



SCHOOLS ARE KEY TO IMPROVING CHILDREN'S HEALTH

**How States Can Leverage Medicaid Funds
to Expand School-Based Health Services**

January 2020

**HEALTHY SCHOOLS
CAMPAIGN**

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The Healthy Students, Promising Futures Learning Collaborative informed the development of this brief. Trust for America's Health and Healthy Schools Campaign co-convene the Learning Collaborative with the goal of creating healthier students by increasing Medicaid services in schools and promoting safe and supportive school environments. Sixteen cross-sector state teams currently participate in the Learning Collaborative; members include representatives from state education agencies, state Medicaid agencies, school districts, public health agencies, and state and local advocates.

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Healthy Schools Campaign (HSC) works to ensure that all students have access to healthy school environments, including nutritious food, physical activity and essential health services, so they can learn and thrive.

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INTRODUCTION

Research shows that access to school health services improves health and academic outcomes, particularly for students with chronic health issues. But finding sustainable funding has been an ongoing struggle.

Healthy Schools Campaign is excited to release this policy brief on the opportunities to expand access to—and resources for—school health services using available Medicaid funds.



In December 2014, the Centers for Medicare & Medicaid (CMS) clarified the way that Medicaid would reimburse for health services delivered in schools. School districts, once restricted to reimbursement for services delivered to students enrolled in Medicaid under very specific conditions, were now permitted to cover all eligible services delivered to all Medicaid-enrolled students. Put simply, this meant more healthcare funding for the most disadvantaged students.

Even though the federal policy shift also opened the door to greater financial support for states and school districts, most states did not immediately take advantage of it. Many states had codified the original CMS policy, stating that districts could only seek reimbursement for health services delivered under a student's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP). Several had formalized the original policy in state law. It took time for early adopter states to develop implementation roadmaps for other states to follow.

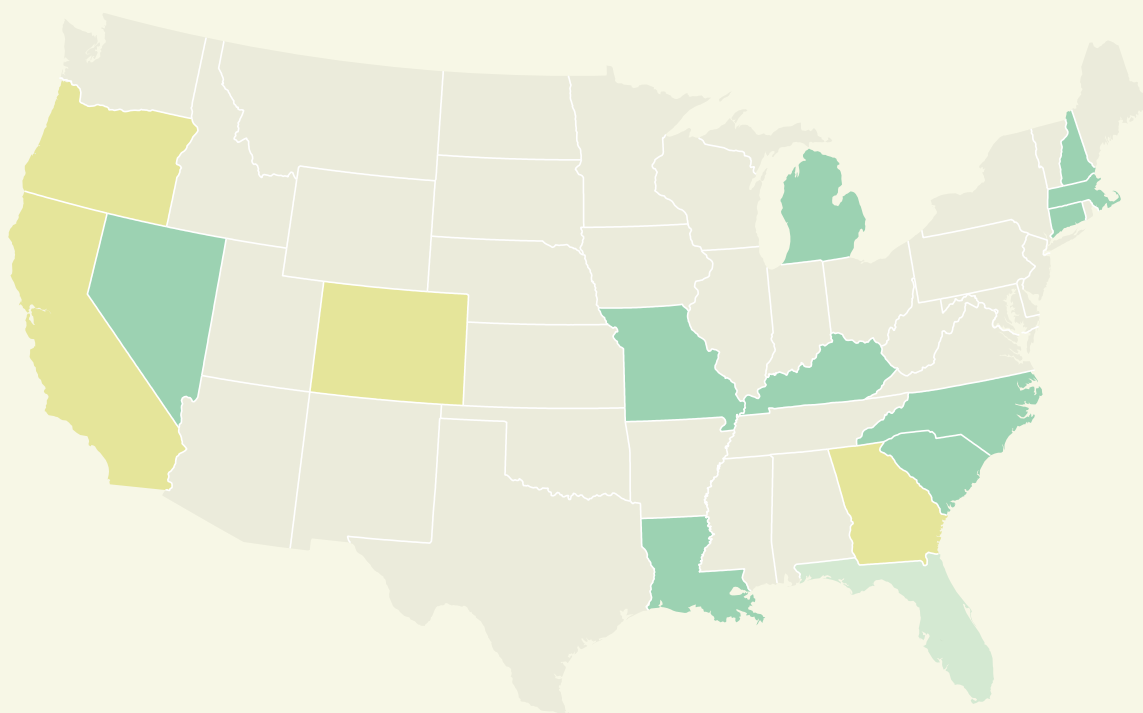
Now, five years later, significant momentum is building. Ten states—Connecticut, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, North Carolina and South Carolina—have successfully expanded their school-based Medicaid programs (four of them in 2019 alone), with more states working to do so. There is an especially strong interest in leveraging the opportunity to support mental health services.




