



## **Advocacy Tips for Implementation of the Free care Rule Clarification**

The following document provides a set of key advocacy steps to engage a diverse set of advocacy partners in advancing implementation of the Medicaid free care rule change. This work will require health advocates to engage new types of advocates such as those working on economic and education issues. Diverse partners include community-based groups focused on low-income children's wellness and educational success, groups focused on robust health services in schools, local school boards and other school leaders and local businesses that support children's long term success. In many cases, this requires state action in the form of a state plan amendment (SPA). Advocates can play an important role by helping bring together diverse voices that can contribute to the dialogue to improve health services in schools and address the unique needs of children living in low-income communities with a focus on black, Latino and American Indian children.

Below are five key areas where advocates can play a role in advancing and improving the implementation of the free care rule clarification.

### **#1 Make the Case to Community and State Stakeholders.**

Understanding both the educational and health needs of a community can assist advocates in making the case for Medicaid reimbursement for school-based health services. For the education community, leveraging Medicaid dollars for school nurses could lead to other investments in health and wellness in schools. For the Medicaid program, investment in school-based services could yield reduced health care use downstream, increased adherence to medical advice and reduced hospitalization for children and possibly their families as well.

- Analyze local data in order to identify what partners should be engaged. Community-level data such as the [County Health Rankings](#) can identify particular populations and regions that face limited health care access. For example, 67 percent of counties in Virginia have more than a third of their children eligible for free and reduced lunch, a measure of poverty.<sup>1</sup>
- Using community and state-specific data, build the case for implementing the change in the free care rule. For example:
  - How many children are likely to be impacted?

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<sup>1</sup> County Health Rankings reports that 84 of 126 counties have greater than 33 percent of children eligible for Free Lunch. This is the percentage of children enrolled in public schools eligible for free lunch. Retrieved from: <http://www.countyhealthrankings.org/app/virginia/2016/measure/factors/65/description>

- How are health services currently being delivered in schools?
- How are schools connecting children to screenings and treatment for behavioral health services?
- How can schools support an agenda that promotes [health equity](#)?
- [Key messages](#) to make the case and a [backgrounder](#) can be found here.

## **#2 Fact Finding: Understand Your State Medicaid Plan and What School-based Services Are Covered for Reimbursement.**

Identify what services Medicaid covers in your state. Do the covered services align with health services provided in a school setting? Next, review what types of providers can deliver Medicaid services. Health providers in schools must be eligible Medicaid providers (e.g., nurses with varying state licensures, social workers, counselors, etc.). It may be that states need to reassess what is currently included in Medicaid – both in terms of covered services and eligible providers in order to fully implement school-based health services. Another important aspect of this fact finding work is to understand the current billing relationships with schools; school systems may require a [different billing process](#) than hospital and provider office entities.

- Examples of where to find this information may include school Health Services manuals often developed by states. See these examples from [Indiana](#) and [Colorado](#). Note that many of these manuals are pre-2014 and allowable services are presented in the context of a child being Medicaid enrolled and having an Individualized Education Plan (IEP).
- An important consideration when reviewing services covered in your state's Medicaid program is whether or not your state relies on managed care or fee-for-service (FFS). For a more in-depth step-by-step review, use this [guide](#) developed by the *Technical Assistance Partnership for Child and Family Mental Health*, which provides a primer on Medicaid reimbursement and a directory of state agencies. Though dated, the information is a good roadmap for identifying key agencies.
- Consider launching an advocacy campaign to add new types of providers to the Medicaid-eligible provider list – including but not limited to personal care assistants, speech language assistants, physical therapy assistants and behavioral health providers such as social workers. A recent [report](#) by California advocates and stakeholders illustrates (in table form) pre-2015 qualified services and their proposed additional services and practitioners; this can be a helpful exercise.
- Similar to provider types, this is a good advocacy opportunity to include additional health services to the list of Medicaid-eligible services.
  - Advocates and their partners have an opportunity to identify needed services that are not currently supported in schools. For example, expanding access to behavioral health services may be a priority for schools and the communities they serve.
  - National Health Law Program (NHLP) developed [this brief](#) on the free care rule. The issue brief outlines how the rule clarification can impact Early Periodic Screening, Diagnosis and Treatment (EPSDT), a key Medicaid provision.

### **#3 Reach Out to Key Health and Education Decision Makers.**

Fact finding can often lead to additional questions that only key decision makers can answer. Reaching out to contacts in your state's Medicaid agency and Education agency can help gauge support and identify any efforts currently underway to implement the change in the free care rule.

