Good Health Helps Kids Reach Their Full Potential
Growing Awareness of the Nexis

- Every Student Succeeds Act (ESSA) emphasis on safe and healthy students, chronic absenteeism
- Federal regulatory changes now allow states to help schools bill Medicaid directly for services to more eligible children
- Importance of social-emotional learning, mental health and their roles in academic success
How are Children Covered?


Source: 2016 and 2017 IPUMS ACS data.
* Change is significant at the 90% confidence level.
\( a \) Other includes Medicare, TRICARE, VA, and two or more types of coverage.
\( b \) Direct-purchase includes coverage through the Marketplace. See methodology section for more information.
Nation’s Progress on Children’s Health Coverage Reverses Course


* Change is significant at the 90% confidence level.
Public Coverage for Children

- **Medicaid**: 36.3 million
- **CHIP**: 9.6 million
- **Marketplace**: 1 million

Sources: Georgetown CCF analysis of SEDS FY 2018 Ever-Enrolled in Medicaid/CHIP. CMS state-level public use data as of 3/19.
HEALTH COVERAGE FOR SCHOOL-AGE CHILDREN (6-18)
Rate of **School-age Uninsured Children** by State, 2016

**Figure 5.** Nine States Had Higher Uninsured Rates for School-Age Children than the National Rate of 5.1 Percent in 2016

Note: States shaded in gold and blue have a rate of uninsured school-age children that is statistically different from the national rate at the 0.1 level. Source: Georgetown University Center for Children and Families tabulations of the 2016 ACS data from IPUMS.

### Uninsured and Medicaid Insurance Rates in Nation’s Top 10 Largest School Districts, 2013-2017

<table>
<thead>
<tr>
<th>Rank by Size (Largest #1)</th>
<th>State</th>
<th>School District</th>
<th>Percentage of Uninsured Children 6 - 18</th>
<th>Percentage of Children 6 -18 with Medicaid/CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New York</td>
<td>New York City Department Of Education</td>
<td>3.3%</td>
<td>52.4%</td>
</tr>
<tr>
<td>2</td>
<td>California</td>
<td>Los Angeles Unified School District</td>
<td>6.8%</td>
<td>54.1%</td>
</tr>
<tr>
<td>3</td>
<td>Illinois</td>
<td>Chicago Public School District 299</td>
<td>4.5%</td>
<td>56.8%</td>
</tr>
<tr>
<td>4</td>
<td>Florida</td>
<td>Dade County School District</td>
<td>10.5%</td>
<td>47.8%</td>
</tr>
<tr>
<td>5</td>
<td>Nevada</td>
<td>Clark County School District</td>
<td>10.8%</td>
<td>30.9%</td>
</tr>
<tr>
<td>6</td>
<td>Florida</td>
<td>Broward County School District</td>
<td>10.5%</td>
<td>37%</td>
</tr>
<tr>
<td>7</td>
<td>Pennsylvania</td>
<td>Philadelphia City School District</td>
<td>4.6%</td>
<td>57%</td>
</tr>
<tr>
<td>8</td>
<td>Texas</td>
<td>Houston Independent School District</td>
<td>13.7%</td>
<td>53.2%</td>
</tr>
<tr>
<td>9</td>
<td>Florida</td>
<td>Hillsborough County School District</td>
<td>8.4%</td>
<td>36.6%</td>
</tr>
<tr>
<td>10</td>
<td>Florida</td>
<td>Orange County School District</td>
<td>10.1%</td>
<td>37.8%</td>
</tr>
</tbody>
</table>

Data Source: Georgetown University Center for Children and Families Analysis of the U.S. Census, 2017 American Community Survey American Fact Finder Table S2701, average using 5-year estimates (2013-2017) and Table S2704 with ages 6-18 years Public Health Coverage alone or in combination.

