Opportunities for Rural Communities and Local Educational Agencies (LEAs) in School-Based Health

MEDICAID SBS TECHNICAL ASSISTANCE CENTER

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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Objectives

- Identify rural health disparities and challenges related to healthcare access for youth in rural communities.
- Discuss the importance of providing Medicaid school-based services (SBS) in rural communities.
- Describe school-based community models and how they can be used to complement Medicaid SBS.
- Describe how states have addressed barriers unique to rural communities and implemented Medicaid SBS.

Agenda

- Overview of Unique Health Needs of Rural Communities
- Providing Medicaid SBS to Students Living in Rural Areas
- Review of Guidance on Common Issues in Medicaid SBS of Importance in Rural Communities
- Additional Models for Providing Health Services in Rural Schools
- State Panel – Experiences in Implementing Medicaid SBS in Rural Areas
  - Georgia and Alaska

Overview of Unique Health Needs of Rural Communities

Definitions of Rural

Agency	Definitions Used	Geographic Units Used	What is Included in "Rural"
U.S. Census Bureau	Urban and Rural	Census Blocks and Block Groups	Rural areas encompass all population, housing, and territory not included within an urban area.
Office of Management and Budget (OMB)	Core Based Statistical Areas (Metropolitan, Micropolitan, Noncore)	County	All nonmetropolitan areas (counties) including micropolitan and noncore counties
Economic Research Service, U.S. Department of Agriculture (USDA-ERS)	Rural-Urban Commuting Areas (RUCA)	Census Tract, ZIP Code approximation	Primary RUCA codes 4 and above (Micropolitan Area Core, population up to 49,999)

- *Micropolitan – nonmetropolitan counties with at least 10,000 and fewer than 50,000 persons; a central county of an area or adjacent outlying areas.*
- *Noncore – nonmetropolitan counties that do not meet the requirements to be micropolitan.*

Source: What is Rural? Overview - Rural Health Information Hub

Health and Rural Health Communities

Source: Health and Poverty of Rural Children: An Under-Researched and Under-Resourced Vulnerable Population – ScienceDirect

Rural-Urban Differences in Adverse Childhood Experiences Across a National Sample of Children

Children Living in Poverty - Rural Services Integration Toolkit

Rural Children's Health and Healthcare

- Studies have shown that children in rural areas are more likely to live in safe and supportive communities than children in urban areas.
- However, rural children have higher rates of mortality from all causes as well as from suicide, firearm-related unintentional injury, and obesity than children in urban areas. Rural children are also less likely to have a high school diploma and have health insurance than children in urban areas.
- Opportunities to receive health services at school may be particularly beneficial in rural areas because rural communities have **less availability** of and **access** to primary and specialty care, especially for mental health care, which can be attributed to:
  - Limited number of healthcare providers.
  - Geographic and transportation-related barriers.

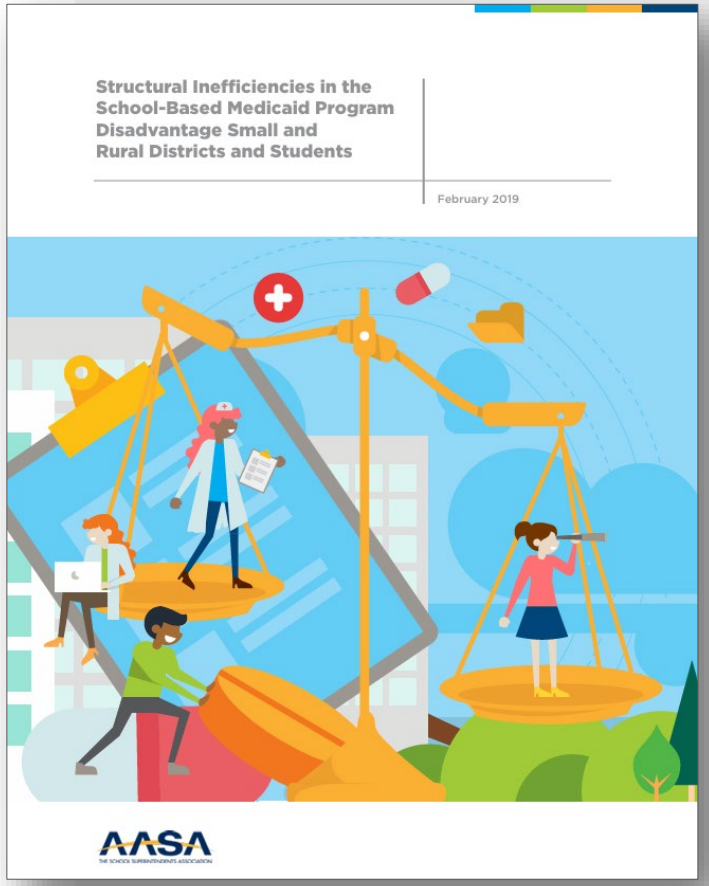
Providing Medicaid SBS to Students Living in Rural Areas

