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FEDERAL POLICIES AND OPPORTUNITES FOR SCHOOL-BASED HEALTH CENTERS

For Policy Makers

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School-based health centers (SBHCs) are clinics that provide students health services at their school. Over 2,000 SBHCs across the country serve all grade levels and all types of schools, whether they are urban, rural, or suburban. In addition to providing primary care, more than two thirds of SBHCs provide behavioral health services, and one in five provide oral health exams by a dentist or dental hygienist. Overall, the services of SBHCs are targeted to the needs of the young people they serve. For example, SBHCs excel in providing mental health services to young men of color, a population that mental health service providers outside schools often struggle to reach.[1]

SBHCs are uniquely positioned to meet the health needs of children 18 years or younger and help the health system achieve the goals of the Triple Aim: reduced per capita costs, improved population health, and better service quality. One study estimated that SBHCs can help save Medicaid more than $30 per student per year,[2] and other studies have shown that they reduce inappropriate emergency department use[3] and overall hospitalization costs.[4] Furthermore, some SBHCs are also opening their doors to adults by extending hours. Federal legislation such as the Affordable Care Act (ACA) and the Every Student Succeeds Act (ESSA) and changes to the Free Care Rule present opportunities to integrate SBHCs into the health system and health reform efforts.

SBHCs have the potential to be strong partners in the implementation of the ACA. At the same time, the ACA's alternative payment models, which emphasize collaboration among all parts of the health system and good health outcomes as opposed to volume of services, can pose challenges for SBHCs, which may have trouble providing the around-the-clock services and level of care coordination required. SBHCs that are able to adapt, however, may be able to receive additional payments. This guide identifies sections of the ACA and ESSA that provide opportunities for SBHCs, briefly explains recent changes to Medicaid's Free Care Rule, and offers recommendations for SBHC sponsors and policymakers.

Name of program, ACA or ESSA section, and implementing agency	Duration and funding	Program description	Examples of SBHC participation and how SBHCs can get involved	Entity eligible to apply to program
POTENTIAL FOR SBHC PARTICIPATION				
Enrollment Navigators ACA Section 1311(i) Center for Consumer Information and Insurance Oversight	Indefinite. The Enrollment Navigator program promotes enrollment of individuals in the federal health insurance marketplace each year. The federal government issues grants in the 38 states that use Healthcare.gov as their insurance exchange.	The Department of Health and Human Services issues grants to organizations to hire individuals, called navigators, who can help people enroll in health insurance during ACA open enrollment.	Partnering with navigator organizations could provide SBHCs an opportunity to promote their work to new audiences. For example, some SBHCs may be able to host navigators or enrollment events. This could allow the SBHC to demonstrate the services it has to offer to people who may not be aware of it. To partner with navigators, SBHCs should make contact with organizations providing enrollment assistance and let them know the services they provide.	SBHCs and their sponsors are eligible to apply.
Health Care Innovation Awards ACA Section 3021 Centers for Medicare and Medicaid Services	The Center for Medicare and Medicaid Innovation (CMMI) dedicates up to $1 billion of its annual budget to Health Care Innovation Awards. CMMI has provided awards in all 50 states, and awards range from $1 million to $30 million.	Health Care Innovation Awards test new care delivery and payment models, identify new ways to develop and use the health system workforce, and expand promising innovations. Grantees include universities, nonprofit organizations, local health departments, and SBHCs. The four broad categories of awards provided by CMMI are focused on (1) reducing costs, (2) improving care for populations with specialized needs, (3) transforming care and delivery systems, and (4) improving population health.	Dr. John T. Macdonald Foundation's School Health Initiative This network of SBHCs provides primary care, mental and behavioral health services, and access to specialists via telehealth. Some SBHCs in the network also offer primary care to adults two nights per week and by appointment. The network's SBHCs used their ACA funding to provide additional training for community health workers, dental hygienists, physicians, and nurse practitioners. Other SBHCs can look to the School Health Initiative as an example. It was able to identify community health needs, assess its capabilities, and find a unique way to serve both the school population and the wider community. SBHCs and their sponsors should also look for funding opportunities—such as the Health Care Innovation Awards—that allow them to experiment with new ways of delivering care.	SBHCs and their sponsors can apply for this program.

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SBHCs can help save Medicaid more than $30 per student per year, and other studies have shown that they reduce inappropriate emergency department use and overall hospitalization costs.

