Medicaid in the Schools (MITS)

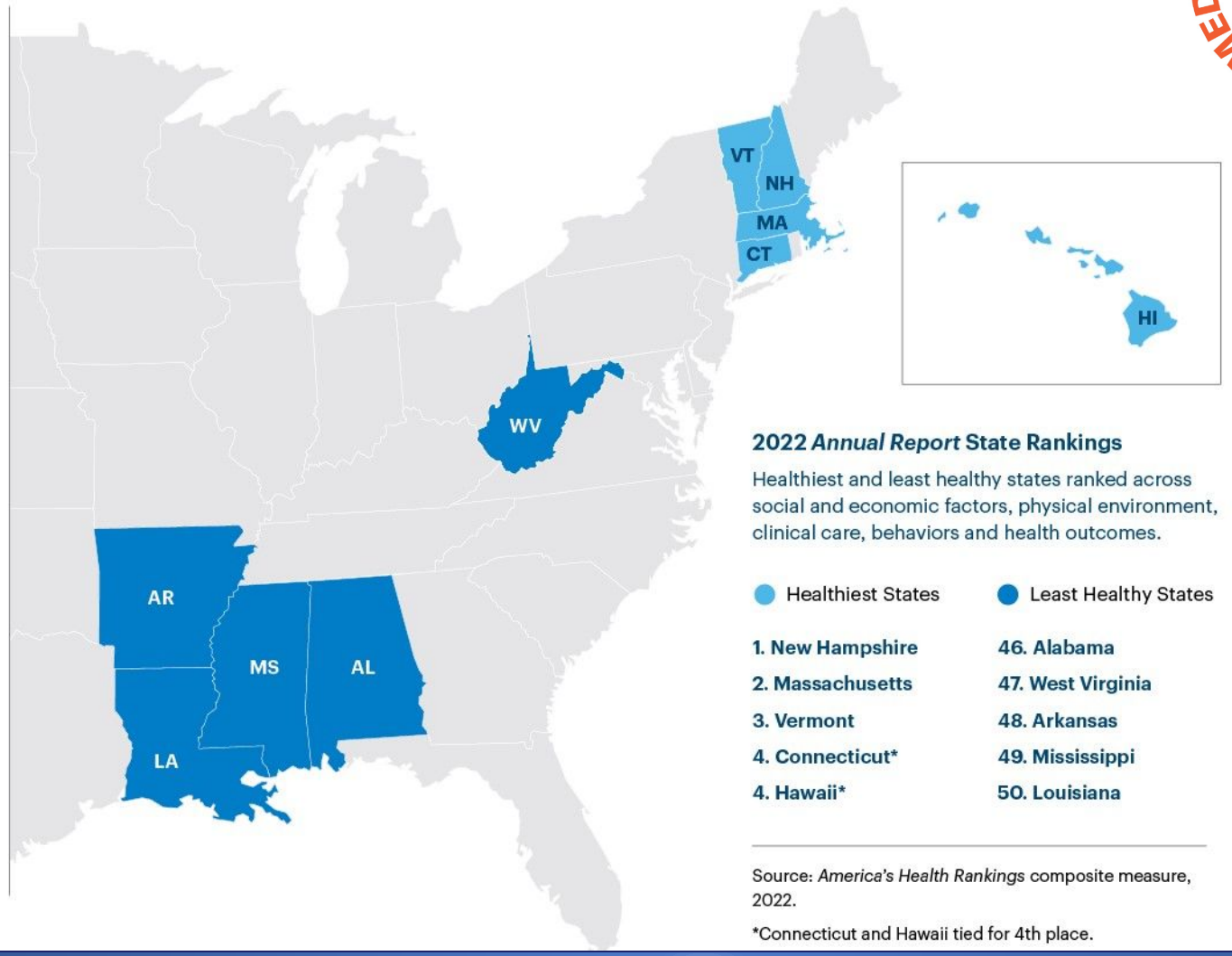
Arkansas State of Child Health

SCHOOL HEALTH SERVICES
Creating and Sustaining a Healthy School Culture

School Health Services
Division of Elementary and Secondary Education
4 Capitol Mall
Little Rock, AR 72201
501-683-3604


FITZSIMMONS ©THE ARIZONA DAILY STAR 2008
WELCOME TO 1ST GRADE
MISS PEACH
RM. 224
TV CULTURE
VIOLENCE
DRUGS
ABUSE
ABSENT PARENTS
POVERTY
NO ROLE MODELS
HI! WE'RE EVERY SOCIAL PROBLEM IN AMERICA THAT YOU CAN NAME ROLLED INTO A HERD OF TOO MANY HUMANS FOR ONE MERE MORTAL TO MANAGE---LET ALONE TEACH. WHERE DO YOU WANT US TO SIT?