This brief provides an overview of the CMS clarification and details the progress states have made to align state policy with school-based Medicaid. It also offers recommendations for federal and state policymakers to make it easier for more states to follow suit. (For more information on the opportunities to advance state policy, visit [HSC's website](#).)

The CMS clarification allows school districts to expand their school-based Medicaid programs to cover more students and potentially bring in additional, sustainable federal funding for states. It also helps to improve health equity by supporting increased reimbursement for school districts that serve higher percentages of Medicaid-enrolled students. Numerous studies show that healthcare provided in school settings can reduce overall healthcare costs and improve access to and quality of care—a proven strategy for improving student attendance, math and reading scores and other academic outcomes.

However, CMS presented an opportunity, not a mandate. As a result, there is a critical need to support states in implementing the current CMS policy and allowing school districts to seek reimbursement for additional school health services.

Expansion of School-Based Medicaid Programs as of January 2020



-  Expanded school-based Medicaid program
-  *Florida received CMS approval in 2017; its state legislature must amend state law to complete implementation.
-  Expansion pending CMS approval

THE CASE FOR SCHOOL-BASED MEDICAID EXPANSION

Children Need School Health Services

One in four children in the United States has chronic physical or mental health issues that affect their ability to succeed in the classroom, double the number just 30 years ago. Left untreated or undermanaged, health issues can adversely affect children's attendance, their ability to see, hear and pay attention in the classroom, their ability and motivation to learn, and even their chances of graduating from high school.¹

In addition, students in underserved communities, particularly students of color, are at increased risk of chronic health problems such as diabetes and asthma that can hinder learning and have a significant impact on long-term health. Ignoring these health inequities will undermine efforts to close the opportunity gap.

No school district is immune. Across the country, a rising trend in youth suicides, anxiety and depression underscores the need for more behavioral and mental health services. State and local education agencies are struggling to respond to the needs of students and their families affected by opioids. School safety is also driving policy conversations.

Schools are increasingly seen as places to deliver high-quality, cost-effective healthcare. Numerous studies show that access to school nurses and other school health providers can improve health and reduce absenteeism, particularly for students with chronic health issues. Increased access to school health services is also a proven strategy for improving academic outcomes.

Yet more than half of public schools do not have a full-time school nurse or school counselor, and less than 5 percent of



Benefits of Expanding School Health Services Through Medicaid

- Improve access to healthcare
- Reduce health disparities
- Improve student attendance
- Improve academic outcomes
- Support sustainable revenue for schools
- Increase funding for school health providers
- Reduce overall healthcare costs

1. *Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children*. The Children's Health Fund (January 2017): <https://www.childrenshealthfund.org/wp-content/uploads/2017/01/Health-Barriers-to-Learning.pdf>

the nation's students have access to services through a school-based health center. Schools in low-income districts generally have lower nurse-to-student ratios and access to fewer health services than schools in wealthier districts.

