

## **Medicaid, SCHIP and School-Based Health Centers**

### *Position Statement of the National Assembly on School-Based Health Care*

All children and adolescents in the United States should have an equal opportunity to be healthy. Such was the premise when Congress created the national Medicaid program to ensure this opportunity for low-income families. School-based health centers play an important and complementary role by assuring that health care is available, appropriate and affordable for underserved school-aged youth. Each year these programs provide access to nearly two million children.

Medicaid and its complementary SCHIP counterpart are a critical source of revenue (indeed, the largest source of non-grant funding) for school-based health centers, and a key component toward their long-term fiscal stability. Yet, barriers to Medicaid and SCHIP reimbursement exist for too many school-based health centers, and this important source of revenue is often not fully realized.

The National Assembly on School-Based Health Care, in consideration of the important role school-based health centers play in meeting Medicaid and SCHIP access goals for children and adolescents, urges policy makers to protect and promote this essential component of the children's safety net through the following recommendations:

1. Federal and state Medicaid and SCHIP policies should recognize school-based health centers as an eligible provider or primary care service type. This could be accomplished by linking standards and reimbursement to the health centers' sponsoring organization (such as a hospital, community health center, public health department or other non-profits) or through a distinct standard specifically for school-based health centers.
2. Federal and state Medicaid and SCHIP policies should facilitate the participation of school-based health centers as primary care providers and child and adolescent specialists in managed care organizations and provider networks.
3. Federal and state Medicaid and SCHIP policies should establish school-based health center reimbursement methodologies that compensate the inter-disciplinary, comprehensive school-based health services model at 100% of cost.
4. Federal and state Medicaid and SCHIP policies should emphasize access to preventive care, routine assessment and screening, early intervention for medical and behavioral problems, and effective management of chronic illnesses. Policy should also reward performance measures that align with nationally recognized standards of preventive care for children and adolescents.
5. Federal and state Medicaid and SCHIP policies should prohibit cost-sharing for primary care services (such as co-pays or premiums), and eliminate burdensome requirements that force school-based health centers to seek payment from low-income children and adolescents ineligible for Medicaid.