Medicaid in the Schools (MITS)



2022 *Annual Report* State Rankings

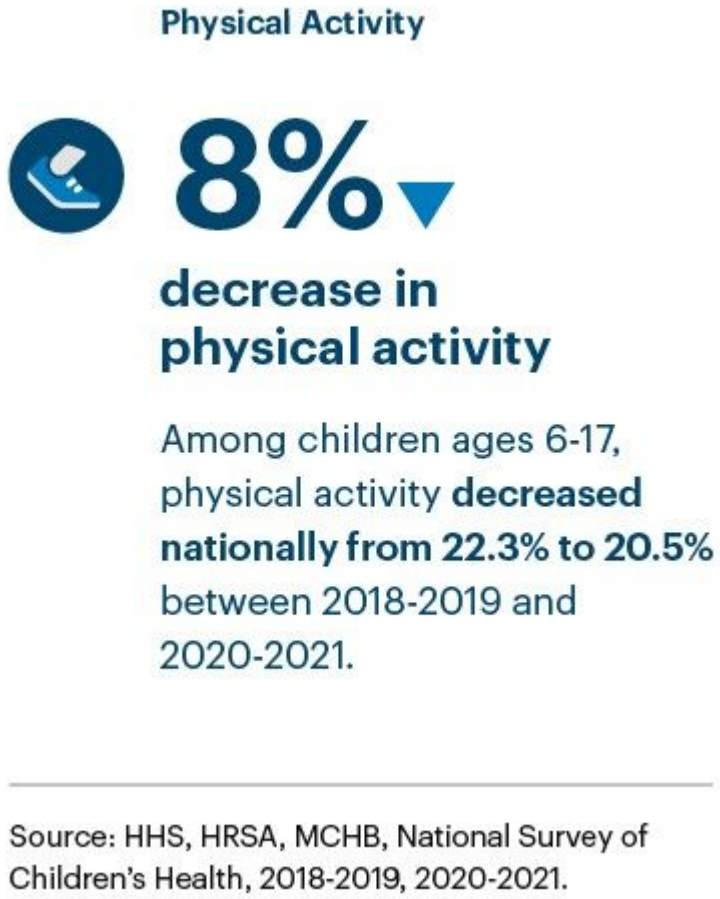
Healthiest and least healthy states ranked across social and economic factors, physical environment, clinical care, behaviors and health outcomes.

Healthiest States	Least Healthy States
1. New Hampshire	46. Alabama
2. Massachusetts	47. West Virginia
3. Vermont	48. Arkansas
4. Connecticut*	49. Mississippi
4. Hawaii*	50. Louisiana

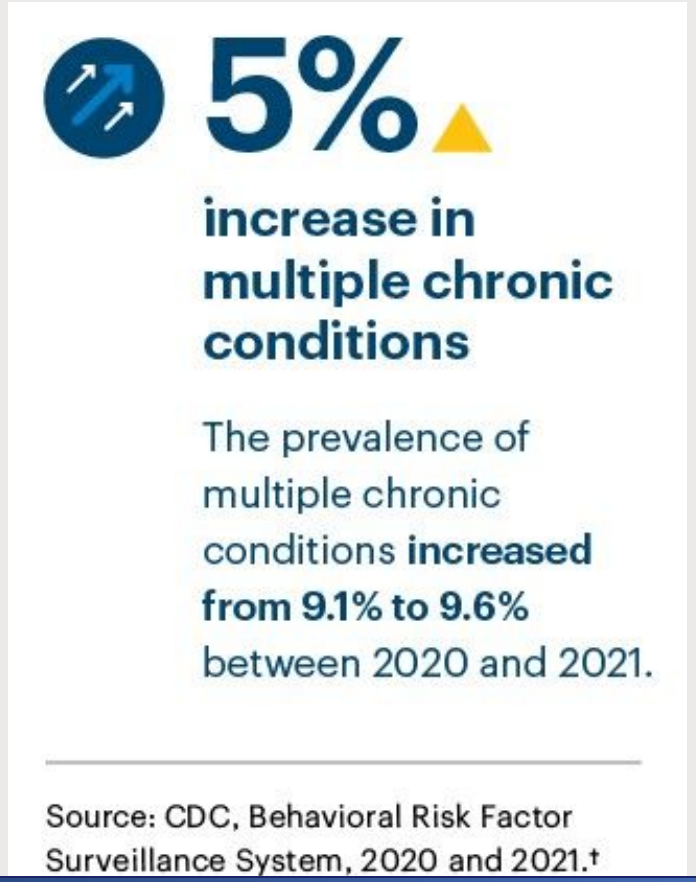
Source: *America's Health Rankings* composite measure, 2022.