Benefits of Expanding Medicaid SBS in Rural Areas

- Limited **availability** and **accessibility** means schools may be the only place children and youth are able to access health services, making this an essential area for service delivery, especially for youth with Medicaid coverage.
- Partnerships between schools and Medicaid can:
  - Maximize access to the limited number of healthcare providers.
  - Reduce barriers to care due to geography and transportation.
- However, small or rural school districts may face challenges with infrastructure to support Medicaid billing.

Rural Districts Are Offering Medicaid SBS

- 2019 AASA School Superintendents Association Report represented 750 district leaders across 41 states.
  - **64%** of schools that **were seeking** Medicaid reimbursements **were rural.**
  - **At the same time, 84%** of districts that reported **not seeking reimbursements** from Medicaid for school-based health services **were rural.**
- **Reasons given by rural districts for not participating or avoiding seeking Medicaid reimbursement?**
  - Costs of complying with Medicaid's administrative requirements and paperwork
  - Could not afford to outsource billing to a third-party vendor
  - Could not find people who were considered by their state to be qualified Medicaid providers to provide Medicaid-reimbursable services to children
- **However, 2024 claims data analyzed by the TAC show a higher proportion of submitted claims came from rural than urban ZIP Codes.**



AASA Report - Structural Inefficiencies in the School-Based Medicaid Program Disadvantage Small and Rural Districts and Students

Addressing Rural Challenges using the 2023 CMS Guidance

The 2023 CMS Guide:

- Allows states to submit State Plan Amendments that recognize that a single approach may not fit all LEAs in their state.
- Clarifies the documentation required for Medicaid direct service claims, enabling schools to collect some of this information uniformly for all students at the start of the school year, such as through electronic student enrollment systems.
- Reminds states of their ability to decide most provider types and provider qualifications for the delivery of Medicaid SBS (e.g., school psychologists).
- Clarifies that schools or school districts may become organizational providers for billing purposes if the provider type is not eligible to enroll as a Medicaid provider.

Using the 2023 CMS Guidance (continued)

The 2023 CMS Guide also:

- Continues to allow for collaboration between school districts and managed care organizations, depending on the State Plan.
- Clarifies how states and schools have the flexibility to use a uniform, cost-based reimbursement methodology for school districts.
- Allows for a one-step method in time studies.
- Allows for up to 2 days' prior notice and 2 days' response to a moment for school-based providers for time studies, benefiting small and rural school districts with limited internet.
- *Continues to enable regional approaches to billing for Medicaid SBS (intermediate school districts or regional collaboratives).*

Use of Educational Service Agencies (ESAs)

- Many state use educational service agencies. Although their roles vary across and within states, ESAs:
  - Provide special education services for children with more intense needs
  - Provide the provision of related services such as OT, PT, and SLP
  - Conduct billing for Medicaid SBS

- Under the Individuals with Disabilities Education Act (IDEA), *Educational service agency* means—

  (a) A regional public multiservice agency—

  (1) Authorized by State law to develop, manage, and provide services or programs to LEAs;

  (2) Recognized as an administrative agency for purposes of the provision of special education and related services provided within public elementary schools and secondary schools of the State;

  (b) Includes any other public institution or agency having administrative control and direction over a public elementary school or secondary school; and

  (c) Includes entities that meet the definition of intermediate educational unit in section 602(23) of the Act as in effect prior to June 4, 1997.

