to educate other members of state agencies about their work and to educate districts (informally or through formal trainings) about the opportunities available to schools (TN, CA, WA). They cite a big learning curve for school districts.

This meeting, more states identified expanding access to behavioral health as a key goal.

### **Updates on Federal Policy**

State Teams eagerly await more information about the implementation of the MA state plan amendment (SPA), with a particular focus on the methodologies by which IEP and non-IEP services will be reimbursed. During the “We Have the Same Job” discussion, the Medicaid representatives discussed how the MA SPA has (or will) open discussions about similar SPAs in their states—particularly if MA implements differential methodologies for IEP/non-IEP services. Many states expressed interest in evaluating (or in the cases of CO/DC, reevaluation) their options based on MA’s plan for implementation of their SPA.

California is moving forward with designing its implementation plan on the assumption that their SPA moves forward. NJ is continuing discussions among the agencies on free care.

States are moving forward with implementing the Every Student Succeeds Act (ESSA), the nation’s new education law, and recognize there are a number of opportunities to leverage the new law to support student health and wellness, including the requirement that states include a measure of school quality in their state accountability systems and the requirement that underperforming schools conduct needs assessments. Thirty-six states and Washington, DC included chronic absenteeism as a part of their state accountability systems.

### **Identifying innovations to expand access to health services and programs**

In addition to increasing billing and reimbursement for services provided by school health professionals, State Teams would like information on other types partnerships that would allow them to increase access to services for students. This could include partnerships with school-based health centers, FQHCs or hospitals, or service-specific solutions for services like oral health or substance abuse or trauma-informed services.

### **Increasing access to behavioral health services**

Many State Teams have identified behavioral health as a core goal of their partnership—and some states have already implemented/are implementing unique partnerships to increase access to behavioral health services and promote healthier school cultures. Both increasing capacity and increasing infrastructure were identified as key goals, as well as opportunities to build in screening and prevention.

Other states said that they are interested in learning more about behavioral health and ways that access could be expanding and/or reimbursed.

### **Exploring telehealth to expand access**

State Teams expressed a strong interest in better understanding telehealth, how to implement it, how to find “start-up” funds, and how to utilize Medicaid reimbursement to make it self-

sustaining. Telehealth is seen as a tool to increase access in rural areas as well as to expand access to specific types of services like behavioral health.

Several states have programs/pilots that implement telehealth with students (VA, SC, TN, NJ, CA). They have partnered with external providers to provide services. Some had external grant funds for the purchase of the equipment.

### **Managed care contracting**

State Teams continue to discuss managed care and the nuts-and-bolts of working with Medicaid managed care companies in their regions. State Teams want best practices for contracting and model MOUs to use.

Some states, like CO, and school districts want guidance on how to work with managed care to develop innovative partnerships and/or are actively pursuing partnerships.

Other State Teams (NE, MS) identify that managed care companies are confused about school health services and what is carved in and what is carved out. They are interested in best practices for educating states and managed care companies.

### **Identifying data and need**

State Teams frequently discuss data collection, both to document student need as well as to identify strategies for increasing Medicaid billing. Only a few State Teams have identified data collection strategies as a key priority of their work.

At the same time, student health data and the confidentiality of the records continue to be a perceived barrier by State Teams. State Teams want to share data but feel confused/slowed/hindered by rules (NE, CO, DC, OH, WA).

HIPAA and FERPA are often identified as barriers to innovation—but it appears that states (DC, OH) have found thoughtful ways to appropriately and legally exchange data. Other states (NE) continue to unpack the historic interpretations of the rules—and how agencies use/implement the rules to figure out how to move forward.

Given the interplay between data collection and sharing, documentation, and demonstrating need, the Learning Collaborative provides a space to discuss strategies and best practices and helps educate all Team members with the basics and tools for handling and using student health data.

- Identify subject matter experts, including from State Teams and national partners, to provide technical assistance to states/districts who are struggling to identify, analyze or present their data.

### **Other topics**

- Reinvestment in school health services. State Teams identified a priority of working to ensure that appropriate amount of reimbursement to returns to school districts and that the funds are designated for school health/support services (CO, VA)
- Considering expansion of billing/reimbursement structures with charter schools (WA, DC) and trial schools (WA).