Increased access to school health services is also a proven strategy for reducing overall healthcare costs. A pilot project in the San Jose Unified School District in California demonstrated that the presence of a full-time school nurse results in fewer emergency room visits for students with asthma. Students in schools with a full-time school nurse had 43 percent fewer ER visits than students without a school nurse. This translates to significant savings in emergency room services.²

Key opportunities exist for education, healthcare and public health sectors to improve both health and education outcomes by focusing on school-based health services. This brief primarily addresses the opportunities to expand on health services delivered within a school by school nurses and other district-employed providers (school psychologists, social workers, counselors, occupational therapists, physical therapists and speech-language pathologists). Schools are where the vast majority of students have access to care, and where the CMS clarification has the largest impact.

CMS Clarification Presents an Opportunity

In 2014, the Centers for Medicare and Medicaid Services (CMS) issued a [letter to state Medicaid directors](#)³ that clarified which services can be reimbursed by Medicaid in a school-based setting.

Previous CMS policy prohibited reimbursement for services provided to Medicaid-enrolled students *if those services were provided free of charge to all students.*

2. School nurses' role in asthma management, school absenteeism, and cost savings: a demonstration project. *Journal of School Health* (December 2013): <https://www.ncbi.nlm.nih.gov/pubmed/24261518>

3. Dec. 15, 2014 CMS letter on Medicaid Payment for Services Provided without Charge (Free Care): <https://www.medicaid.gov/federal-policy-guidance/downloads/smd-medic-aid-payment-for-services-provided-without-charge-free-care.pdf>

1 in 4 children has chronic physical or mental health issues that affect their ability to succeed in the classroom, double the number just 30 years ago.



More than half of all public schools do not have a full-time school nurse or school counselor.

There were some exceptions: services could be submitted for Medicaid reimbursement if they were included in a student’s Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP), or delivered through the Maternal and Child Health Block grant.

The letter stated that schools can seek reimbursement for covered services provided to all students enrolled in Medicaid, regardless of whether the services are provided at no cost to other students. “The goal of this new guidance,” wrote CMS, “is to facilitate and improve access to quality healthcare services and improve the health of communities.”

The policy clarification became known as the “free care policy reversal”—a misnomer of sorts, as the decision didn’t interfere with healthcare provided for free. As of January 2020, 10 states have used it to expand their school-based Medicaid programs, with more following suit⁴.

The CMS clarification presents an important opportunity for states to: 1) support school districts in drawing down additional Medicaid funding for school health services; and 2) increase access to school health services. Many states are also using this opportunity to get Medicaid to recognize the role of additional providers who are delivering services in schools—and to increase the types of school-based physical and behavioral health services that are reimbursed by Medicaid.

When a state increases the number of eligible services that are billed to Medicaid, the state gets back more money from CMS. The converse is also true: not billing for otherwise-eligible services that are already being provided in schools means leaving federal dollars unclaimed. When that happens, state taxpayers bear the entire cost of services. This makes Medicaid a very important source of funding for school health services—and for state health and education budgets overall.

States now must make decisions about what their school-based Medicaid program will include. Will school districts be allowed



School-based health services refer to physical, behavioral and mental healthcare provided within a school or school-based health center, or through partnerships with local health organizations.

Service providers include school nurses, school psychologists, social workers, counselors, occupational therapists, physical therapists and speech-language pathologists.

4. *State Efforts to Implement the “Free Care” Policy Reversal* (regularly updated Google doc): <http://bitly.com/freecareupdate>

to bill for services delivered to all Medicaid-enrolled students, or just for services included in IEPs or IFSPs? Will more states expand the types of covered services—or the list of providers qualified to seek reimbursement for school-based services?

Expanding billing for more students—as well as expanding the types of services and providers being reimbursed—could mean more federal revenue to the state and more reimbursement to districts. And since most schools already deliver some of these services (and pay for them with education dollars), bringing in federal reimbursement can replace scarce education money and help stretch resources further.

Federal funds can be used to increase provider capacity, add additional services, or plug budget holes to keep school health services strong. As a result, this can help ensure ongoing investment in and support for the delivery of school health services to students enrolled in Medicaid. And it could ultimately help schools expand the staffing needed to provide physical and behavioral health services to students.