*Connecticut and Hawaii tied for 4th place.

Medicaid in the Schools (MITS)



Medicaid in the Schools (MITS)



MEDICAID IN THE SCHOOLS
MITS

LEADERSHIP SUPPORT SERVICE

AMERICA'S HEALTH RANKINGS UNITED HEALTH FOUNDATION

United States

Health Department Website: hhs.gov

UNITED STATES

Summary

DRUG DEATHS
▲100%
from 4.2 to 8.4 deaths per 100,000 adults ages 65+ between 2008-2010 and 2018-2020

EARLY DEATHS
▲17%
from 1,765 to 2,072 deaths per 100,000 adults ages 65-74 between 2019 and 2020

FULL-MOUTH TEETH EXTRACTIONS
▼17%
from 16.1% to 13.4% of adults ages 65+ between 2012 and 2020

OBESITY
▲16%
from 25.3% to 29.3% of adults ages 65+ between 2011 and 2020

SUICIDE
▲13%
from 15.0 to 16.9 deaths per 100,000 adults ages 65+ between 2009-2011 and 2018-2020

HIGH HEALTH STATUS
▲13%
from 38.4% to 43.5% of adults ages 65+ between 2011 and 2020

FLU VACCINATION
▲11%
from 60.6% to 67.3% of adults ages 65+ between 2011 and 2020

DEPRESSION
▲9%
from 13.0% to 14.2% of adults ages 65+ between 2011 and 2020

Measures

		U.S. Value
SOCIAL & ECONOMIC FACTORS		
Community and Family Safety	Violent Crime (offenses per 100,000 population)	399
Economic Resources	Food Insecurity (% of adults ages 60+)	12.6%
	Poverty (% of adults ages 65+)	9.4%
	Poverty Racial Disparity (ratio)*	2.7
	SNAP Reach (participants per 100 adults ages 60+ in poverty)	81.0
Social Support and Engagement	Community Support Expenditures (dollars per adult ages 60+)	$57
	High-speed Internet (% of households with adults ages 65+)	78.0%
	Low-care Nursing Home Residents (% of residents)	15.2%
	Risk of Social Isolation (index 1–100, adults ages 65+)	—
	Volunteerism (% of adults ages 65+)	31.6%
PHYSICAL ENVIRONMENT		
Air and Water Quality	Air Pollution (micrograms of fine particles per cubic meter)	8.3
	Drinking Water Violations (% of community water systems)	0.8%
Housing	Severe Housing Problems (% of small households with an adult ages 62+)	32.7%
CLINICAL CARE		
Access to Care	Avoided Care Due to Cost (% of adults ages 65+)	4.2%
	Geriatric Providers (providers per 100,000 adults ages 65+)	31.1
	Home Health Care Workers (workers per 1,000 adults ages 65+)	57.7
Preventive Clinical Services	Cancer Screenings (% of adults ages 65–75)	75.9%
	Flu Vaccination (% of adults ages 65+)	67.3%
	Pneumonia Vaccination (% of adults ages 65+)	70.3%
Quality of Care	Dedicated Health Care Provider (% of adults ages 65+)	93.5%
	Hospice Care (% of Medicare decedents)	50.7%
	Hospital Readmissions (risk-standardized readmission rate per 100 admissions)	16
	Nursing Home Quality (% of beds rated four or five stars)	41.2%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	1,582
BEHAVIORS		
Nutrition and Physical Activity	Exercise (% of adults ages 65+)	23.1%
	Fruit and Vegetable Consumption (% of adults ages 65+)	7.3%
	Physical Inactivity (% of adults ages 65+ in fair or better health)	30.6%
Sleep Health	Insufficient Sleep (% of adults ages 65+)	26.0%
Tobacco Use	Smoking (% of adults ages 65+)	8.9%
HEALTH OUTCOMES		
Behavioral Health	Drug Deaths (deaths per 100,000 adults ages 65+)*	8.4
	Excessive Drinking (% of adults ages 65+)	7.4%
	Frequent Mental Distress (% of adults ages 65+)	8.1%
	Suicide (deaths per 100,000 adults ages 65+)	16.9
Mortality	Early Death (deaths per 100,000 adults ages 65-74)	2,072
	Early Death Racial Disparity (ratio)*	1.6
Physical Health	Falls (% of adults ages 65+)	27.1%
	Frequent Physical Distress (% of adults ages 65+)	14.5%
	High Health Status (% of adults ages 65+)*	43.5%
	Multiple Chronic Conditions (% of Medicare beneficiaries ages 65–74)	46%
	Obesity (% of adults ages 65+)	29.3%
	Teeth Extractions (% of adults ages 65+)	13.4%