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POTENTIAL FOR SBHC PARTICIPATION				
Patient Centered Medical Home (PCMH) ACA Section 3021 Centers for Medicare and Medicaid Services	PCMH initiatives are funded by the Center for Medicare and Medicaid Innovation, by individual states, and by private payers. They are operating and being formed in all 50 states.	PCMHs are individual primary care practices committed to providing comprehensive primary care. In addition, they coordinate the care a patient may need from other providers and involve the patient in the management of his or her health. PCMHs adhere to certain principles of care and focus on quality measurement, improvement, and accessibility. There are multiple organizations that accredit providers as PCMHs, and each organization has different standards. Some states, such as Oregon, set their own standards. SBHCs can examine the different accreditation standards and determine whether they can meet them. Alternatively, SBHCs could work with policymakers to develop standards uniquely suited to the care they provide.	SBHCs in states across the country are exploring the possibility of becoming PCMHs, with some attaining the status along with their sponsoring organizations. Providing care outside school hours and fully utilizing electronic medical records are common barriers to SBHCs becoming PCMHs, but there are examples and resources from Colorado, Connecticut, and Oregon. SBHCs that become PCMHs have the opportunity to receive additional payments, based on the number of patients served, and to share in any savings earned from reducing costs of providing care. Collaboration with sponsoring organizations, schools, and state Medicaid agencies is an important part of SBHCs working toward PCMH status.	SBHCs and their sponsoring organizations can seek PCMH accreditation.
Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid ACA Section 4107 Centers for Medicare and Medicaid Services	Funded as a new benefit of Medicaid in all 50 states.	The ACA added tobacco cessation counseling for pregnant women to the set of health benefits provided by Medicaid free of charge.	According to the School-Based Health Alliance, more than 80% of SBHCs already provide tobacco use prevention counseling to their patients. SBHCs could use this opportunity to claim reimbursement from Medicaid for tobacco cessation counseling they provide to pregnant patients.	SBHCs and other health care providers can take part in this opportunity.
Clarification of the Free Care Rule Letter from Director of the Center for Medicaid and CHIP Services	This change to Medicaid policy went into effect in December 2014.	The Free Care Rule prevented schools from billing Medicaid for services such as vaccinations that they provided free of charge to people who do not qualify for Medicaid. The clarification of the Free Care Rule allows schools and other providers to bill Medicaid for services provided to Medicaid beneficiaries while at the same time providing those services free of charge to the general public. Overall, the rule clarification can help health care providers increase access to needed services and improve the health of the community they serve.	Clarifying the Free Care Rule is an opportunity for SBHCs. States that are interested in having SBHCs bill Medicaid should work with the Centers for Medicare and Medicaid Services to develop a state plan amendment to enable billing by SBHCs. When SBHCs that are qualified to bill Medicaid provide care covered by Medicaid to patients who qualify, they will then be able to bill the program and receive payment. This will be true even in situations where the SBHC or other providers offer a service free of charge to patients who do not qualify for Medicaid. For example, the clarification of the Free Care Rule allows SBHCs to be paid by Medicaid for providing Early and Periodic Screening, Diagnosis, and Treatment program services, even if some of the services are provided free of charge to non-Medicaid beneficiaries.	States may need to amend their Medicaid plans to take part in the opportunity presented by the clarification of the Free Care Rule.

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PROGRAMS IN PLANNING STAGES				
Accountable Health Communities ACA Section 3021 Centers for Medicare and Medicaid Services	This program is currently accepting applications and will begin in the fall of 2016.	Accountable Health Communities are designed to address the social determinants of health by linking clinical health care providers to community preventive and social services. The Centers for Medicare and Medicaid Services will award grants to organizations that serve as a hub between clinical and community providers. The grant awardees will conduct screenings of the health-related social needs of patients and make referrals to help patients access needed services.	SBHCs could be valuable partners in Accountable Health Communities (AHCs). They and their sponsoring organizations should closely monitor the grants awarded to search for Accountable Health Communities forming in the area they serve. Once AHCs have been identified, SBHCs should contact the coordinating organization and inform the organization of the services they provide and the populations they serve.	SBHCs, their sponsors, and all other health care providers are eligible to apply for the program.
Student Support and Academic Enrichment Grants Every Student Succeeds Act (ESSA) Section 4101 (pages 167 to 179) Department of Education	This policy went into effect with the passage of ESSA in 2015. States receive federal funding based on a formula and distribute most of the funding to local educational agencies.	These grants are designed to help schools develop programs to improve educational outcomes and create healthy and safe environments. One of the ways funds can be used by schools is through creating or supporting trauma-informed school-based mental health services. Schools can collaborate with public or private mental health care providers or community-based organizations.	SBHCs can use the opportunity provided by Student Support and Academic Enrichment Grants to offer mental health services to students and training to school staff. The requirement for mental health services to be trauma informed is particularly beneficial to SBHCs, which specialize in providing care to students in greatest need.	States receive federal funding and distribute it to school districts.