While the CMS policy change presents a tremendous opportunity to expand access to school health services through Medicaid reimbursement, work must be done at the state and local levels to take advantage of it.

How States Can Align with CMS Policy

In keeping with the previous CMS policy, many state Medicaid plans explicitly state that school districts may only seek reimbursement from Medicaid for health services delivered under a student’s IEP or IFSP. In addition, several states formalized the policy in state laws. For these states to leverage this opportunity to expand their school Medicaid programs, they must first remove related restrictions in their state Medicaid plan and state statute and then update their state’s school Medicaid guidance.

Making these changes takes planning and organization, but change is possible: State Medicaid plans are intended to be living documents, and states frequently submit and receive approval for amendments. (View the appendix for state examples.)

ABOUT 37%
of all school-age children

AND 79%
of school-age children
living in poverty

receive health coverage
through Medicaid and
the Children’s Health
Insurance Program (CHIP)



Data source: <https://ccf.georgetown.edu/2018/07/18/medicaid-and-chip-provide-health-coverage-for-many-school-age-children-yet-gaps-remain/#easy-footnote-bottom-2-34275>

Overall, CMS has been very supportive of states' efforts, engaging directly with state Medicaid agencies to support the development of state plan amendments and moving quickly to approve them. CMS has issued several guidance documents, such as this [July 1, 2019 bulletin](#), that recommend schools as an ideal site for meeting the health needs of children and specifically call out the 2014 reimbursement policy clarification as an opportunity to support this work.

Initially, however, states were cautious about moving forward with implementation. This was due to a number of factors, including the lack of updated guidance on school-based Medicaid claiming, concerns about the Trump administration's support for Medicaid, and the release of a series of high-profile audits of school-based Medicaid programs. And, given that school Medicaid programs represent only 1 percent of overall Medicaid expenditures, it didn't immediately catch the attention of state policymakers and other decision leaders.

Today, numerous issues—including student mental health needs, the opioid epidemic and increased attention around school safety—are driving momentum for states to leverage the opportunity to expand school health services. The early adopters that received approval to move forward with this change are already proving the importance and value of this effort. They have provided a roadmap for other states to follow.

In June 2019, the Kentucky Commissioner of Education and Kentucky Medicaid Commissioner sent a [letter to all school superintendents](#) that noted:

When students have access to high-quality behavioral health services in the school building, including from clinically trained professionals, they can receive preventive treatment to address challenges before issues get more serious, require more costly interventions, and potentially put other students at risk. Given Medicaid's historic role in supporting children's health and educational outcomes, ensuring that all eligible students in your district are enrolled in Medicaid and have access to the school-based health services they need are key strategies to supporting a healthy learning environment and academic success.



Expanding Medicaid billing for more students can mean more federal revenue, which can help ensure ongoing investment in and support for the delivery of school health services.

Lessons Learned—and Worth Repeating

Many lessons learned to date can inform the work of states ready to explore what it will take to expand their school-based Medicaid program:

Collaborate across sectors.

A number of states leveraged existing or new teams to bring together key people in state education and Medicaid agencies and school districts. Identifying and convening these players is critical both to changing policies and ensuring their effective implementation.

Collect data.

Data can be used to make the case for expansion and to inform recommendations around additional services and providers that the state might consider adding. Both Illinois, which is considering a state plan amendment, and Minnesota, which can align its state policy with CMS without an amendment, conducted needs assessments to better understand the delivery of school health services and student health needs. In addition, Colorado conducted a six-week expansion study in eight districts to better understand the financial impact of expanding its school Medicaid program. The results were favorable, and Colorado is moving forward with a state plan amendment.

Align efforts with healthcare transformation.

The move to Medicaid managed care presents new challenges and opportunities for school health services, especially around billing and care coordination. The healthcare sector and public health systems are expanding their understanding of the social determinants of health and are placing more value on care coordination and chronic disease management.