Source: Sec. 300.12 Educational service agency - Individuals with Disabilities Education Act

State Spotlight: Regional Medicaid SBS Billing in Georgia

- Georgia utilizes a Regional Educational Service Agency (RESA) for school Medicaid billing.
  - There are 16 RESAs serving the 180 school systems across the state.
  - The mission of Georgia's Statewide Network of RESAs is to support the work, improvement, and effectiveness of local systems and schools.
- The Heart of Georgia RESA's Medicaid Administration Program currently provides billing services for 10 LEAs in its region and other LEAs statewide for the following:
  - Nursing
  - Occupational therapy (OT)
  - Physical therapy (PT)
  - Speech and language pathology (SLP)

Review of Guidance on Common Issues in Medicaid SBS of Importance in Rural Communities

Specialized Transportation

- School-based specialized transportation is transportation to a medically necessary service, as outlined in an IEP of a Medicaid-enrolled child, provided in a specially adapted vehicle that has been physically adjusted or designed to meet the needs of the individual student with a disability.
- Specialized adaptations can include, but are not limited to, the following:
  - ✓ Special harnesses.
  - ✓ Wheelchair lifts.
  - ✓ Ramps.
  - ✓ Specialized environmental controls.
  - ✓ Specialized suspension systems.
  - ✓ Other modification to a vehicle as required by a student's IEP.

Resource: Reimbursement for Specialized Transportation Within Medicaid School-Based Services (SBS)

For specialized transportation to be eligible for Medicaid payment, the following criteria must be met:

- ☑ The student has a written IEP.
- ☑ Specialized transportation (and the specific adaptation) is noted in the IEP as a medically necessary service.
- ☑ The student is enrolled in Medicaid.
- ☑ The student receives a Medicaid-covered IEP service on the day that transportation is claimed.
- ☑ The service billed represents only the costs associated with the trip on the specially adapted transportation vehicle for direct medical services (or administrative claiming) as listed in the IEP (e.g., the one-way trip).

- Note that the presence of only an aide (on a non-adapted bus/vehicle) or simple seatbelts does not make a vehicle specially adapted.
- Other students may ride in the specially adapted vehicle, but their costs may not be allocated toward Medicaid.