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PROGRAMS IN PLANNING STAGES				
Full-Service Community Schools ESSA Section 4601 (pages 219 to 231)	Grants for Full-Service Community Schools last for five years and can be renewed for two additional years. ESSA authorizes the Department of Education to award at least 10 grants of at least $75,000 for Full-Service Community Schools each fiscal year, if Congress dedicates sufficient funding to the program.	Full-service community schools are public schools that work with other stakeholders, like community-based organizations, businesses, and parent groups to provide at least five comprehensive health, academic, and social services to children ages 18 and younger and their families. These services include physical and mental health services, nutrition services, and services provided by community-based organizations. ESSA also calls on Full-Service Community Schools to provide education programs, like preschool and after school programs and supports for the transition from elementary school to middle school, from middle school to high school, and from high school to post-secondary education or the workforce. Applicants to the program must also describe how they will help improve the health and safety of the people they serve.	Each Full-Service Community School is required to have a coordinator for all services, and SBHCs are a strong fit for this role. SBHCs excel at reaching patients other health care providers cannot. They can use this advantage to connect patients and their families to community services that respond to the social determinants of health such as food programs and home environmental assessments.	This program is open to coalitions of community-based organizations, non-profit organizations, "other private entities," local education agencies, or the Bureau of Indian Education. SBHCs and their sponsors can apply for funding themselves, help their schools apply for program funding, or join the efforts of other community schools.
Improvement of Educational Opportunities for Indian Children and Youth ESSA Section 6002 (pages 246 to 256) Department of Education	The Department of Education may issue grants lasting up to five years.	This grant program is designed to improve the educational outcomes of educationally disadvantaged Indian children 18 years or younger by providing funding to remediation programs and other educational services that would otherwise be unavailable in Indian communities. As part of the program, ESSA will fund health and nutrition services targeted to Indian schoolchildren.	SBHCs that serve communities with large Indian populations could use this program to develop health and nutrition education programs uniquely targeted to meet the needs of Indian patients. As ESSA implementation starts, SBHCs and their sponsors should remain watchful for grant opportunities that allow them to build on their strength of serving vulnerable children 18 years or younger.	Indian tribes and organizations, federally supported schools for Indian students, institutions of higher education, local education agencies, and state education agencies can apply.

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AUTHORIZED BUT NOT IMPLEMENTED				**HOW CAN THESE PROGRAMS BE AUTHORIZED?**
Pediatric Accountable Care Organization Demonstration Program ACA Section 2706	Although this program has never been implemented, it is authorized to receive funding through the end of 2016.	This demonstration program would allow groups of pediatric health care providers to form accountable care organizations to receive reimbursement from Medicaid. However, this program has never received funding .	SBHCs could use their high levels of access to children 18 years or younger to serve as primary care providers in pediatric accountable care organizations. The program would also allow some SBHCs to test alternative payment models that other SBHCs could later adopt.	The federal government can implement and fund this program. In addition, health systems and payers are starting to work together to form pediatric accountable care organizations.
PAST SBHC INVOLVEMENT AND PROGRAMS RELEVANT TO SBHCS				**ELIGIBLE ENTITY**
Personal Responsibility Education Program (PREP) Grants ACA Section 2953 Family and Youth Services Bureau	The ACA recommended funding levels for this program from FY2010 to FY2015. In FY2014, the program awarded $41.1 million to 49 grantees. The minimum award was $250,000. Funding is currently expired, although the program remains authorized.	Through this program, the federal Family and Youth Services Bureau provides grants to states to educate youths 10 to 19 years of age about preventing pregnancy and sexually transmitted infections. The program was implemented in all 50 states.	SBHCs in New Mexico are taking part in PREP implementation by conducting a teen outreach program and ¡Cuidate!, a program targeting Hispanic youths. In addition to providing services to individuals, PREP allows SBHCs to undertake population-based interventions by carrying out school-wide communication campaigns and health education classes. Population-based programs such as PREP also make SBHCs an ideal partner for accountable care organizations. By implementing community preventive services in schools, the environment where students spend a majority of their time, SBHCs are especially well positioned to deliver services that other health care providers and community-based organizations do not.	States receive grant funds from the federal government and distribute them to subgrantees to implement the program.
Grants for School-based Health Centers ACA Section 4101(a) Health Resources and Services Administration (HRSA)	Authorized from FY2010 to FY2013. In FY2013, the Health Resources and Services Administration made up to $75 million available in grants of up to $500,000 each. Over the four years of the program, HRSA issued $136 million in grants and funded more than 500 SBHCs.	HRSA provided funding to support the construction and renovation of SBHCs and the purchase of equipment and supplies. The ACA also authorized grants to support the operation and pay the staff of SBHCs, although Congress never provided money for this effort.	Community Health Centers of the Central Coast, in California, received a $500,000 grant to purchase a mobile dental health clinic for students. The mobile clinic offers dental exams, treatments, and x-rays. The clinic is designed to provide needed dental care in order to prevent student absences in the area served, which are most often caused by dental issues. Other SBHCs across the country also received infrastructure grants.	SBHCs and their sponsors were eligible to apply for this funding.