- Ask your state Medicaid agency about their efforts to change reimbursement strategy for schools. In some cases, states are in the process of performing feasibility studies to determine if a state plan amendment is needed or whether the state can simply implement a change in policy. Either way, reaching out is a good way to show support for a change in practice and offer to partner with the agency.
  - Offer to meet with key Medicaid staff to share information about the inter-connectedness between educational achievement and child health and well-being. See key messages [here](#) and background document [here](#).
- Engage local school boards and education stakeholders. Local school boards may need support in understanding Medicaid and the role it could play in sustaining needed health services for their students. Involving critical decision makers is important. This includes the superintendent, school leadership, school counselors, financial officers as well as nurse supervisors (if applicable in the state) and local school board membership.
  - Advocates can play a key convener role in educating school stakeholders and facilitating communication with the Medicaid agency.
  - Schools may have no or limited experience with Medicaid billing. Adding a billing component to their work may require training and additional resources. This can be complex work that requires deep coordination between education and support of education stakeholders. [California](#) offers a robust example of using ongoing relationship building and negotiation to overcome the billing challenges.
  - For many schools, there is a cost-benefit analysis to determine how the free care clarification could impact their school. New York offers [a framework](#) for thinking about this determination. A key take away from New York is the importance of schools developing robust business processes to fully leverage the free care opportunity.

### **#4 Identify Advocacy Partners.**

Success for this initiative will likely occur only by engaging in extensive collaboration with partners. Tapping into existing efforts or convening a diverse set of partners is an important part of the process.

- Don't reinvent the wheel. There are a number of national, state and local campaigns that have worked tirelessly for a change in the free care rule. In addition, groups working on expanded substance use screening, expanded social and emotional screening and chronic care management are important partners. You can learn more about substance use screening [here](#) and learn about their free care strategies [here](#). Reach out to these partners to harness their existing relationships while offering your own expertise in Medicaid and health care advocacy. *Reach out to your school nurse professional*

*associations*. School nurses are a key stakeholder in implementing a change in the free care rule. They play a pivotal role in providing care and are a barometer of community health needs. States may want to leverage school nurses to manage chronic diseases for children within the school setting such as asthma or diabetes. However, states may have to [revise laws and policies](#) governing the responsibilities of school nurses in order to achieve this goal.

- Some states already have coalitions in place that consumer health advocates can join. In others, advocates may create a new coalition table or integrate the free care issue into their own work. Of note, the [Healthy Schools Campaign](#) and other [school-based health campaign initiatives](#) are active in this area and can be helpful partners. For example, in [Illinois](#) the Healthy Schools Campaign actively supports both advocates and decision makers in implementing the rule change.
- Connect with billing companies that are already immersed in Medicaid billing for school systems. Billing companies already interact with school systems by supporting Medicaid reimbursements for children enrolled in IEPs; they are most knowledgeable about any challenges to expanding Medicaid billing for schools. In most cases, billing companies are supportive partners; increased billing leads to business growth.
- Reach out to children with special needs partners such as [Family Voices](#). Family Voices chapters are well connected to the educational system and well-versed in special education-Medicaid billing. Expanding access to Medicaid billing can strengthen existing billing systems and perhaps, address existing concerns in the special education space that can inform how local entities develop and grow Medicaid billing coverage.

#### **#5 Nurture Consumer Engagement and Develop a Shared Strategy**

A consensus agenda for all partners is important to advancing the free care work swiftly; the required changes in states may take time and advocates will need to be vocal and supportive in helping state and local decision makers reach the finish line. In doing so, children and their families must be a part of policy development.

- Establish a consumer engagement process. Through listening sessions and community meetings, education and health stakeholders should listen to the needs community members. Advocates and their partners can jointly develop a shared set of principles in delivering vital health and prevention services to Medicaid enrolled children. Parent advocate groups are key partners in this process and can be instrumental in helping move forward any school-related policies. A set of principles is a good starting point for more complex negotiations around full implementation of changes to the free care rule.
  - Some states agencies may be tempted to overlook this step of the process. Advocates can play an important role in elevating the consumer voice and facilitating inclusion of the community in decision making.
- Together, plan for the future. An important part of this change in policy will be documenting its success in impacting access to health services at the individual, community and state levels. One important role for all stakeholders is to think about how to monitor the success of this change in policy. Documenting health outcomes and

savings over time will be important to the sustainability of the health-education partnership.

**Additional Community Catalyst Resources:**

- [Advocates Guide to the Change in the Medicaid Free care Rule](#)
- [Funding Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) in Public Schools](#)
- [Medicaid Is Growing Up: It's Time to Go to School](#)

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