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FEDERAL POLICIES AND OPPORTUNITIES FOR SCHOOL- BASED HEALTH CENTERS

For Sponsors

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School-based health centers (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,¹ and other studies have shown that they reduce inappropriate emergency department use² and overall hospitalization costs.³ 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 for SBHCs to find new ways to serve students and possibly work with other parts of the health system to improve population health.

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.




The ACA authorizes many programs designed to prevent and manage chronic conditions and deliver community-based preventive services, including programs focused on reducing tobacco use, breast cancer, and teen pregnancy. SBHCs are an ideal provider for reaching children 18 years or younger and delivering clinical and public health services. As ACA implementation and reform of the health system continue, it is important for SBHCs to stay aware of available opportunities.

Although focused on education, ESSA also contains opportunities for SBHCs to strengthen their focus on improving popu-

lation health. ESSA includes programs for promoting mental health, creating healthy environments, and collaborating with community-based organizations. SBHCs can take part in these efforts to improve health in schools and find opportunities to extend their reach beyond the school's walls. For example, the Promise Neighborhood program is designed to help schools fund high-quality educational programs while also forming partnerships to improve the health and social conditions in the school and surrounding neighborhood.

HOW TO USE

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. It is divided into five sections: (1) potential for SBHC participation, (2) programs in planning stages, (3) programs authorized but not implemented, (4) expired programs in which SBHCs have participated, and (5) recommendations for SBHC sponsors.

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.
State Option to Provide Health Homes for Enrollees with Chronic Conditions ACA Section 2703 Centers for Medicare and Medicaid Services	States implementing this program receive two years of enhanced Medicaid funding. At least 19 states are currently participating in the program, and it is open to all states..	  This program incentivizes the transition of primary care practices into Patient Centered Medical Homes (PCMHs). It also requires the integration of medical and behavioral health services with community services and support to address the health needs of people with chronic conditions. Telehealth care providers are eligible to take part in this program.	SBHCs should contact their state Medicaid office to learn more about the program. With the access they have to their patients, SBHCs can deliver primary care and preventive services on a regular basis, which could make them a valuable partner to PCMHs. Another option is for SBHCs to reach out to health care providers in their area about possibly working together to provide a health home for SBHC patients.	States can take part in this program by amending their Medicaid state plans.
Maternal, Infant, and Early Childhood Home Visiting Program ACA Section 2951 Health Resources and Services Administration	Authorized from FY2010 to FY2017. Since FY2010, awards have ranged from \$92 million to \$386 million and have been provided in all 50 states.	 Through this program, the federal government provides grants to states to fund home visiting programs for new parents. States can tailor the program to meet local needs, although the emphasis is placed on parenting skills and kindergarten preparation.	SBHCs should contact their state department of health, social services, or education to take part in program implementation. Some SBHCs may be able to hire and train community health workers to carry out home visits to patients. Program grantees could also refer expectant mothers to SBHCs to improve maternal health.	State departments of health, education, and social services have received funding from this program.



indicates programs that can be implemented via telehealth





indicates programs with behavioral health components

Blue shaded areas designate programs with public health components



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The ACA authorizes many programs designed to prevent and manage chronic conditions and deliver community-based preventive services, including programs focused on reducing tobacco use, breast cancer, and teen pregnancy. SBHCs are an ideal provider for reaching children 18 years or younger and delivering clinical and public health services.






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				
Health Care Innovation Awards ACA Section 3021 Centers for Medicare and Medicaid Services	<p>The Center for Medicare and Medicaid Innovation (CMMI) dedicates up to \$1 billion of its annual budget to Health Care Innovation Awards.</p> <p>CMMI has provided awards in all 50 states, and awards range from \$1 million to \$30 million.</p>	  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.	<p>Dr. John T. Macdonald Foundation's School Health Initiative</p> <p>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.</p> <p>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.</p>	SBHCs and their sponsors can apply for this program.
Medicaid Innovation Accelerator Program ACA Section 3021 Centers for Medicare and Medicaid Services	This program is ongoing and funded through the CMS annual budget.	The Medicaid Innovation Accelerator Program is designed to improve the way care is provided to vulnerable populations, including children, pregnant women, and newborns. The program provides technical assistance to test ways to improve care and also disseminates resources states can use to bring promising initiatives to scale. The program welcomes the input of health care providers that are implementing reforms to improve the health of the people they serve.	With their focus on providing care for hard-to-reach children 18 years or younger, SBHCs could offer valuable advice to the Innovation Accelerator Program.	The federal government provides technical assistance to states in implementing Medicaid innovations designed to improve health and lower costs. SBHCs and their sponsors could provide feedback to CMS on promising practices that could be replicated by other health systems that operate SBHCs.