* Non-ranking measure.
— Indicates data missing or suppressed.
For measure definitions, including data sources and years, visit AmericasHealthRankings.org.

Medicaid in the Schools (MITS)

MEDICAID IN THE SCHOOLS
MITS

LEADERSHIP SUPPORT SERVICE

AMERICA'S HEALTH RANKINGS UNITED HEALTH FOUNDATION

Arkansas

Overall Rank: **44**

State Health Department Website: healthy.arkansas.gov

ARKANSAS

Summary

Strengths:

- Low prevalence of excessive drinking
- High geriatric provider rate
- Low prevalence of severe housing problems

Challenges:

- High prevalence of frequent physical distress
- High prevalence of full-mouth teeth extractions
- High prevalence of physical inactivity

Highlights:

FLU VACCINATION

▲18%

from 57.3% to 67.9% of adults ages 65+ between 2011 and 2020

HOME HEALTH CARE WORKERS

▼18%

from 45.6 to 37.6 aides per 1,000 adults ages 65+ between 2016 and 2020

EARLY DEATHS

▲14%

from 2,329 to 2,664 deaths per 100,000 adults ages 65-74 between 2019 and 2020

Measures

		Rating	State Rank	State Value	U.S. Value
SOCIAL & ECONOMIC FACTORS*		+	47	-0.899	—
Community and Family Safety	Violent Crime (offenses per 100,000 population)	+	47	672	399
Economic Resources	Food Insecurity (% of adults ages 60+)	++	38	14.6%	12.6%
	Poverty (% of adults ages 65+)	+	41	10.5%	9.4%
	Poverty Racial Disparity (ratio)‡		—	2.8	2.7
	SNAP Reach (participants per 100 adults ages 60+ in poverty)	+	49	37.3	81.0
Social Support and Engagement	Community Support Expenditures (dollars per adult ages 60+)	++++	17	$51	$57
	High-speed Internet (% of households with adults ages 65+)	+	48	70.4%	78.0%
	Low-care Nursing Home Residents (% of residents)	++	39	18.0%	15.2%
	Risk of Social Isolation (index 1–100, adults ages 65+)	+	43	76	—
	Volunteerism (% of adults ages 65+)	++	39	28.2%	31.6%
PHYSICAL ENVIRONMENT*		+++++	7	0.833	—
Air and Water Quality	Air Pollution (micrograms of fine particles per cubic meter)	+++	23	7.2	8.3
	Drinking Water Violations (% of community water systems)	+++	24	0.2%	0.8%
Housing	Severe Housing Problems (% of small households with an adult ages 62+)	+++++	4	24.0%	32.7%
CLINICAL CARE*		++	34	-0.181	—
Access to Care	Avoided Care Due to Cost (% of adults ages 65+)	+	48	5.7%	4.2%
	Geriatric Providers (providers per 100,000 adults ages 65+)	+++++	7	42.3	31.1
	Home Health Care Workers (workers per 1,000 adults ages 65+)	+++	30	37.6	57.7
Preventive Clinical Services	Cancer Screenings (% of adults ages 65–75)	+	44	72.2%	75.9%
	Flu Vaccination (% of adults ages 65+)	+++	25	67.9%	67.3%
	Pneumonia Vaccination (% of adults ages 65+)	++	31	71.5%	70.3%
Quality of Care	Dedicated Health Care Provider (% of adults ages 65+)	+++	25	93.8%	93.5%
	Hospice Care (% of Medicare decedents)	++++	19	50.9%	50.7%
	Hospital Readmissions (risk-standardized readmission rate per 100 admissions)	++++	20	16	16
	Nursing Home Quality (% of beds rated four or five stars)	+++	28	44.4%	41.2%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	++	38	1,830	1,582
BEHAVIORS*		+	41	-0.692	—
Nutrition and Physical Activity	Exercise (% of adults ages 65+)	++	38	19.8%	23.1%
	Fruit and Vegetable Consumption (% of adults ages 65+)	+++	29	6.9%	7.3%
	Physical Inactivity (% of adults ages 65+ in fair or better health)	+	49	39.0%	30.6%
Sleep Health	Insufficient Sleep (% of adults ages 65+)	++++	18	23.5%	26.0%
Tobacco Use	Smoking (% of adults ages 65+)	+	45	11.7%	8.9%
HEALTH OUTCOMES*		+	47	-0.851	—
Behavioral Health	Drug Deaths (deaths per 100,000 adults ages 65+)‡		—	5.0	8.4
	Excessive Drinking (% of adults ages 65+)	+++++	7	5.3%	7.4%
	Frequent Mental Distress (% of adults ages 65+)	++	39	8.8%	8.1%
	Suicide (deaths per 100,000 adults ages 65+)	+++	29	18.6	16.9
Mortality	Early Death (deaths per 100,000 adults ages 65-74)	+	46	2,664	2,072
	Early Death Racial Disparity (ratio)‡		—	4.4	1.6
Physical Health	Falls (% of adults ages 65+)	+	47	32.9%	27.1%
	Frequent Physical Distress (% of adults ages 65+)	+	48	20.9%	14.5%
	High Health Status (% of adults ages 65+)‡	+	47	34.8%	43.5%
	Multiple Chronic Conditions (% of Medicare beneficiaries ages 65–74)	++	35	49%	46%
	Obesity (% of adults ages 65+)	+++	28	30.5%	29.3%
	Teeth Extractions (% of adults ages 65+)	+	48	21.5%	13.4%
OVERALL		+	44	-0.615	—