Early Intervention

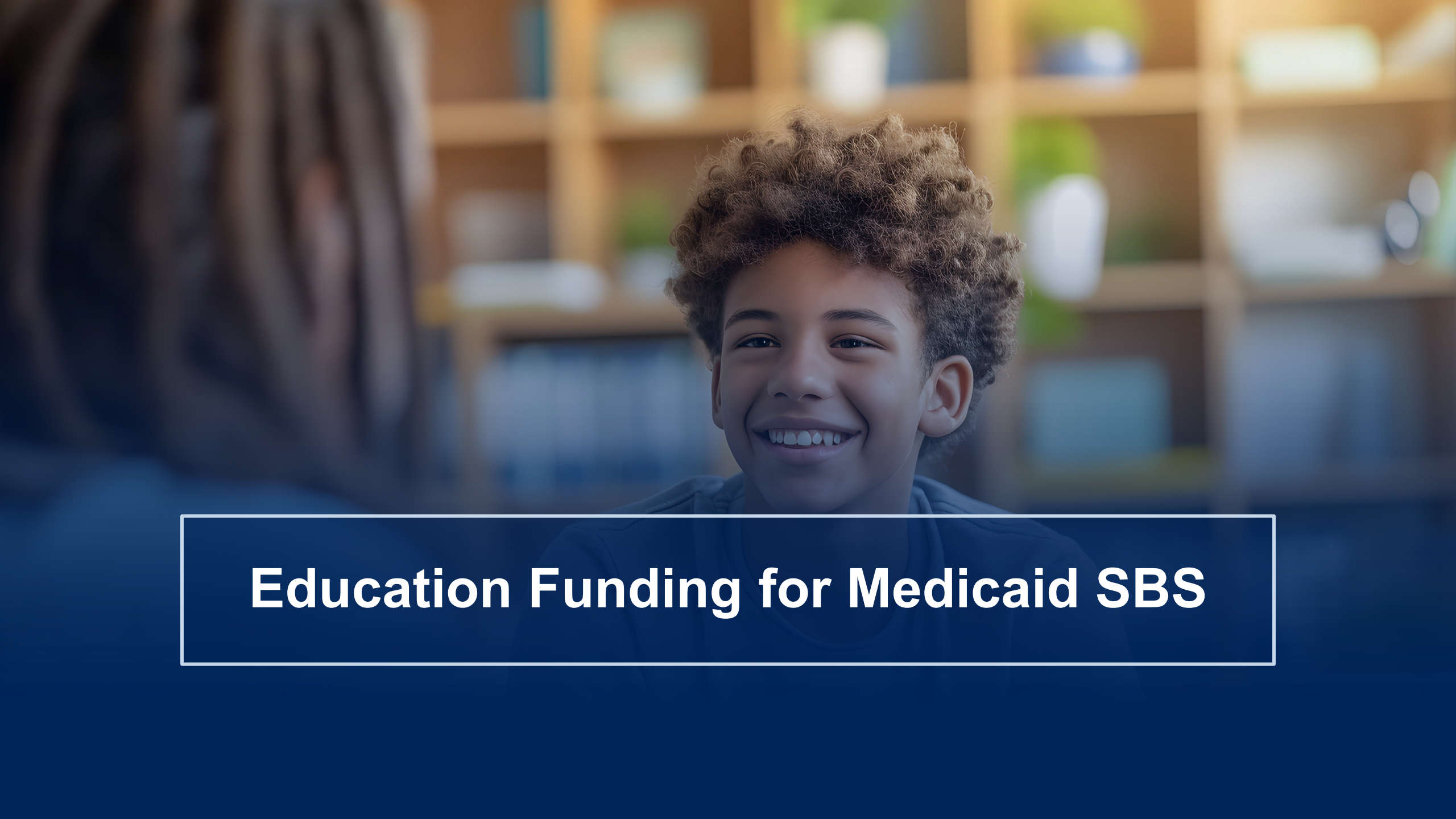
- A LEA that operates programs for children from birth until age 3 (e.g., an early Head Start program or a school system that operates another similar program) may provide Medicaid SBS that are on a child's Individualized Family Service Plan (IFSP).
- An IFSP identifies early intervention services needed for an infant or toddler child from birth until age 3 (or, if the state has published regulations implementing the extension option, until age 5 or entry into kindergarten) with a disability.
    - The IFSP focuses on the developmental needs of the child and family and the services that the child needs as well as those needed by the family to help them enhance the development of their child.
- Each child with an IFSP is entitled to service coordination for every family, which may be billed to Medicaid as case management.

Mental Health

CMS has issued several guidance documents recently regarding Medicaid coverage for school-based mental health and substance use disorder (SUD) services.

- In 2019, CMS partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to issue joint guidance that provides detailed information regarding best practices and well-developed models for implementing mental health and SUD services in schools, as well as information on Medicaid authorities that states may use to cover mental health and SUD services.
- In 2023, CMS issued guidance on Coverage and Payment of Interprofessional Consultation in Medicaid and the Children's Health Insurance Program (CHIP), which may particularly benefit rural areas where there are mental health workforce shortages.
- In 2024, CMS released Best Practices for Adhering to Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Requirements, which discusses the use of telehealth services for mental health services in rural and medically underserved areas.

Source:
Joint Info Bulletin School Based Services
SHO #23-001 - Coverage and Payment of Interprofessional Consultation in Medicaid and the CHIP
SHO #24-005: Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements



Education Funding for Medicaid SBS

Title IV-A Educational Funds

- The Rural and Low-Income School (RLIS) program provides rural districts with financial assistance for initiatives aimed at improving student achievement.
- Title IV, Part A (Title IV-A) Student Support and Academic Enrichment Program (SSAE) is a type of RLIS grant.
  - It is intended to improve students' academic achievement by increasing the capacity of states, LEAs, schools, and local communities to—

    (1) provide all students with access to a well-rounded education

    (2) improve school conditions for student learning, and

    (3) improve the use of technology to improve the academic achievement and digital literacy of all students.
  - State Use of Funds:
    - States allocate at least 95% of their Title IV-A funds to LEAs. LEAs have specific requirements regarding allocation across the 3 areas above.
    - States may reserve up to 5% of the allocation for state-level activities, including no more than 1% for administrative costs.