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Although they are part of the health system and deliver primary care and public health services, SBHCs may operate in a way that other providers do not. For example, many operate inside schools or mobile units and have hours that closely match the hours of their school. SBHCs also specialize in serving a narrower age range of patients than other providers. These differences, which enable them to effectively serve children 18 years or younger in ways other parts of the health system often do not, also present barriers to participating in health system reforms. Some of the barriers SBHCs encounter are listed below, along with recommendations for how policymakers can help integrate SBHCs into health reforms.

BARRIERS TO FULL SBHC PARTICIPATION IN POLICY OPPORTUNITIES

Health reform standards that do not align with the SBHC model of care

Although they may provide quality care services to their patients, SBHCs may not be able to meet all of the standards required to take part in ACA reforms. For example, some PCMH standards, such as providing after-hours access to care, may not align with the care provided by SBHCs. The PCMH model, one of the largest care delivery and payment reforms in the ACA, often requires a primary care provider to be accessible around the clock every day. Although they effectively reach and serve children 18 years or younger, a population that many primary care providers may struggle to reach, SBHCs often have limited hours. SBHCs may also not be considered the primary care provider to the patients they serve, which is a requirement for PCMH status. Incorporating SBHCs into care models such as PCMHs will likely require changes to policies and some PCMH accreditation standards.

Challenges to billing Medicaid due to the Free Care Rule

Many states have not created a state plan amendment in response to the clarification of the Free Care Rule, and this prevents SBHCs from billing Medicaid for some of the services they provide free of charge to people without Medicaid.

Lack of funding or lack of an initial investment to take part in health reforms

Investment of financial resources and staff time may be necessary to gain an understanding of new payment and delivery systems. Many SBHCs have limited funding to carry out their services, and implementing new care models may be difficult financially.

Physical infrastructure

SBHCs without entrances outside their school may have to limit the population they serve to students at the school. This restriction limits the types of ACA and health reform efforts in which they can take part. For example, some ACA programs, including the Enrollment Navigator program, target adults, who are less likely to be served by an SBHC without an entrance outside the school.

RECOMMENDATIONS FOR POLICYMAKERS

Federal, state, and local governments should increase funding for SBHCs

Supporting SBHCs is a wise investment in both health and education. SBHCs have been shown to help reduce chronic absenteeism (missing 15 or more days of school). In one study, students enrolled in an SBHC had three times as much classroom seat time compared to those not enrolled.[5] By helping students maintain their health and stay in the classroom, SBHCs help those 18 years or younger graduate from high school on time. This is a worthy quality in itself, but it is also an indicator of improved health throughout the life span.

The ACA made an investment in SBHCs with its Grants for SBHCs Program, which consisted of two parts, grants for SBHC infrastructure and grants to support SBHC operations and programming. Unfortunately, Congress did not appropriate the money to support the grants for operations. The federal government should fully pay for and implement the Grants for SBHCs Program.

State and local governments can also improve health and educational outcomes by supporting SBHCs. Sufficient funding enables SBHCs to continue their important work while also having the necessary capital to invest in promising health care reforms. For example, SBHCs could take a larger role in the reforms of the ACA, including qualifying for enhanced payments by attaining PCMH status.

SBHCs should be funded to increase enrollments in Medicaid, ACA health exchanges, and public assistance programs that require registration

SBHCs have a wide reach, and the federal government can provide funding to them to help eligible people enroll in health programs. Many SBHCs are ready to provide enrollment assistance for their patients who are eligible for Medicaid. Other SBHCs that also serve parents and their surrounding community could partner with ACA enrollment navigators to help people explore health insurance options and enroll.

State governments should work with SBHC sponsors and schools to develop a Medicaid state plan amendment in response to the clarification of the Free Care Rule

At the end of 2014, the Centers for Medicare and Medicaid Services clarified the Free Care Rule by explaining that providers, including SBHCs, can bill Medicaid for services they deliver to Medicaid beneficiaries even if the SBHC provides those services at no charge to other patients. If providers are to take advantage of the rule clarification, states must first amend their Medicaid programs. States should include SBHCs in this process to ensure that

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the new state Medicaid plan fully incorporates all of the capabilities SBHCs have to offer.

The federal government and states should encourage Accountable Health Communities to include SBHCs when possible

The regional health improvement coalitions known as Accountable Health Communities (AHCs) are starting their work in some State Innovation Model states, and others are receiving awards from the Center for Medicare and Medicaid Innovation. AHCs are designed to identify community health goals and implement a strategy to connect people in need of health or social services with the respective services.

With their access to children 18 years or younger, SBHCs could be valuable members of AHCs. In addition to the health services they provide, they can link their patients to nonmedical social services. When identifying community health challenges and goals, SBHCs can also advocate for the interests of children.

(ENDNOTES)

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