* Value is a summation score. Higher scores are healthier.
‡ Non-ranking measure.
— Indicates data missing or suppressed.
For measure definitions, including data sources and years, visit AmericasHealthRankings.org.

Rating	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

Medicaid in the Schools (MITS)

LEADERSHIP SUPPORT SERVICE

ECONOMIC WELL-BEING

RANK 39

Children in poverty Total in AR: 152,000	27% 2008–12	better 22% 2016–20	
Children whose parents lack secure employment Total in AR: 204,000	34% 2008–12	better 29% 2016–20	
Children living in households with a high housing cost burden Total in AR: 163,000	31% 2008–12	better 23% 2016–20	
Teens not in school and not working Total in AR: 15,000	11% 2008–12	better 9% 2016–20	

EDUCATION

RANK 34

Young children (ages 3 and 4) not in school Total in AR: 41,000	51% 2008–12	worse 52% 2016–20	
Fourth-graders not proficient in reading Total in AR: N.A.	71% 2009	better 69% 2019	
Eighth-graders not proficient in math Total in AR: N.A.	73% 2009	same 73% 2019	
High school students not graduating on time Total in AR: N.A.	19% 2010–11	better 12% 2018–19	

HEALTH

RANK 46

Low birth-weight babies Total in AR: 3,388	8.8% 2010	worse **9.6%** 2020
Children without health insurance Total in AR: 35,000	7% 2008–12	better **5%** 2016–20
Child and teen deaths per 100,000 Total in AR: 300	34 2010	worse **40** 2020
Children and teens (ages 10 to 17) who are overweight or obese Total in AR: N.A.	30% 2016–17	worse **36%** 2019–20

FAMILY AND COMMUNITY

RANK 46

Children in single-parent families Total in AR: 238,000	37% 2008–12	better **36%** 2016–20
Children in families where the household head lacks a high school diploma Total in AR: 82,000	15% 2008–12	better **12%** 2016–20
Children living in high-poverty areas Total in AR: 79,000	17% 2008–12	better **11%** 2016–20
Teen births per 1,000 Total in AR: 2,676	52 2010	better **28** 2020

Medicaid in the Schools (MITS)

OVERALL CHILD WELL-BEING IN ARKANSAS

RANK 43

In the 2022 KIDS COUNT Data Book, New England states hold two of the top three spots for overall child well-being. Massachusetts ranks first, followed by New Hampshire and Minnesota. Mississippi (48th), Louisiana (49th) and New Mexico (50th) are the three lowest-ranked states. A child's chances of thriving depend not only on individual, family and community characteristics but also on the state in which she or he is born and raised. States vary in their wealth and other resources. Policy choices and investments also influence children's chances for success.