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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.
Pregnancy Assistance Fund ACA Section 10212 Office of Adolescent Health	This program is authorized to receive \$25 million per year from FY2010 to FY2019.	 The federal Office of Adolescent Health issues grants through the Pregnancy Assistance Fund to help expectant teens finish high school or college and access health services, housing, and other forms of support.	SBHCs in New Mexico play a large role in supporting the state's Graduation Reality and Dual-role Skills (GRADS) program. GRADS helps parenting and expectant teens complete high school and develop the skills they need to be a self-sufficient parent. SBHCs provide support with medical, behavioral, and health promotion services to keep parenting teens in school and on track for graduation. SBHCs can take both clinical and public health approaches to implementing Pregnancy Assistance Fund programs. They should check with their sponsor and state government to find out how the fund is being implemented and how they can take part.	Only departments of state governments are eligible to apply to this program.



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POTENTIAL FOR SBHC PARTICIPATION				
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.
PROGRAMS IN PLANNING STAGES				
Waivers for State Innovation ACA Section 1332 Center for Consumer Information and Insurance Oversight	Waiver programs could start as early as 2017.	  States can apply for waivers from ACA's insurance coverage requirements and still receive funding in an amount equal to what they could receive in insurance subsidies, so long as their new coverage innovation is at least as comprehensive as the ACA.	SBHCs and their sponsoring organizations should contact their state governments to learn whether their state will apply for a waiver. It will be important for SBHCs and their sponsors to get involved in the waiver application and implementation process as early as possible.	Only states can apply for this program.
Beneficiary Engagement Model Opportunities ACA Section 3021 Centers for Medicare and Medicaid Services	This program is currently under development at the Center for Medicare and Medicaid Innovation.	With this program, CMMI is interested in ways Medicaid and Children's Health Insurance Program (CHIP) beneficiaries can provide feedback to improve the care they receive.	In collaboration with the students they serve, SBHCs can take part in this program by providing information about effectively working with children 18 years or younger in school settings. Many SBHCs include some form of student input in their governance, and they can build on this to collect information for the beneficiary engagement program. SBHCs and their sponsors should closely monitor implementation of this program and contact their state Medicaid and CHIP agencies to get involved.	Application details for this program are not yet available.




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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. CMS 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.
21st Century Community Learning Centers ESSA Section 4201 (pages 181 to 192) Department of Education	This grant program is authorized to receive \$1 billion in FY2017 and \$1.1 billion from FY2018 through FY2020.	 Community learning centers are organizations that help students succeed academically outside of regular school hours. One of the learning center activities that the Department of Education will support is health and nutrition education.	SBHCs should closely monitor whether their school or school district is planning to apply for the 21st Century Community Learning Centers program. The program could provide SBHCs the opportunity to expand on the health and nutrition services they offer.	States receive federal funding and distribute it to school districts and community-based organizations.
Promise Neighborhoods ESSA Section 4601 (pages 219 to 228) Department of Education	Three Promise Neighborhood grants will be authorized each year from FY2017 to FY2020. Each grant may last up to seven years.	 The Promise Neighborhood program is designed to help communities improve the “academic and developmental outcomes of children living in the most distressed communities.” The specific goals of the program include ensuring school readiness, promoting high school graduation, and providing access to community-based services.	One of the ways the Promise Neighborhood program seeks to improve academic outcomes is through connecting students to health services. SBHCs should try to get involved in the Promise Neighborhood application process as early as possible so that they can ensure the application makes the connection between health and improved academic outcomes.	Nonprofit organizations, institutions of higher education, and Indian tribes can apply.

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PROGRAMS IN PLANNING STAGES				
<p>Full-Service Community Schools</p> <p>ESSA Section 4601 (pages 219 to 231)</p>	<p>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.</p>	<p> 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 pre-school 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.</p>	<p>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.</p>	<p>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.</p>
<p>Improvement of Educational Opportunities for Indian Children and Youth</p> <p>ESSA Section 6002 (pages 246 to 256)</p> <p>Department of Education</p>	<p>The Department of Education may issue grants lasting up to five years.</p>	<p> 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.</p>	<p>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.</p>	<p>Indian tribes and organizations, federally supported schools for Indian students, institutions of higher education, local education agencies, and state education agencies can apply.</p>

