

# Disruptions in school-based services due to COVID-19

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**As schools across the country continue to face challenges about how and when to resume in-person learning, low-income families of school-aged children are questioning if their children will be able to receive health care services typically received in school-based clinics.**

Families count on the school system to act as a trusted partner to identify early warning signs for potential physical health, behavioral health, or learning delays, deficits, or disturbances. This inherently builds a natural system of referrals to other health care providers and social services that support the community. Essentially, this community-based network facilitates access for children to the right care at the right time before further complications develop. The impact of school closures and extended remote learning has both immediate and delayed consequences for the healthy development of children, youth, and family systems, especially for child Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. On September 23, 2021, the Centers for Medicare & Medicaid Services (CMS) issued an urgent call to action from states after finding a drastic decline in critical primary and time-sensitive preventive services for children enrolled in Medicaid and CHIP<sup>1</sup>. An early analysis of claims data (through May 2020) showed decreases in several critical areas such as immunizations and child screening. The decline in services noted is due in part to services being unavailable as well as a natural lag in data reporting. Further, while some states have seen an increase in those measures between May and July 2020, a gap persists that states need to address.



*Written by Charlotte Carito, MA, LMHC, BC-DMT, and Trinity Cleveland, RDH, MHI*

Charlotte is a licensed mental health counselor, as well as a board-certified dance/movement therapist, with 15+ years of experience in the field of behavioral health and health care policy. She brings expertise in strategic health care reform, including program redesign and value-based purchasing.

Trinity is a registered dental hygienist and has a Masters in health care innovation. Since 2019, she has supported Mercer clients with the design and implementation of new services and external quality review assessments.

## Impacted Services

The school environment, specifically school-based health services (SBHS) and coordination, play a vital role in contributing to good health care outcomes for school-aged children. These services reach as many as 6.3 million children and youth receiving Medicaid and CHIP health benefits. SBHS offers an array of health and wellness assessments and screenings, early interventions, and social services and supports. Typical offerings in many school systems include:

- Immunizations/vaccinations
- Oral health preventive services, such as fluoride and sealant application
- Medical management of chronic conditions, such as asthma and diabetes
- Mental health and/or substance use services
- Nutritious meals
- General welfare assessments
- Primary care
- Hearing and vision screening




While telehealth has been used to address some services, others are no longer available during the Public Health Emergency (PHE). It is also important to note that there are limitations to the reach of telehealth. For example, many learning disorders and behavioral issues are identified earlier and are better assessed during in-person instruction. More concretely, immunizations and vaccinations, dental, hearing and vision services, and access to nutritious meals cannot be provided on a virtual platform.

### School-based Services that Support Healthy Development: How Schools Play a Vital Part in Health Care Outcomes



## Potential Impact

Lack of access to school-based health and social services is anticipated to have both immediate and sustained/delayed impact on child and youth health and academic outcomes. While some of these outcomes will be more obvious in the short term (for example, consequences for missed vaccines), many of these outcomes may not be prominent until much later (for example, impacts of unidentified learning disabilities or untreated depression and anxiety). Strong communication and collaboration plans that include a wide range of stakeholders will be necessary to successfully navigate this new landscape. Additional financial support will also be required to administrate and operationalize strategic action plans.

Potential Impacts of Loss of School-based Support and Health Services			
Immediate	 <ul style="list-style-type: none"> <li>• Disease prevention - Lack of immunizations</li> <li>• Medical management of chronic conditions</li> <li>• Screenings</li> <li>• Care coordination</li> </ul>	 <ul style="list-style-type: none"> <li>• Creation of food insecurity</li> <li>• Reduced physical activity</li> <li>• Unhealthy eating habits</li> <li>• Normalization of increased screen time</li> </ul>	 <ul style="list-style-type: none"> <li>• Individualized educational programs disrupted</li> <li>• Lack of technology</li> <li>• Observation by school staff of unsafe living conditions</li> <li>• Loss of safe zone with counselors or teachers</li> </ul>
	<ul style="list-style-type: none"> <li>• Infectious disease outbreaks</li> <li>• Lack of preventive health education</li> <li>• Emergence of undiagnosed and/or untreated hearing, vision and dental issues</li> </ul>	<ul style="list-style-type: none"> <li>• Contribution to obesity</li> <li>• Sedentary lifestyle</li> <li>• Unsafe exercise/sport practices</li> <li>• Impact on social skills development and maturation</li> </ul>	<ul style="list-style-type: none"> <li>• Disenfranchisement from formal education</li> <li>• Remediation and support and/or repeat school grade</li> <li>• Undetected abuse, neglect and/or suicidality</li> <li>• Inability to build relationship with caring adult outside of home</li> </ul>
Delayed			

## Limiting Factors and Solutions

For schools that have returned to in-person learning, concern remains around the number of people on campus and whether their role is essential to student success. It is understood that healthy kids are better learners. The PHE has led to thinking about how SBHS may need to move beyond the four walls of the school building into the community to ensure vital assessments and vaccines can still be delivered. It has also led to a discussion around how states can evaluate other community resources that promote in-person visits through visiting nurse or care management programs. Stakeholders from educational and health care organizations are encouraging the Biden Administration to assist states with funding to support the return and sustainability of school-based health programs. The extension of the PHE through much of April 2021 will extend certain CMS waivers and flexibilities.

Some state Medicaid policies may create barriers for schools wishing to help fund services, especially for students without an individualized education plan or individualized family service plan. A restructuring of care coordination, supported by managed care organizations (MCOs) and in collaboration with schools, could address these barriers. Another contributor to the problem is a lack of providers that have the necessary credentials to bill for Medicaid reimbursement, especially in the areas of behavioral health and dental care. Updating MCO contract language and billing policies could assist in addressing these concerns.

More than half of state Medicaid plans (including the District of Columbia) have language that either explicitly prohibits, or severely limits, reimbursement for school-based services. CMS released guidance in 2014 that allows states to determine whether schools could be reimbursed for services provided to Medicaid beneficiaries; however, only a handful have expanded reimbursement to include SBHS. Evaluating current state plans for prohibitive language and amending accordingly would alleviate another barrier.

## Summary

As states begin to plan for their healthcare, education and social service systems as a result of COVID-19, action to mitigate or minimize the negative impacts of school closures and virtual learning is necessary. This includes accounting for the increased cost of health care and education stemming from the lack of preventive and early detection services experienced by more than 53 million school-aged children. A review of Medicaid state plans, and other state agency policies along with school district policies, may help identify gaps contributing to the inequities that are being exacerbated by the PHE. Innovative solutions that address areas such as alternative payment models, access to care, and the development of a new or improved workforce should be considered based on the unique experiences in each state. Furthermore, states should also consider the implications that delayed services may have on rate setting for 2022 and beyond and utilization rates in the coming months.

## Key Takeaways

Disruptions in schools equal a disruption in the school-based clinic services vital to the health and wellbeing of school-aged children, especially for Medicaid and CHIP members. States have an opportunity to acknowledge this disruption and begin to make a plan on how to address critical access needs and rate-setting aspects of disrupted care.

## For More Information

Mercer is available to help review and revise policies, state plans, and Medicaid managed care contract language and assist with rate analysis, impact, and course correction where needed.

Email us at [mercergovernment@mercerc.com](mailto:mercergovernment@mercerc.com) if you have additional questions or to speak to a client leader. You can also be added to our distribution list to ensure you receive our white papers, flash updates, and webinar invites.

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