Learn more in the *2022 KIDS COUNT Data Book*.

Medicaid in the Schools (MITS)

HEALTH IN ARKANSAS

RANK 46

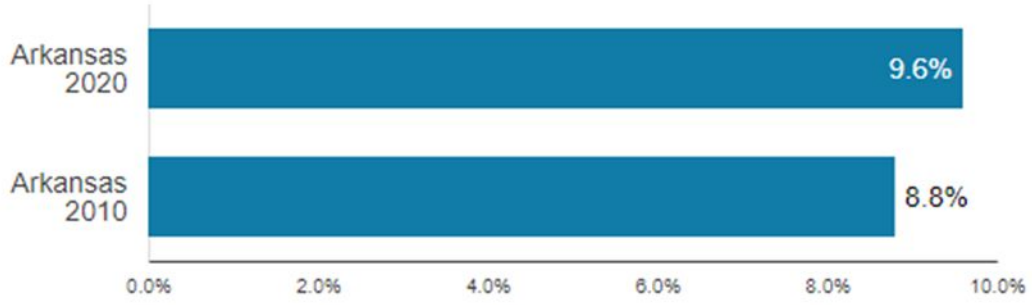
Children's good health is fundamental to their overall development, and ensuring kids are born healthy is the first step toward improving their life chances. Exposure to violence, family stress, inadequate housing, lack of preventive health care, poor nutrition, poverty and substance abuse undermine children's health. Poor health in childhood affects other critical aspects of a child's life, such as school readiness and attendance, and can have lasting consequences on their future health and well-being.

Learn more in the *2022 KIDS COUNT Data Book*.

Medicaid in the Schools (MITS)

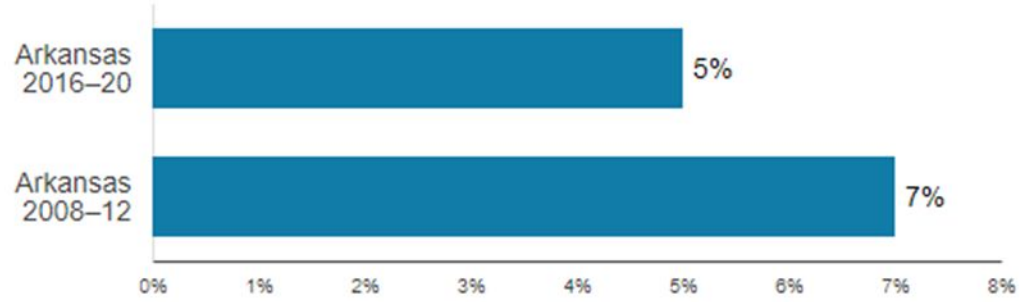
LOW BIRTH-WEIGHT BABIES

Birth weight is an important indicator of an infant's health. Babies born at a low birth weight (less than 5.5 pounds) have a high probability of experiencing developmental problems and short- and long-term disabilities. They also are at greater risk of dying within the first year of life. Infections, multiple births, obesity, poor nutrition, poverty, smoking, stress and violence can increase the chances of a baby being born at a low birth weight. Compared with other affluent countries, the United States has among the highest percentage of babies born at a low birth weight.



CHILDREN WITHOUT HEALTH INSURANCE

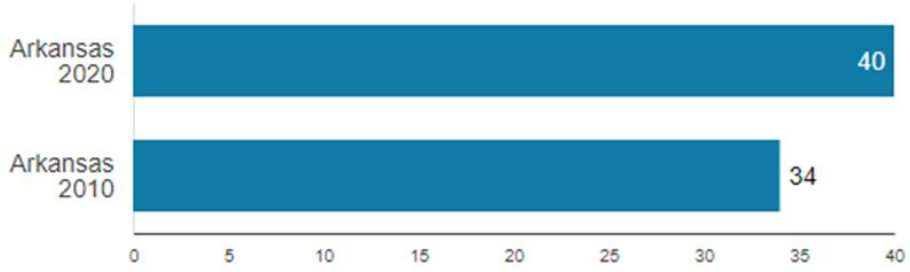
Children with health insurance are more likely to have a regular source of health care they can access for preventive care services and developmental screenings, to treat conditions or to address injuries. Children without coverage are less likely than insured children to receive care when they need it. Having health insurance can protect families from financial crisis when a child experiences a serious or chronic illness and can help kids remain active, healthy and in school ready to learn.