*Note: The 10 largest school districts were selected based on estimated populations of children 6 - 18 living within the boundaries of the school district.*
Medicaid Helps Kids Succeed in Life

Medicaid helps children grow up to reach their full potential. Children enrolled in Medicaid:

- Miss fewer school days due to illness or injury
- Do better in school
- Are more likely to graduate high school and attend college
- Grow up to be healthier as adults
- Earn higher wages
- Pay more in taxes

Medicaid’s Comprehensive Pediatric Benefit: Early Periodic Screening Diagnostic and Treatment (EPSDT)

The Building Blocks of EPSDT

- **Early**: Identify problems early, starting at birth.
- **Periodic**: Check children’s health at periodic, age-appropriate intervals and whenever a problem appears.
- **Screening**: Provide physical, mental, developmental, hearing, vision, and other screening tests to detect potential problems or affirm healthy development. Screenings start with a comprehensive health and development history, an unclothed physical exam, appropriate immunizations and laboratory tests, as well as health education for the parent and child.
- **Diagnosis**: Perform diagnostic tests to follow up when a risk is identified.
- **Treatment**: Address any problems that are found.

Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Adolescents Ages 12 to 21 Receiving At Least One Well-Care Visit, FFY 2017
(n = 49 states)

Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.
Immunizations for Adolescents: Combination 1 Rate (continued)

Geographic Variation in the Percentage of Adolescents Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday, FFY 2017 (n = 43 states)

Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Note: This chart excludes California, which reported the measure but did not provide data for the Combination 1 rate (percentage receiving both meningococcal and Tdap vaccines). When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.
Every School Plays a Role in Health
Many Schools Receive Medicaid Dollars Directly

U.S. schools receive $4B - $5B in Medicaid annually for:

- **Staff** - school nurses, social workers, mental health professionals

- **Health services and supports** - preventive screenings, learning aides for students with disabilities, service referrals, etc.

Medicaid-funded screenings and services can help schools meet IDEA requirements

http://aasa.org/uploadedFiles/Policy_and_Advocacy/Resources/medicaid.pdf
Superintendents Say…

- Medicaid pays salaries of school health care professionals (67.6%)
- Medicaid has helped to expand health-related services (45.2%)
- Supports outreach and coordination to connect kids with services (39.4%)

n=1000 respondents

AASA, “Cutting Medicaid: A Prescription to Hurt the Neediest Kids” (January 2017)
http://aasa.org/uploadedFiles/Policy_and_Advocacy/Resources/medicaid.pdf
Superintendents Say (2018)...

Medicaid is the Largest Source of Federal Funds for States

Last year’s repeal efforts proposed $770+ billions less in federal Medicaid money

State and local governments would have to spend more.

Education and other priorities could be cut.

http://ccf.georgetown.edu/2017/02/16/ccf-aap-state-snapshots/
MEDICAID AND SCHOOLS

Opportunities
Opportunities: Medicaid and Schools

1. Ensure every eligible student has health coverage.
2. Help schools support and prioritize the comprehensive health needs of students as a pivotal factor in learning.
3. Increase access to school-based or school-linked preventive health care.
4. Help schools serve as resource “hubs” for families, especially in underserved or remote areas.

**Key Findings**

1. Educators are increasingly focused on the role that physical and mental well-being play in academic success. Healthy children are more likely to attend school regularly, read on grade level, and graduate from high school on time. Student mental health support is a growing priority, particularly with concerns about school climate and safety.

2. Medicaid and the Children’s Health Insurance Program (CHIP), which cover 37 percent of school-age children, are crucial to keeping kids healthy and can help pay for school-based health services. Recent legislative and regulatory changes have opened the door for greater collaboration among schools and community-based healthcare providers. But obstacles remain in handling both the logistics and costs of expanding school-based health care.

3. Schools are among the most efficient systems to reach children and families. They can identify children without health coverage and, in some cases, enroll them. They can also influence how often children receive preventive health services by setting robust standards for student health forms and supporting families in meeting those requirements. In some cases, schools can also provide some of the required screenings.
1. Ensure every eligible student has health coverage.

