



children's defense fund ohio

Getting Care to Children & Families: School-Based, Community-Connected Health Care

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All children deserve to be healthy and get the care they need to thrive throughout childhood and as they transition to adulthood. However, many Ohio families and children have suffered hardships throughout the COVID-19 pandemic, and the extent to which many continue to shoulder the burdens, losses, and traumas of the public health crisis often depend on their zip code, race, gender, and ability to access resources to support their financial wellbeing and health care needs.

According to a 2021 [report](#) from the U.S. Department of Health and Human Services, the COVID-19 pandemic and accompanying economic downturn has disproportionately affected people of color, young adults, women, parents of young children, and low-income workers.¹ This pandemic has layered a public health crisis on top of a health care system that was already overburdened and inaccessible for many families and children.

One concern that public health and child development experts continue to stress is the lasting effects these last two years will have on the mental, physical, and social-emotional wellbeing of children nationwide. According to the Kaiser Family Foundation's report on [Children's Health and Well-being During the Pandemic](#), health care claims show that **vaccination rates, child screenings, dental services, and outpatient mental health services declined by up to 50% among children on Medicaid/CHIP in the first 6 months of the pandemic.**² Catching children up on these very important behavioral and physical health services should be the number one priority.

Children Across Ohio are in need of Comprehensive Well-Child Visits

	Comprehensive Well-Child Visits	Identified Chronic Condition
Appalachia	36.7%	3.1%
Metropolitan	41.7%	2.5%
Rural	31.9%	3.2%
Suburban	38.6%	2.8%

*AN IDENTIFIED CHRONIC CONDITION IS CATEGORIZED AS HAVING ASTHMA, DIABETES OR SUBSTANCE ABUSE DISORDER

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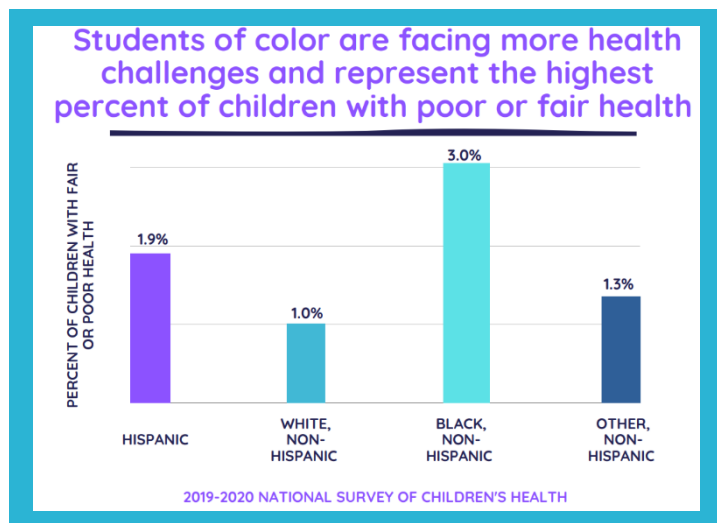
The health crisis caused by the pandemic has highlighted the disparities in health care and health care access encountered by many families and children in Ohio.

According to the [2019-2020 National Survey of Children's Health](#), an estimated 69,000 school-age children in Ohio were not able to access needed health care.³ But the [research](#) is clear: children who suffer from chronic conditions or untreated medical needs, such as asthma, tooth pain, diabetes, and other conditions, are more likely to be chronically absent from school.⁴ **In Ohio, 1 in 10 children miss more than 7 days of school each year due to illness or injury.**⁵



According to the [Healthy Schools Campaign](#), 1 in 4 children have a chronic physical or mental health issue that affects their ability to succeed in the classroom. Rates are even higher for students in underserved communities and students of color.⁶

Providing health care in schools is one of the best ways to ensure that children are healthy and ready to learn. In addition, increasing access to school health services is a proven strategy for improving quality of care and reducing overall health care costs. The research from the [American Public Health Association](#) indicates that children who are healthy are less likely to miss school and more likely to be engaged in learning.⁷ They are much more likely to continue their education and more fully develop their potential.



For students in many areas of Ohio, school-based health care (SBHC) often represents the only access to critical services such as mental health, dental, vision, chronic disease management, and immunizations, but there are significant limitations in the current system for who can access care, what services are available, and how services are reimbursed.

Ohio's Landscape for School-Based Health Care

The goal of school-based health care is to create accessible, community-connected

health care that keeps students in class and learning.

[School-based health care in Ohio](#) is not uniform. It takes many different forms.⁸ Ohio has large health centers located in schools that are fully staffed, and there are also much smaller health centers that have one or two providers serving the student body. School-based health centers can be onsite, in a neighboring building, or it could be a mobile unit that serves several schools. Ohio students with disabilities who qualify for Medicaid can also access services offered through the Medicaid in Schools

program. These services help students with disabilities remain in a traditional classroom and access the free and appropriate education every child is entitled to.

Each SBHC is different, but the services typically provided include primary care services and behavioral

health, and in some cases vision and oral health care. In some cases, the centers may also provide health care services to students' family members, school staff, and other members of the community. According to the [Ohio School-based Health Alliance](#), Ohio currently has over 85 traditional school health clinics and more than a dozen mobile health units that provide health services to students across the state.⁹ The COVID-19 pandemic allowed for an increase in school-based telehealth visits for behavioral health services and some primary care services.