States are bringing managed care organizations to the table to discuss the ways in which delivery of school health services can help them engage with otherwise hard-to-reach populations and meet accountability metrics. Tennessee [developed a manual](#) to support these partnerships.



Michigan estimates a \$14 million increase from billing for services delivered by school psychologists.

Create a positive policy environment.

A positive policy environment includes policies that 1) facilitate enrollment of eligible children in Medicaid and the Children's Health Insurance Program (CHIP); 2) allow school health providers, particularly mental health providers, to bill Medicaid for eligible services; 3) ensure revenue generated from school-based Medicaid programs is reinvested in school health and wellness programs at the local level; and 4) address school climate, staff wellness and other components of a safe and supportive school environment.

Leverage existing assets.

States can leverage their existing infrastructure and capacity. Some states might even have unique structures that make them especially well-suited to expand their school Medicaid program.

In Michigan, for example, all of the 587 school districts belong to one of 57 Intermediate School Districts, and these districts function as the Medicaid provider under which all claims are made. Given this infrastructure, Michigan was well-positioned to move forward with expanding its school Medicaid program.

Engage advocates.

State policymakers, school district leaders, public health advocates and advocacy organizations have all contributed to the success and momentum around school-based health services. There is now greater awareness of the opportunity presented by CMS as well as increased support from both the health and education sectors.

Advocacy groups are often the drivers behind legislation urging state agencies to move forward with expanding school Medicaid programs. For example, due to groups such as Voices for Utah Children raising issue awareness and setting the groundwork, Utah passed legislation that directed the state Department of Health and Board of Education to develop a plan to expand Medicaid reimbursement to include services delivered to all Medicaid-enrolled students. As a result, Utah issued a legislative report that will serve as the foundation for this work moving forward.



Georgia projects more than \$48 million in additional state revenue by expanding its school Medicaid program.

THE IMPACT OF SCHOOL-BASED MEDICAID EXPANSION

Expanding school-based Medicaid programs can improve children's health and academic outcomes and bolster school districts and health systems. States that have implemented the CMS policy clarification, or are in the process of doing so, report the following:



Improved and expanded access to care for students enrolled in Medicaid.

As school districts consider how to meet increased demand for mental health services, policymakers are considering every available option to build capacity at the state and local levels. In 2019, [Michigan](#) not only leveraged this opportunity to expand the school Medicaid program to non-IEP services, it also expanded the types of providers who are eligible for Medicaid reimbursement by adding physician's assistants, certified nurse specialists, marriage and family therapists, behavioral health analysts, social workers, and school psychologists to the state Medicaid plan.

Increased sustainable revenue and reimbursement for schools.

In 2015, CMS [approved Louisiana's amendment](#) to remove the IEP requirement and to allow school districts to bill for school-based nursing services delivered to all Medicaid-enrolled students. Unofficial state estimates suggest that school-based Medicaid revenue has, over three years, dramatically increased as a direct result of this policy change, as has the number of school nurses statewide.

Georgia, which is awaiting approval from CMS for a state plan amendment, projects that implementation of this change would result in more than \$48 million in additional revenue for the state from the school Medicaid program. In addition, Michigan estimates an increase in \$14 million from billing for services delivered by school psychologists, a provider group that previously was not able to bill Medicaid.

MOVING FORWARD: POLICY RECOMMENDATIONS

There is tremendous interest from multiple sectors—including healthcare, public health and education—in expanding Medicaid-funded school health services. States soon will be required to report certain child health quality measures as part of their Medicaid reporting; providing health services in schools can help improve these metrics.

While this increased interest is critical to catalyzing efforts to leverage the opportunity CMS presented, there is still a significant need to provide support to states as they work to understand the opportunity, change their state policies and programs, and ultimately evaluate the impact.

Healthy Schools Campaign presents the following recommendations to advance this work at the federal and state level.

Federal Recommendations

Support states and school districts in expanding school Medicaid programs.