-  indicates programs that can be implemented via telehealth
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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.
Establishing Community Health Teams to Support the Patient Centered Medical Home ACA Section 3502	This program has never received funding.	The Department of Health and Human Services would provide grants to states or tribes to establish community-based, interdisciplinary teams to help primary care practices transition into PCMHs.	SBHCs would benefit from a program that could assist them in transitioning into PCMHs. They could also work in community health teams to help primary care providers in their area offer age-appropriate care to children 18 years or younger.	Advocates for SBHCs should encourage the federal government to implement and fund this program.
Grants to Promote the Community Health Workforce ACA Section 5313	Authorized through FY2014.	This program would provide grants to eligible entities, including SBHCs and their sponsors, to promote improved health through the use of community health workers.	Sponsors of SBHCs can advocate for reauthorization and funding of this program. SBHCs could also offer training to community health workers on providing age-appropriate care for children 18 years or younger.	The federal government could implement and fund this program, although Medicaid programs, insurance companies, and hospital systems could implement similar programs.
PAST SBHC INVOLVEMENT AND PROGRAMS RELEVANT TO SBHCs				
Personal Responsibility Education Program (PREP) Grants ACA Section 2953 Family and Youth Services Bureau	The ACA recommended funding levels for the 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.





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PAST SBHC INVOLVEMENT AND PROGRAMS RELEVANT TO SBHCS				
Strong Start for Mothers and Newborns Initiative ACA Section 3021 Centers for Medicare and Medicaid Services	Funded through the Center for Medicare and Medicaid Innovation's annual budget. This program is being implemented in 33 states.	 The Strong Start for Mothers and Newborns Initiative provides grants to health systems to reduce the number of preterm births, improve the health outcomes of pregnant mothers and newborns, and reduce costs.	Participating health systems that also sponsor SBHCs can host age-appropriate education efforts and conduct health assessments in a school-based setting.	Although this program is ongoing, the grant funds have already been awarded. SBHCs and their sponsors can contact participating health systems to find ways they can take part in 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 school 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.
Infrastructure for Maintaining Primary Care Transformation ACA Section 5405 Agency for Healthcare Research and Quality (AHRQ)	Although this program was included in the ACA, it was funded by the Agency for Healthcare Research and Quality from September 2011 to September 2013 at a total of approximately \$4 million. It funded primary care improvement initiatives in four states: North Carolina, Pennsylvania, New Mexico, and Oklahoma.	AHRQ provides grants to states to help primary care providers improve community health. AHRQ funds state hubs, and hubs then distribute funds to primary care extension agencies, which must include the state health department, Medicaid authority, and Medicare authority and one or more health professional schools. The supported states train practice transformation coaches to educate primary care providers about preventive care, health promotion, chronic disease management, and mental health care.	SBHCs in the supported states should reach out to their state hubs and primary care transformation coaches to inform them about school-based health services. In addition, SBHCs can educate primary care practices about working in school-based settings and treating students. SBHCs could also benefit from the services of primary care extension agencies. Although their focus may be on primary care, their location in schools allows SBHCs to take a public health approach to improving the health of all students in a school. Primary care extension agencies could help SBHCs in achieving this aim.	Only states were eligible to apply for this program.
Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer ACA Section 10413 Centers for Disease Control and Prevention (CDC)	Authorized through FY2014. The program is no longer authorized.	The CDC provides grants to organizations to carry out a public education campaign about breast cancer targeted toward young women (15 to 44 years of age). The program focuses on support services for young breast cancer survivors and their families while also reaching out to young women to teach them how to reduce their risk of breast cancer.	CDC and the grantee organizations should see SBHCs as a partner in disseminating information and resources on breast cancer. Similarly, SBHCs and their sponsors should seek out grantee activities in their area and promote SBHC services. With their location in schools, SBHCs have the ability to provide age-appropriate health education, including cancer self-examination techniques.	SBHCs were eligible to apply to this program.



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SBHCs can make positive contributions to achieving the Triple Aim. The programs identified above could help SBHCs offer services in new ways and build on the successful work they already do. For example, the Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid provision of the ACA may allow SBHCs to claim reimbursement from Medicaid. SBHCs could extend the services they provide to expectant and current parents by helping to implement the Maternal, Infant, and Early Childhood Home Visiting Program. SBHCs' location in schools and potentially limited schedule present some barriers to participation in reforms, however. These barriers and recommendations for taking part in health reforms are listed below.

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 SBHC SPONSORS

Build on existing prevention services and look for opportunities to take part in health reforms

There are some health care services that SBHCs excel in delivering, such as providing HPV (human papillomavirus) vaccines, sexual and reproductive health services, and mental health services to adolescent males. The increased focus on quality of care makes SBHCs well positioned to partner in health reform programs with other parts of the health system that do not specialize in providing these services.

