

Nevada School Districts and Medicaid/CHIP

How School Districts Utilize Medicaid/CHIP

Access to educational opportunities is a fundamental component for children to reach their full potential, which can be compromised when health and educational needs are not met. Medicaid serves a critical tool to provide equity to children with disabilities and those from low-income families. The Individuals with Disabilities Education Act is one pathway that ensures children have access to special education and related services. Since 1988, Medicaid has allowed schools to bill for services deemed medically necessary¹ such as:

- Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Direct medical services for students eligible for Medicaid
- Salaries for health professionals
- Facilitating outreach and coordination services to refer kids to services

Medicaid/CHIP also provides vital health services to Medicaid-eligible children such as vision and dental screenings.² Not addressing some of these needs can lead to poor health and put educational attainment at risk.

The Impact of Medicaid/CHIP Cuts on Schools in Nevada

The state of Nevada spent approximately \$15.8 million on Medicaid/CHIP reimbursement to schools in 2015.² Nevada's two largest school districts, Clark and Washoe, receive the bulk of Nevada's Medicaid reimbursements :

- Clark: Approximately \$7 million annually³
- Washoe: \$1.86 million (five-year district average)⁴

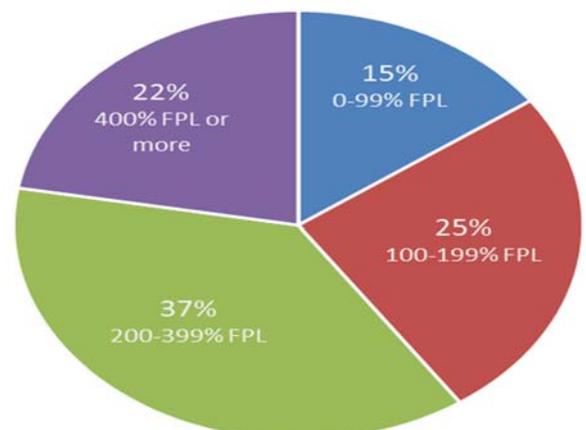
Many of the districts use Medicaid funds to employ certain health professionals. For instance, Washoe County School District uses Medicaid funds for 120 positions.⁴ Similarly, the Nye County School District uses such funds to supplement the salaries of school nurses, counselors, and therapists.⁵

Medicaid/CHIP & Special Needs

Nationally, Medicaid/CHIP covers 44% of children with special health care needs (CSHCN).⁷ Children can be covered due to family's low income or due to a child's disability.

- Nearly 75% of children with special needs live below 400% of Federal Poverty Level (FPL).
- Annual Medicaid/CHIP spending for children with special needs is 12x higher than for children who only use Medicaid for acute and preventive care services.
- Medicaid/CHIP covers long term care that private insurance typically does not cover.
- 82,108 children have special health care needs in Nevada; 32% of those are covered by Medicaid/CHIP, compared to 44% nationally.
- 59% of children with special health care needs are covered by Medicaid come from household above 200% of the FPL.

Percent of CSHCN in Nevada Covered by Medicaid/CHIP by Household Income ⁷



How Medicaid Helps Kids

Medicaid and CHIP cover one third of all children in the U.S., a number that continues to rise, as the uninsured rate continues to decrease in the years since the passage of the ACA.⁴ Children who are enrolled in Medicaid/CHIP show⁶:

- Reduced rates of obesity
- Reduced chance of high blood pressure
- Improvements in reading testing scores
- Decreased rates of high school dropout
- Increased college attendance and completion
- Decreased risk of debt and bankruptcy for their families
- Increased employment in adulthood
- Higher tax brackets in adulthood

Children with Medicaid also have better health and fewer hospitalizations.² In addition they do better in school and earn more as adults.²

Across the state, Nevada's children rely on Medicaid to gain access to health services. According to 2016 data 34% of children access health care services through the Medicaid system.⁷

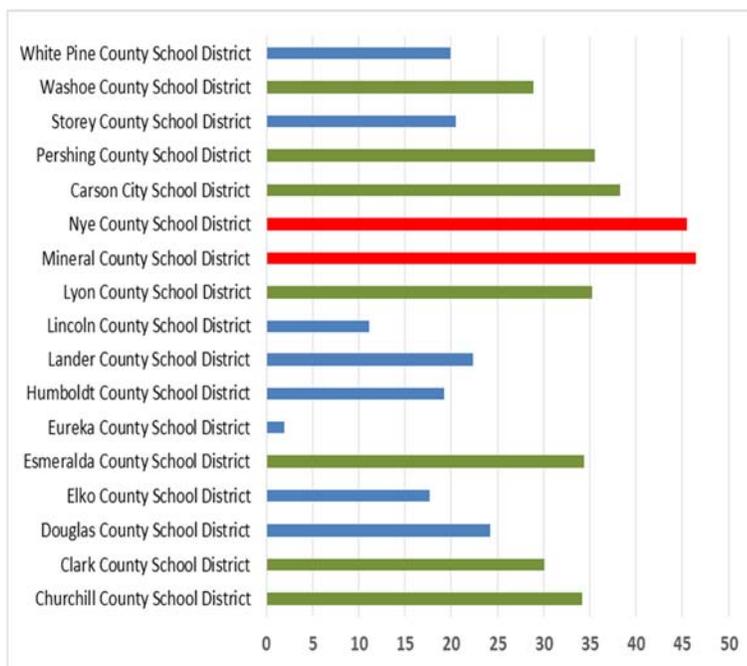
Cuts to Medicaid—What's at Stake?

Schools are a vital partner in ensuring access to healthcare and related services that are necessary for the educational attainment of children, particularly those who are low-income or have special healthcare needs. Schools use Medicaid funding to support these services without sacrificing general education funds.¹ Schools who lose Medicaid/CHIP funding will be forced to make difficult choices. Potential negative impacts include:

- Cut to services for students with and without disabilities
- Inability to comply with IDEA legislation
- Changes to or loss of EPSDT for all students
- Loss of employment for various health practitioners in school districts
- Increased local tax levies

A loss of Medicaid funding would be devastating for school districts and low income students, who may not have access to health care services outside of school.

Percent of Students on Medicaid/CHIP by Nevada School Districts, 2011-2015



The percent of children on Medicaid per school district in Nevada indicates:

- 45-47 percent of the student population in Nye and Mineral County school districts utilize Medicaid
- In nine school districts, more than a quarter of the student population have access to healthcare through Medicaid

The loss of Medicaid funding to schools will result in our most vulnerable children being left behind— children with disabilities and those that are low-income.

Nevada School Districts and Medicaid

References

- ¹ Pudelski, S. (2017). Cutting Medicaid: A Prescription to Hurt the Neediest Kids. AASA, The School Superintendents Association.
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- ³ Skorkowsky, P. (2017). Letter to Senator Catherine Cortez Masto.
- ⁴ Davis, T. (2017). Letter to Senator Catherine Cortez Masto.
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- ⁶ Wagnerman, K., Chester, A., Alker, J. (2017). Medicaid is a Smart Investment in Children. Georgetown University Health Policy Institute Center for Children and Families.
- ⁷ Kaiser Family Foundation. (2016). Health Insurance Coverage of Children 0-18. <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22nevada%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>