In addition to approving state plan amendments (SPAs), Centers for Medicare & Medicaid Services (CMS) should create opportunities for technical assistance and support/issue updated guidance where needed. These activities will send a clear message that CMS supports states making changes to expand school Medicaid programs.

Promote cross-sector partnerships.

Federal agencies—including CMS, Department of Education (ED), Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC)—can support collaboration at the state and local levels by:



Related Reading

[Medicaid Payment for Services Provided Without Charge \(Free Care\)](#), 2014 letter from the Centers for Medicare & Medicaid Services clarifying reimbursement for school-based services.

- Issuing guidance, such as the CMS/SAMHSA 2019 [joint informational bulletin](#) on addressing mental health and substance use issues in schools.
- Modeling federal collaboration, such as the [Healthy Students, Promising Futures initiative](#) the ED and HHS launched in 2016 highlighting the link between quality healthcare and educational success.
- Providing funding, such as the [annual 1801 grants](#) the CDC issues to improve student health and academic achievement.

Fund efforts to deliver technical assistance to school districts.

Congress should provide seed funding to states, such as through the establishment of a grant program within the U.S. Department of Education, to establish the infrastructure needed to expand school Medicaid programs—i.e., to hire and train school health providers, educate school district billing departments, and provide dedicated state staff to coordinate between Medicaid and Education departments. Initial funding can help ensure states are able to maximize revenue and serve the most students possible.

Promote innovative models for delivering school health services.

There continues to be a need to promote the development and implementation of innovative models for delivering school health services. This includes exploring opportunities created by telehealth and advancing partnerships with community partners and providers, including hospitals, managed care organizations and public health agencies. Federal agencies, including CMS, ED and others, could work together to highlight best practices for implementing these models.

State Recommendations

Develop a strategy to expand the state’s school-based Medicaid program.

After first determining if a state plan amendment is needed, the next step is identifying the types of providers and services to



Related Reading

Medicaid’s “Free Care Policy:” Results from Review of State Medicaid Plans, developed by the National Health Law Program.

include. The strategy might include data collection, via a state-wide or regional pilot, to inform the expansion.

Implement a suite of trainings, educational materials and guidance.

Once a state has expanded its school-based Medicaid program, it's important to support school districts in leveraging this opportunity. This can include updating school Medicaid guidance, hosting trainings for various stakeholder groups, developing and disseminating educational materials, and issuing informational bulletins to all districts.

Identify additional opportunities to expand school health services.

Consider what else could be done, such as pursuing programs to support expansion of school health services via telehealth, updating the state's Medicaid managed care contract to encourage collaboration between school districts and managed care organizations, and facilitating data sharing between different sectors.

Create a positive policy environment to support this work.

A positive policy environment could include formally clarifying the relationship between the state education agency, state Medicaid agency and school districts; implementing policies that align credentialing requirements between the state education department and Medicaid to ensure all school health providers can claim for eligible services delivered; and implementing policies and programs that create safe and supportive school environments.

This work also might include leveraging the Every Student Succeeds Act to support student health and wellness by including health-related measures, such as chronic absence, in state accountability systems and school report cards.



Related Reading

[State Efforts to Implement the “Free Care” Policy Reversal](#), a regularly updated summary of state efforts developed by Community Catalyst, Healthy Schools Campaign and Trust for America's Health (also available at bit.ly/freecareupdate).

CONCLUSION

As federal education policy and state education plans emphasize the intersection of health and education, the focus on supporting the needs of the whole child has pushed state education agencies and school districts to look at policies that improve student health, keep children healthy and in school, and, in turn, improve their school success.

At the same time, federal health policy and state Medicaid programs are placing more value on prevention, population health and chronic disease management.

Implementing the CMS policy—and leveraging the opportunity it presents to increase access to and resources for school health services—offers both the health and education sectors a practical way to increase the role of schools in meeting the health needs of the nation’s most vulnerable children.