Medicaid in the Schools (MITS)

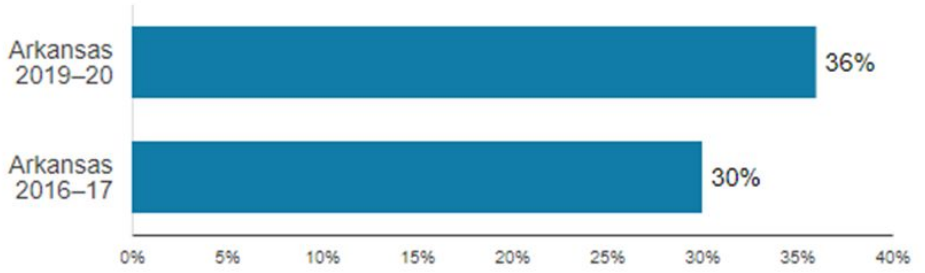
CHILD AND TEEN DEATHS PER 100,000

The child and teen death rate (deaths per 100,000 children ages 1 to 19) reflects a broad array of factors: physical and mental health; access to health care; community issues; use of safety practices; and, especially for younger children, the level of adult supervision. Accidents, primarily those involving motor vehicles, were the leading cause of death for children and youth, accounting for 30% of all deaths among children ages 1 to 14. As children move further into their teenage years, they encounter new, and potentially deadly, risks. In 2020, accidents, homicides and suicides accounted for 78% of deaths for teens ages 15 to 19. This is the first time that firearm-related deaths are the leading cause of deaths among teens.



CHILDREN AND TEENS (AGES 10 TO 17) WHO ARE OVERWEIGHT OR OBESE

Being overweight or obese during childhood can have harmful effects on a child's overall health and well-being and can have everlasting impact on their health as adults. (Persons with a Body Mass Index (BMI) between the 85th and 95th percentiles on the Center for Disease Control growth charts are considered to be overweight; those with a BMI at or above the 95th percentile are viewed as obese.) Children who struggle with their weight are at higher risk for a range of health problems, including asthma, heart disease, diabetes and cancer. They are also more likely to experience social and emotional difficulties, such as stigmatization and low self-esteem.



Medicaid in the Schools (MITS)

FAMILY AND COMMUNITY IN ARKANSAS

RANK 46

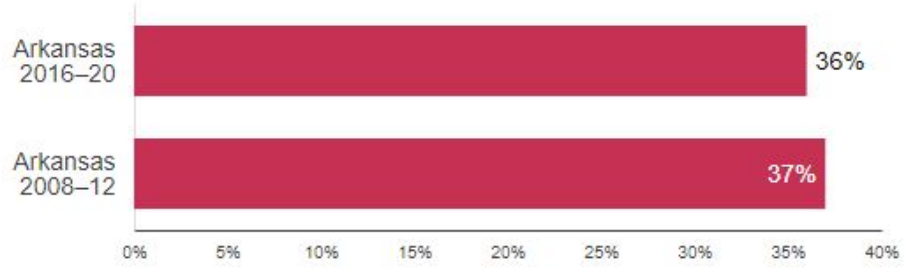
Children who live in nurturing families and supportive communities have stronger personal connections and higher academic achievement. Parents struggling with financial hardship have fewer resources available to foster their children's development and are more prone to face severe stress and depression, which can interfere with effective parenting. These findings underscore the importance of two-generation approaches to ending poverty, which address the needs of parents and children at the same time so that both can succeed together. Where families live also matters. When communities are safe and have strong institutions, good schools and quality support services, families and their children are more likely to thrive.

Learn more in the *2022 KIDS COUNT Data Book*.