Source:
Title-IV-A Program Profile
Rural and Low-Income School Program | U.S. Department of Education

Additional Models for Providing Health Services in Rural Schools

State Practices to Meet Rural Health Needs

New Mexico's most rural school district uses telefacilitators—paraprofessionals who help the children with accessing telehealth technology for service. This provides a solution to the problem of getting children to safely and privately access telehealth without taking other staff out of classrooms or providing other services to children.

A **Minnesota** rural school district had challenges with providing Medicaid services and shifted to adapt the Neurosequential Model in Education (NME) with foundational "brain basics." NME training was provided to all staff in schools to create a safe and supportive environment, empower staff with brain-based strategies, allow for a unified approach to foster stability, equip staff to recognize stress responses, and build a schoolwide focus on empathy and relational health.

The **Indiana Rural Schools Clinic Network (IRSCN)** is a formal network of rural health providers and school systems in the state of Indiana. IRSCN members are dedicated to improving the health and well-being of rural Indiana residents, particularly children 18 years and younger, by providing access to primary care school health clinics in rural Indiana and increasing rural access to telehealth services.

Model 1: School-Based Health Centers (SBHCs)

- SBHCs are primary care centers affiliated with one or more schools that provide primary, behavioral, oral, and vision care to youth and families.
- SBHCs are established and sustained through partnerships between schools and community health organizations (e.g., health center, hospital, local health department).
- SBHCs have grown and expanded significantly over the last 20 years.
    - # of SBHCs in 1998–99: 1,135
    - # of SBHCs in 2016–17: 2,584
- While traditionally in low-income urban areas, SBHCs are becoming more prevalent in rural areas.

Source: Realizing the Potential of School-Based Health Centers: A Research Brief and Implementation Guide
Twenty Years Of School-Based Health Care Growth And Expansion | Health Affairs

***Collaboration**, **care coordination**, and **youth engagement** in SBHCs result in improved positive health and education outcomes.*

Funding Sources for School-Based Health Centers

SBHCs can be funded through a variety of sources for startup and operating costs.

Funding Source	Descriptions and Examples
Federal, state, and local grants or funding	▪ The federal Health Resources and Services Administration (HRSA) offers grants to assist with the operations and capital costs of SBHCs. ▪ According to the School-Based Health Alliance, in FY2022, 20 states provided dedicated funds to SBHC programs and sites.
Healthcare institutions	▪ Clinics or hospitals can sponsor SBHCs and already have infrastructure in place and expertise to handle administrative duties. ▪ These institutions can provide staff to address provider shortages in LEAs.
Donations	▪ In-kind donations from philanthropies and individual donors can be used for funding.
Medicaid and Insurance Reimbursements	▪ Billable services account for a substantial portion of SBHCs revenue. ▪ An active patient population with high levels of insured patients is needed to maintain financial stability. ▪ Federally Qualified Health Center (FQHC)-sponsored SBHCs receive higher Medicaid reimbursements.

Source: Realizing the Potential of School-Based Health Centers: A Research Brief and Implementation Guide

State Spotlight: Using School Based Health Centers in Georgia To Address Rural Health

