



## Identifying State Partners to Support the Medicaid Free Care Rule Clarification

Strengthen your school-based health services advocacy by partnering with other organizations, stakeholders, and government officials who have influence over decision makers in your state and in your communities. This guide is meant to help you think about new organizations and individuals to engage in your work to advance a free care rule agenda. By clicking on the links, you will be directed to a website where you can search for your state's affiliate for these organizations. The list is not exhaustive – rather, it offers a roadmap as you work to build support for health services in schools in your state and in your community.

Schools that benefit from the free care rule clarification disproportionately serve children of color; identifying advocacy voices from these communities is fundamental to success. A collection of some strategies to engage communities of color may be found here.

### Organizations Representing Medicaid Beneficiaries:

Organizations that represent low-income children and families, children with disabilities, communities of color, and people with chronic illnesses all have a stake in strengthening Medicaid.

- Child/family advocates such as [Children's Defense Fund state chapters](#) and [Voices for America's Children state chapters](#)
- Consumer health advocacy organizations
- Legal services organizations such as the [National Health Law Program](#) and [local legal aid programs](#)
- Children with Special Health Care Needs advocates such as [Family Voices chapters](#)
- [State budget/fiscal advocates](#)
- Faith-based groups like your [local PICO affiliate](#) or your [local Gamaliel affiliate](#)
- [Center for Community Change affiliates](#)
- Organizations representing low-income people
- Substance Use Disorder consumer advocacy groups such as [state chapters of Faces and Voices of Recovery](#)
- State chapters of national voluntary health organizations, like [the American Cancer Society](#)

- ❑ Organizations supporting communities of color, such as [local affiliates of the National Urban League](#) and [local units of the NAACP](#) as well as faith institutions
- ❑ LGBTQ advocacy groups such as state chapters of the [Equality Federation](#)

**Education Allies:** Organizations working to strengthen educational outcomes for low-income children and protect and enhance resources for low-income schools. These advocates are central to supporting a health in schools partnerships that supports robust access to a spectrum of health services for children.

- ❑ School nurses professional organizations and [National Association of School Nurses \(NASN\)](#)
- ❑ School-based health centers (these centers already bill Medicaid but their support bolsters their own efforts to strengthen SBHCs)
- ❑ National Healthy Schools Campaign
- ❑ Education advocacy organizations focused on low-income student success

**Stakeholder Groups:** Organizations representing providers that care for children, as well as Medicaid managed care organizations and business associations all have an interest in strengthening Medicaid's role in schools.

- ❑ [American Academy of Pediatrics](#) (AAP) chapters
- ❑ [State Medical Societies](#) and other health professions associations
- ❑ Emergency room providers, minority physician organizations, and other physician groups such as a local network of [the National Physicians Alliance](#)
- ❑ Safety-net providers, such as community health centers, public/DSH hospitals, community affiliated health plans, other Medicaid plans and insurers
- ❑ [State Associations for Community Behavioral Health Care](#)
- ❑ Substance Use Disorder provider groups such as [state affiliates of the National Council on Alcoholism and Drug Dependence](#)
- ❑ [State Nurses Associations](#)
- ❑ [State Dental Organizations](#)
- ❑ [State Associations of Addiction Services](#)
- ❑ Business associations, such as your state's [Main Street Alliance](#) or [Small Business Majority](#)
- ❑ Medicaid managed care organizations in your state
- ❑ Health plans/insurers
- ❑ Pharmacists

**State and Local Government Officials:** State Government officials also have an interest in advocating for adequate federal funding of the program. Local government may run safety-net services. Big city mayors and city councilors may have concerns about constituents and about providers that would lead them to be supportive

- ❑ Governor's office
- ❑ State Medicaid Director

- State Department of Education
- Departments of Children and Families or Agencies responsible for Foster Youth
- Supportive state legislators
- Health care and budget/finance committee chairs
- Mayors and county officials
- Local School Boards

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## Talking Points for Key Stakeholders and Decision Makers

Below are talking points to encourage state to implement the change in the free care rule. We included sub-points to incorporate if appropriate. Advocates should use their own words to best express these sentiments and ensure that conversations flow as naturally as possible. The talking points are separated by key stakeholders and decision makers—all with the goal of gaining support for implementation of the rule change to broaden access to services for children.

### **The Ask: Support robust access to health services in schools by leveraging the change in the free care rule, enabling schools to bill Medicaid for eligible services:**

- Medicaid provides high-quality, cost-effective, and accessible health care for millions of children. It is an important program for our children’s long-term health and their families’ financial security.
- However, access to Medicaid providers and services remain challenging for working families—these challenges range from taking time off work and finding transportation to speaking the same language as their provider.
- But thanks to a change in the “free care rule,” school systems can now leverage Medicaid dollars to expand and support a robust set of health services inside school walls.
- Fully implementing the change in the free care rule enables schools to meet kids where they are and provide needed health services such as preventive screenings and chronic care management for asthma or diabetes. A healthy child is ready and able to learn.

Health stakeholders can be important voices in spurring state action needed to fully implement the change in the free care rule. In many cases, a state plan amendment is needed and health advocates are experienced in advancing SPA work; their partnership can be helpful. When talking to health stakeholders such as children’s health advocates, behavioral health advocates and other health service providers and supporters:

- Thanks to the change in the “free care rule,” school systems can now leverage Medicaid dollars to expand and support a robust set of health services inside school walls.
- Providing health services in schools is a smart way to match local investment in school health with federal dollars.
- Fully implementing the change in the free care rule enables schools to meet kids where they are and provide needed health services such as preventive screenings and chronic care management for asthma or diabetes.
- School-based health services can be an integral piece of addressing health disparities; children eligible for [Medicaid are disproportionately children of color](#).<sup>1</sup>
- Schools are uniquely positioned to address health disparities by ensuring children can gain needed access to both health and human services. This allows kids to reach their full health and educational potential.

Education stakeholders can be important to implementing a change in the free care rule because they see the day to day experience of children who lack robust access to health

services. Education partners can add strength to a coalition by bringing new voices from the school level into the conversation. When talking to education partners such as local school boards, school nurses, school counselors and principals:

- [Children who face health issues cannot succeed in school](#)—poor health impacts both a child’s long-term economic and health outcomes.
- School health services are a great opportunity to support both a child’s wellness and educational goals by providing continuity of care for health needs, reducing absenteeism due to health issues and increasing their ability to advocate for their own health.
- Medicaid reimbursement for Medicaid services provided in schools frees up dollars to invest back in the school health service workforce and needed health care services for kids.
- A healthy child is ready and able to learn.

Key government officials are important to engage because they will drive the change in policy; they will be the target of advocacy for coalitions working on the free care rule change. When talking to key governmental decision makers such as Medicaid agency leaders and staff, Department of Education staff, Governors and key legislators:

- [Children who face health issues cannot succeed in school](#)—poor health impacts both a child’s long-term economic and health outcomes.
- Providing health services in schools is a smart way to match local investment in school health with federal dollars.
  - Increasing billing capabilities for local education agencies (LEAs) will translate into greater efficiency and direct federal dollars into school health.
  - Implementing the change in the free care rule can include additional administrative dollars for state-level Medicaid capacity.
- Medicaid reimbursement for Medicaid services provided in schools frees up dollars to invest back in the school health service workforce and needed health care services for kids.
- A healthy child is ready and able to learn.

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