Providing support to states as they move forward with making the necessary changes to expand school Medicaid programs, and engaging cross-sector decision makers and stakeholders, can help to ensure efforts are sustainable, scalable and effective in improving both educational and health outcomes.

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Related Reading

[A Guide to Expanding Medicaid-Funded School Health Services](#), a step-by-step action plan developed by Healthy Schools Campaign and Trust for America’s Health.

APPENDIX

Examples of state actions to expand school-based Medicaid programs

Louisiana

In 2015, Centers for Medicare & Medicaid Services (CMS) [approved a change](#) to the Louisiana state plan to remove the IEP requirement and to allow school districts to bill for school-based nursing services delivered to all Medicaid-enrolled students. Louisiana's state plan amendment was fairly narrow in that it was a limited expansion for school-based nursing. It did not add additional providers or services to the school-based Medicaid program.

Unofficial estimates from the state suggest that school-based Medicaid revenue has, over three years, dramatically increased as a direct result of this policy change, as has the number of school nurses statewide.

Massachusetts

In 2016, [CMS approved a change](#) to the Massachusetts state plan to allow school districts to bill for all Medicaid-enrolled students and to allow billing for additional services and providers types. The state then spent time on building the necessary infrastructure for implementation. This expanded Medicaid program change went into effect in the 2019-2020 school year (billing is not retroactive back to 2016).

Notably, the CMS approved a new methodology that allowed the state to settle costs for IEP and non-IEP services separately. Under the expansion, separate calculations will be done based on a provider's time spent delivering either IEP or non-IEP services, as well as Medicaid eligibility rates for IEP services and non-IEP services. This important development helped the state ensure appropriate reimbursement for each set of students.

Massachusetts also provides an example of a state that used its state plan amendment to expand the types of services and providers covered by the school-based Medicaid program. The amendment makes clear that coverage applies to all medically necessary services covered by MassHealth (the state's Medicaid program) and provided in a school-based setting to Medicaid-enrolled students. It also stipulates that school districts may seek reimbursement for those services. Additional details are available in [this brief](#) prepared by Community Catalyst, Healthy Schools Campaign and the National Health Law Program.

Michigan

In August 2019, [CMS approved](#) Michigan's state plan amendment to allow districts to bill for school-based services provided to both IEP and non-IEP students. Michigan's approach greatly simplified the state plan by covering all medically necessary services included in Medicaid's comprehensive Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) benefit.

The state plan also enhances and clarifies the list of qualified providers in the Medicaid state plan who can claim for services provided to Medicaid-enrolled students. The newly added providers include nurse practitioners, physician assistants, clinical nurse specialists, marriage and family therapists, behavior analysts and assistant behavior analysts, school social workers and school psychologists. Additional details are available in this [case study](#) prepared by Healthy Schools Campaign and Trust for America's Health.

North Carolina

In January 2019, [CMS approved a change](#) to the North Carolina state plan, allowing school districts to bill for nursing, counseling, occupational therapy, speech language therapy and physical therapy services for all Medicaid-enrolled students. The school-based Medicaid program also now allows billing for vision screening and clarifies the definition of hearing services. The state did need a state plan amendment to make the policy change to expand billing for all Medicaid-enrolled students, and to expand services and provider types.

In many ways, the North Carolina and Massachusetts state plan amendments are similar. One key difference is that North Carolina does not cover all medically necessary services provided in schools in the same way that Massachusetts does. North Carolina's school-based Medicaid program is limited to the specific services outlined in the plan. Additional details are available in [this analysis](#) prepared by Community Catalyst.

South Carolina

In 2016, South Carolina started permitting districts to bill for eligible services delivered to all Medicaid-enrolled students. There were no restrictions in South Carolina's state Medicaid plan that precluded it from taking full advantage of CMS policy. As a result, the state did not need to submit a state plan amendment, nor did it need approval from CMS.

A particular focus for expansion has been nursing services provided by the school districts and behavioral health provided in collaboration with the state's Department of Mental Health.