- Ask about student health and coverage at school entry & periodically over time
- Streamline application and eligibility determination processes
- Promote collaboration between schools and health care organizations
- Support specialized outreach to older children & adolescents and their families to help them stay enrolled

Tennessee Justice Center’s Student Ambassador Program

"[These students] understand the unique challenges their families and their friends’ families face when trying to get health insurance."

"All of the students had one thing in common -- they believed healthcare was an important issue."

Source: Tennessee Justice Center, Student Ambassador Program: https://www.tnjustice.org/student-ambassador-tennessee-justice-center/
2. Help schools support and prioritize student health needs as a pivotal factor in learning.

- Leverage ESSA opportunities to expand support for student health
- Use CHIP funding to pilot school/health sector partnerships
- Identify gaps and opportunities to improve student health and school-based services

3. Increase access to school-based or school-linked preventive health care.

- Promote the expansion of sustainable school-based health centers
- Remove legal and regulatory barriers so schools can receive payment for allowable services provided to all Medicaid-eligible students (“free care rule” reversal)
- Help schools navigate the intricacies of Medicaid payment
- Make better use of school-based health providers for care coordination
- Motivate managed care organizations (MCOs) to work with schools and school-based providers

Free Care Rule Change

- Is your state taking advantage of this new option?

- Opportunity for schools to serve more Medicaid-eligible children, regardless of IEP status

- May require state policy change, and change to Medicaid state plan

For more information: Healthy Schools Campaign, Community Catalyst
State Progress: Free Care Policy Reversal
(as of March 2019)

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved SPA to implement free care policy reversal</td>
<td>Florida*; Louisiana; Massachusetts; North Carolina</td>
</tr>
<tr>
<td>Implemented free care policy reversal (no SPA needed)</td>
<td>South Carolina</td>
</tr>
<tr>
<td>SPA submitted to CMS and pending approval</td>
<td>California; Georgia; Michigan</td>
</tr>
<tr>
<td>Considering SPA</td>
<td>Colorado; Kentucky; Nevada</td>
</tr>
<tr>
<td>Passed Legislation</td>
<td>California°; New Hampshire</td>
</tr>
<tr>
<td>Pursuing Legislation</td>
<td>Florida*; Massachusetts°; Utah°</td>
</tr>
</tbody>
</table>

* CMS approved Florida’s SPA in October 2017 to set the stage for expansion of Medicaid-billable services in schools to all children, however IEP restrictions remain in Florida statute and bills have been introduced to change state statute.
° Legislation is not required in Massachusetts, California, or Utah in order to implement reversal of the free care policy; these states took/are taking legislative action for additional reasons. See chart below for details.

3. Increase access to school-based or school-linked preventive health care.

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Managed Care Organizations (MCOs) and School-based Health Clinics (SBHCs)

- Seven states designate school-based health clinics (SBHCs) as a specific provider type under Medicaid: DE, IL, LA, ME, NM, NC, WV

- Four states allow Medicaid reimbursement from managed care for student visits to SBHCs, even when the center is not in the MCO provider network: LA, MD, MI, NM

Ohio School-Based Health Care Support Toolkit

School-based health care support toolkit: Vision for Ohio School-Based Health Care

4. Help schools serve as resource “hubs” for families, especially in underserved, remote areas.

- Create “community schools” that provide health supports to both students and their families
- Expand the use of telehealth in schools

Children’s Hospital of Philadelphia (CHOP): Technology Brings the Doctor to School

From his office at the hospital in Philadelphia, CHOP pediatrician Philip Scribano, DO, MSCE, viewed images of the exam in real time and evaluated Kenya’s symptoms.

On the Lookout: What’s at Stake for Kids in Current Health Debates?

1. Historic gains in coverage for children.
2. Medicaid’s coverage guarantee.
3. Medicaid’s guaranteed children’s benefit (EPSDT).
4. Pressure on other programs that serve kids and families.
Additional Resources

• Sign up for our newsletter! ccf.georgetown.edu

• State Coverage Data: https://ccf.georgetown.edu/state-childrens-health-facts/

• Medicaid/CHIP by school district: https://ccf.georgetown.edu/medicaid-chip-coverage-by-school-districts/


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