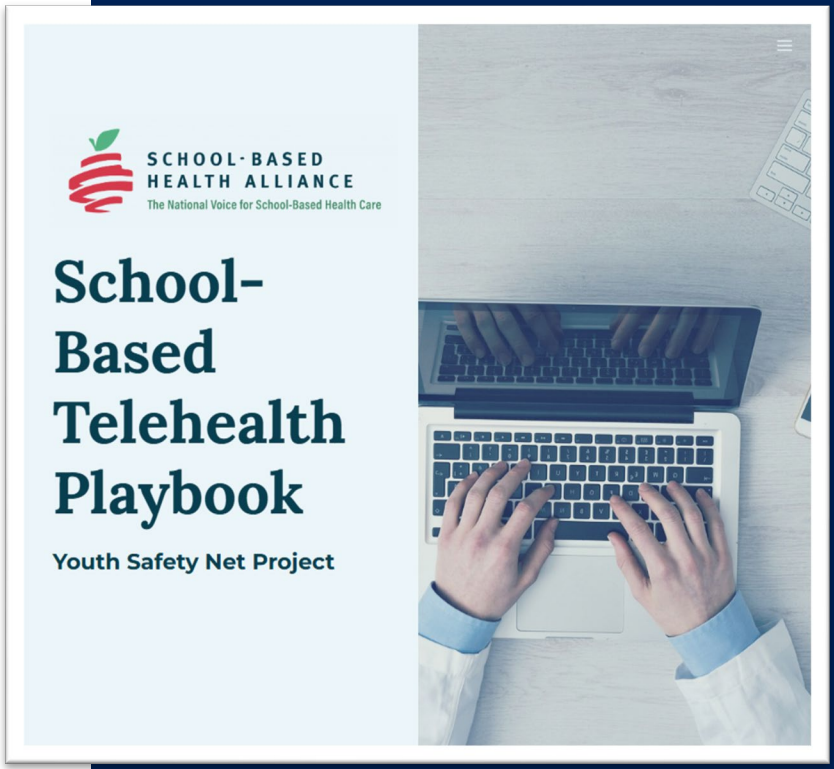
Rural Georgia Counties with School Based Health Programs—

- Lamar County (health checks provided by the local health department)
- Johnson County Elementary School (Wrightsville, GA)
- Crisp county Elementary School (Cordele, GA)
- Chatsworth Elementary School (Chatsworth, GA)
- Chattahoochee County Elementary School (Cusseta, GA)
- Cooper-Carver Elementary School (Dawson, GA)
- Dooly County Elementary School (Pinehurst, GA)
- Taylor County Primary (Butler, GA)
- Taylor County Upper Elementary (Butler, GA)
- Coffee Middle (Douglas, GA)
- SOWEGA STEM Charter School (Shellman, GA) CareConnect School Clinic
- Turner County Elementary (Ashburn, GA) CareConnect School Clinic
- Thomas County Middle School (Thomasville, GA)

Source: Georgia School Based Health Alliance

Model 2: Telehealth Services in Schools

- Telehealth delivery has become more widely used in the wake of the COVID-19 public health emergency.
- SBHCs are increasing their use of telehealth, providing further opportunity to expand service access in rural areas.
  - % of SBHCs using telehealth in 2007–2008: 7%
  - % of SBHCs using telehealth in 2016–2017: 19%
- SBHCs using telehealth are primarily in rural communities.
  - About 11.5% of all SBHCs are telehealth exclusive centers.



The School-Based Telehealth Playbook provides information on how to design, implement, and operate a SBHC telehealth program.

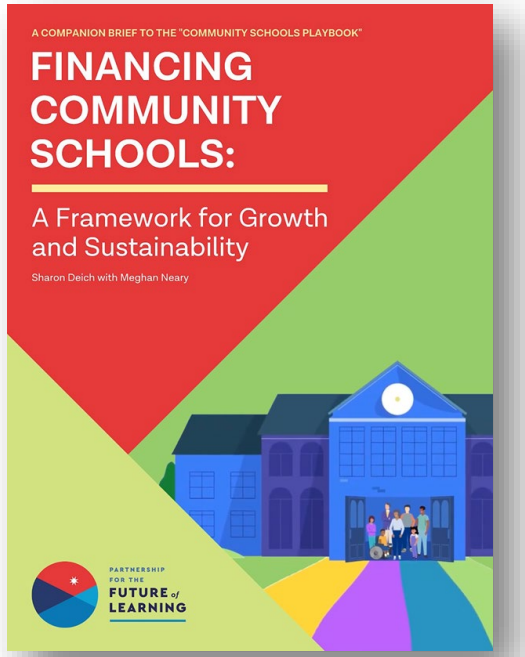
Model 3: Full-Service Community Schools

- There is a movement for schools to provide a range of high-quality academic and enrichment programs and integrated supports to students and their families to address in- and out-of-school barriers to learning, including health services.
  - This includes mental health services, meals, healthcare, tutoring, internships, and other learning and career opportunities.
- Community schools are partnerships between public schools, community agencies, and local government and focus on achieving:
  - Integrated student supports.
  - Expanded learning time and opportunities.
  - Family and community engagement.
  - Collaborative leadership and practices.