Most centers operate in partnership with community organizations, community health centers, local health departments, or

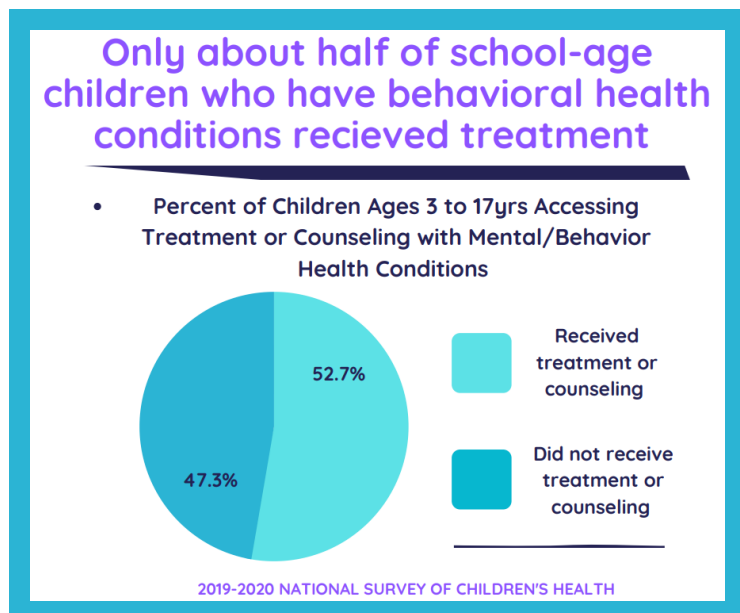
hospitals, who generally handle the billing and clinical operations. Federally Qualified Health Centers (FQHCs) sponsor the majority of SBHCs in Ohio, although hospitals, nonprofit or community-based organizations, local health departments, and school districts can also act as partners.

Staffing at an SBHC usually includes a nurse practitioner or physician's assistant, a behavioral health provider, and a medical assistant. Some sites offer additional staffing for services such as oral and vision care. Students may also have access to specialists through the providers offsite practice site. The advanced practice providers employed by SBHCs can diagnose, treat, prescribe, and bill. SBHC providers work collaboratively with school nurses, counselors, psychologists, social workers, athletic coaches, and other school employees.

SBHCs can draw their funding from several different sources including Medicaid and private insurance reimbursement; state, federal, and local government appropriations; philanthropic organizations, and school systems. They can also receive in-kind donations of services and products. The number one issue for most SBHC's is creating a sustainable model of care. The most critical source of funding is insurance reimbursement, and although schools are experts in the job of education, maximizing reimbursements for care provided by a SBHC is something that is not traditionally in their wheelhouse.

Medicaid in Schools Program & The Free Care Rule Reversal Opportunity

In 1975, Congress enacted the [Education for All Handicapped Children Act](#) (EHA) to ensure that children with disabilities have the opportunity to receive a free and appropriate public education, just like other children.¹⁰ With the 1990 reauthorization of the program, the law's name was changed to Individuals with Disabilities Education Act, or what is now known as IDEA. By law, every state is required to identify and evaluate all children with disabilities who need special education and related services that allow



them to stay in the classroom. If the child qualifies under IDEA, a team will meet to put together an Individualized Education Plan (IEP) for the child. Schools are required to make sure every child receives the services they are entitled to. If the child qualifies for Medicaid, the services in the IEP can be reimbursed by the Medicaid in Schools Program.

[The Ohio Medicaid in School Program](#) (MISP) is a federal program that allows school districts to receive Medicaid reimbursement for costs associated with providing IEP services to students with Medicaid insurance.¹¹ Almost every state has a school Medicaid program. Ohio currently has approximately [650 school districts](#) participating in the program.¹² The program allows Ohio school districts to draw down federal dollars to help offset the cost of providing therapy services to students on an IEP.

In 2014, the Centers for Medicare & Medicaid Services (CMS) issued a [letter](#) to state Medicaid directors expanding which health services could be reimbursed by Medicaid in a school-based setting.¹³ School districts, which had been limited to receive reimbursement for services delivered to a small number of students under specific conditions, would be allowed reimbursement for all eligible services delivered to all Medicaid-enrolled students.

This policy change, known as the Free Care Rule reversal, allows states to draw down additional federal funding for school health services and expand the types of health services and providers eligible for reimbursement.

Though the federal policy shift opened the door to greater financial support for schools that offer these healthcare services, some states, including Ohio, still have the original CMS policy language in their Medicaid state plans, asserting that districts can only seek reimbursement for specified health services delivered under a student's Individualized Education Plan (IEP). Sixteen states have taken steps to address disparities in health care and health care access by expanding school-based health care as permitted in the 2014 letter from CMS. Ohio cannot yet count itself among states taking this proactive step.

Next Steps

As Ohio continues to fight its way through the COVID pandemic, and as new strains of the virus continue to emerge, health care and health care access become even more critical. Ohio agencies, school districts, and service providers should continue to explore all options available to expand access for children and families to health care. These options could include a line item in Ohio's budget supporting school-based health care and the use of some funds from the federal Title V Maternal and Child Health Services Block Grant (MCH Block Grant). According to the [2020 needs assessment](#) completed by the Ohio Health Policy Institute for the Ohio Department of Health, improving the overall wellness of children is a top priority area that should be addressed through the Title V MCH Block Grant action plan for 2021-2025.¹⁴

Further, advocates and school district leaders are advocating for the state of Ohio to take steps to maximize their Medicaid in School program and that school-based health care in Ohio is accessible to every student who needs health care services. Considering the current health crisis, students need these services and districts funding sources to cover these services more than ever.



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Endnotes

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