SBHCs and their sponsors should help nonprofit hospitals complete their community health needs assessments by sharing data

According to the School-Based Health Alliance, more than 80% of SBHCs use electronic health records (EHRs). EHRs are a source of information that SBHCs can use to coordinate care with other providers. SBHCs can also form relationships with hospitals in the area they serve by helping them complete their community health needs assessments through sharing of electronic health information.

Assess health needs, including community health needs, and the capacity of SBHCs to address them as a foundation on which to apply for health reform grants

The Dr. John T. Macdonald Foundation's School Health Initiative assessed the needs of the population it served and used that information to apply for a Health Care Innovation Award. It used the award to expand the scope of services its SBHCs provide. The grant allowed SBHCs to train staff, including community health workers, to provide care outside SBHCs. The grant also enabled the sponsored SBHCs to add dental and mental telehealth services and to provide care to student families.

Develop ways to monitor and bill for nonmedical, nonclinical services

Group health and nutrition education sessions, exercise classes, home visits, telephone counseling, and case management can all help improve health, and many SBHCs provide some or all of these services. SBHCs can work with Medicaid and private insurance organizations to find ways to document and bill for these services. For example, SBHCs in Oregon worked with the state government and other health care providers to discuss ways to obtain reimbursement for nonclinical services.



Photo by skynesher, courtesy iStockPhoto

Partnering with local community-based organizations (CBOs) can also benefit SBHCs. CBOs can help SBHCs and their sponsors identify community health needs and resources. These partnerships can also position SBHCs to take part in ESSA programs.

Coordinate care with other health care providers and partner with local nonprofit and community-based organizations

Many ACA reforms, including PCMHs, require primary care providers to coordinate patient care among different providers. SBHCs can refer the patients they treat to the optimal health care settings. Care coordinators can help patients schedule referrals, ensure access to specialty services, and help complete forms.

Partnering with local community-based organizations (CBOs) can also benefit SBHCs. CBOs can help SBHCs and their sponsors identify community health needs and resources. These partnerships can also position SBHCs to take part in ESSA programs.

Host school-wide screening events to attract more patients and, when appropriate, seek recognition as a primary care provider

SBHCs can increase awareness of their services by hosting school-wide screening events. Such events will increase the number of patients served and enable SBHCs to bill for more services provided.

Patients may see a provider outside the SBHC that is considered their primary care provider. When patients do not have one, however, SBHCs should work with parents, Medicaid, and private insurance organizations to seek recognition as a primary care provider. Some ACA reforms, such as PCMHs and care coordination programs, provide additional payments only to a patient's primary care provider.

(ENDNOTES)

- 1 Wade TJ, Guo JJ. Linking improvements in health-related quality of life to reductions in Medicaid costs among students who use school-based health centers. *Am J Public Health.* 2010;100(9):1611-1616.
- 2 Adams EK, Johnson V. An elementary SBHC: can it reduce Medicaid costs? *Pediatrics.* 2000;105(4):780-788; Webber MP, Carpinello KE, Oruwariye T, Lo Y, Burton WB, Appel DK. Burden of asthma in elementary school children: do SBHCs make a difference? *Arch Pediatr Adolesc Med.* 2003;157(2):125-129.
- 3 Guo JJ, Jang R, Keller KN, McCracken AL, Pan W, Cluxton RJ. Impact of school-based health centers on children with asthma. *J Adolesc Health.* 2005;37(4):266-274.

SBHCs with an entrance outside of their school should partner with ACA enrollment navigators and other application assistors

These partnerships can help attract new patients to SBHCs and increase awareness among parents of SBHCs. Also, working with navigators can introduce the navigators' sponsoring organization to the SBHC and demonstrate the SBHC's reach.

Sponsors should encourage their SBHCs to develop a fact sheet about the services they offer and the health outcomes they produce

Sponsors can create a template for fact sheets that SBHCs can use to highlight their work and value to potential partners or policymakers. These fact sheets can also be used by sponsors to advocate for more support for SBHCs.

SBHCs and their sponsors should promote their role in reducing absenteeism

Chronic absenteeism, missing 15 or more of school days, is a serious problem linked to poor grades and dropout. As more schools and states recognize the issue, SBHCs and sponsors should stress to school districts and policymakers that they are a valuable partner in reducing chronic absenteeism by uncovering the root causes for absenteeism and keeping students in the classroom and healthy.



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