Source:
Community Schools: An Evidence-Based Strategy for Equitable School Improvement | Learning Policy Institute
Supporting Rural Education Gains Through Community Schools | Learning Policy Institute

Funding for Full-Service Community Schools

- Financing Community Schools: A Framework for Growth and Sustainability
  - Discusses funding strategies and opportunities to support community school infrastructure coordination, management, and fill service gaps.
  - Provides a deep dive into the framework for funding strategies across varying stages of development.
    - Accessing existing resources
    - Coordinating and leveraging resources
    - Developing new resources
- Sustainable systems for community schools utilize a combination of federal, state, local, and private funding.



Federal funding for community schools include:

- ✓ Elementary and Secondary Education Act Titles I, II, and IV
- ✓ 21st Century Community Learning Center grants
- ✓ Title IV-A Student Support and Enrichment grants
- ✓ Individuals with Disabilities Education Act
- ✓ Statewide Family Engagement Centers program
- ✓ Full-Service Community Schools grants
- ✓ Child and Adult Care Food Program and Summer Food Service Program
- ✓ Medicaid
- ✓ Substance Abuse and Mental Health Services
- ✓ Workforce Investment Act
- ✓ Workforce Innovation and Opportunity Act
- ✓ AmeriCorps

Source: Financing Community Schools Brief

State Spotlight: Using the Community Schools Approach in California To Address Rural Health

- $4.1 billion invested into community schools through the California Community Schools Partnership Program.
- Example: Lost Hills School District in rural Kern County, CA, is a lead partner in the West Kern Consortium for Full-Service Community Schools.
  - Combines and leverages resources across several neighboring small rural schools.
  - Sponsors after-school programming, shared nursing services, and preschool in the district.
  - Addresses access to children's mental health services by working with local agencies and school districts to pilot MediCal-sponsored mental health services directly on school campuses 1 day per week.
  - Results: Top academic growth in county for English language arts and math.

Source: Supporting Rural Education Gains Through Community Schools | Learning Policy Institute

The West Kern Consortium Model

Panel Discussion

Discussion

James Peoples
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Medicaid Assistance Plans
Georgia Department of Community Health

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Division of Public Health

Panel Questions

1. Please describe how you have addressed barriers unique to the rural communities in your state and implemented Medicaid in these communities.
2. Does your state use ESAs, SBHCs, community schools, or other models to address rural health needs? How do these models complement existing school-based services?
3. What advice do you have for other states that may have similar challenges in addressing needs for Medicaid SBS in rural communities?

Questions?

Email: SchoolBasedServices@cms.hhs.gov

Resources

- What is Rural? Overview - Rural Health Information Hub
- Health and Poverty of Rural Children: An Under-Researched and Under-Resourced Vulnerable Population – ScienceDirect
- Rural-Urban Differences in Adverse Childhood Experiences Across a National Sample of Children
- Children Living in Poverty - Rural Services Integration Toolkit
- AASA Report - Structural Inefficiencies in the School-Based Medicaid Program Disadvantage Small and Rural Districts and Students
- Sec. 300.12 Educational service agency - Individuals with Disabilities Education Act
- Twenty Years Of School-Based Health Care Growth And Expansion | Health Affairs
- Realizing the Potential of School-Based Health Centers: A Research Brief and Implementation Guide
- California School-Based Health Alliance – How to Fund SBHCs In Your District
- Rural Schools and Health Overview - Rural Health Information Hub
- Reimbursement for Specialized Transportation Within Medicaid School-Based Services (SBS)
- Rural Schools and Health Overview - Rural Health Information Hub
- The Use of Telehealth in School-Based Health Centers - Hayley Love, Nirmita Panchal, John Schlitt, Caroline Behr, Samira Soleimanpour, 2019
- SBHA - School-Based Telehealth Playbook
- Community Schools: An Evidence-Based Strategy for Equitable School Improvement | Learning Policy Institute
- Financing Community Schools Brief
- 2023 White House Toolkit: Federal Resources to Support Community Schools
- Supporting Rural Education Gains Through Community Schools | Learning Policy Institute
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- Georgia School Based Health Alliance