Medicaid in the Schools (MITS)

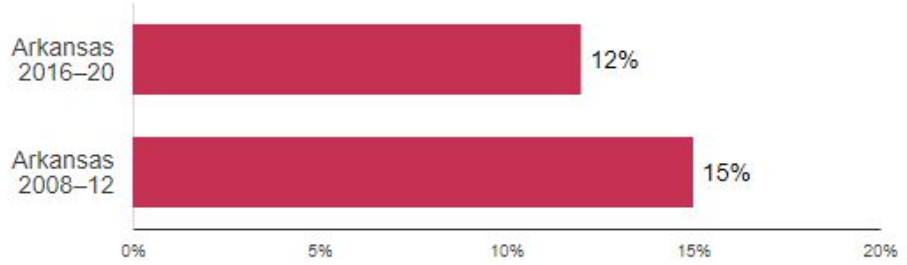
CHILDREN IN SINGLE-PARENT FAMILIES

Even with the best efforts of parents, children growing up in single-parent families typically have access to fewer economic resources and valuable time with adults than children in two-parent families in which child-raising responsibilities can be shared. For example, in 2016–2020, 30% of single-parent families had incomes below the poverty line, compared with 6% of married couples with children. The effects of growing up in single-parent families go beyond economics, increasing the likelihood of children dropping out of school, being disconnected from the labor market and becoming teen parents.



CHILDREN IN FAMILIES WHERE THE HOUSEHOLD HEAD LACKS A HIGH SCHOOL DIPLOMA

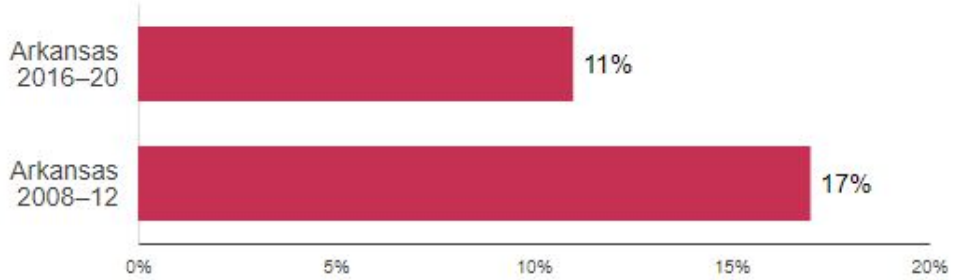
Children growing up in households with highly educated adults are better positioned for future success. These parents often are better able to provide the financial stability and security they need to foster their children's development. Higher levels of parental education also are strongly associated with better outcomes for children, including kids' own higher educational attainment and achievement. Kids who grow up with parents who have not graduated from high school not only have fewer socioeconomic advantages but also are more likely to be born with a low birth weight, have other health problems, enter school unprepared and have limited educational and employment opportunities as adults.



Medicaid in the Schools (MITS)

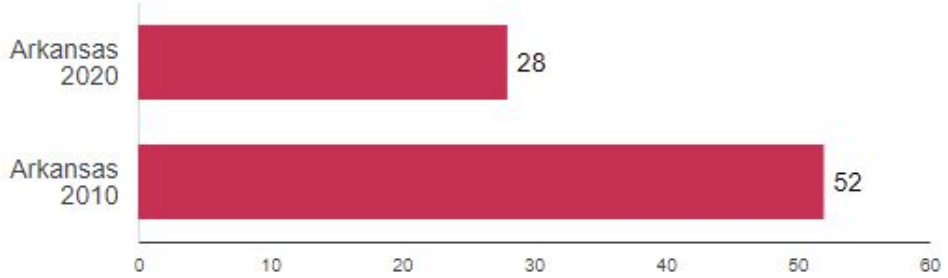
CHILDREN LIVING IN HIGH-POVERTY AREAS

High-poverty neighborhoods — where poverty rates for the total population are 30% or more — come with several challenges that affect the children and families who live there. Residents of these neighborhoods contend with poorer health, higher rates of crime and violence, poor-performing schools due to inadequate funding and limited access to support networks and job opportunities. They also experience higher levels of financial instability. These barriers make it much harder for families to move up the economic ladder. Concentrated neighborhood poverty negatively affects all kids living in the area — not only children in households with low incomes but also those whose parents are economically better off.



TEEN BIRTHS PER 1,000

Teenage childbearing can have long-term negative effects for mother and child. Babies born to teens are far more likely to be born preterm and at a low birth weight — and into families with limited educational attainment and economic resources, which undermines their future success. Children born to teen mothers tend to have poorer academic and behavioral outcomes and are more likely to engage in sexual activity and become teen parents themselves. Although the teen birth rate has decreased over the past few years and is currently at a historic low, the teen birth rate in the United States remains the highest among affluent countries.



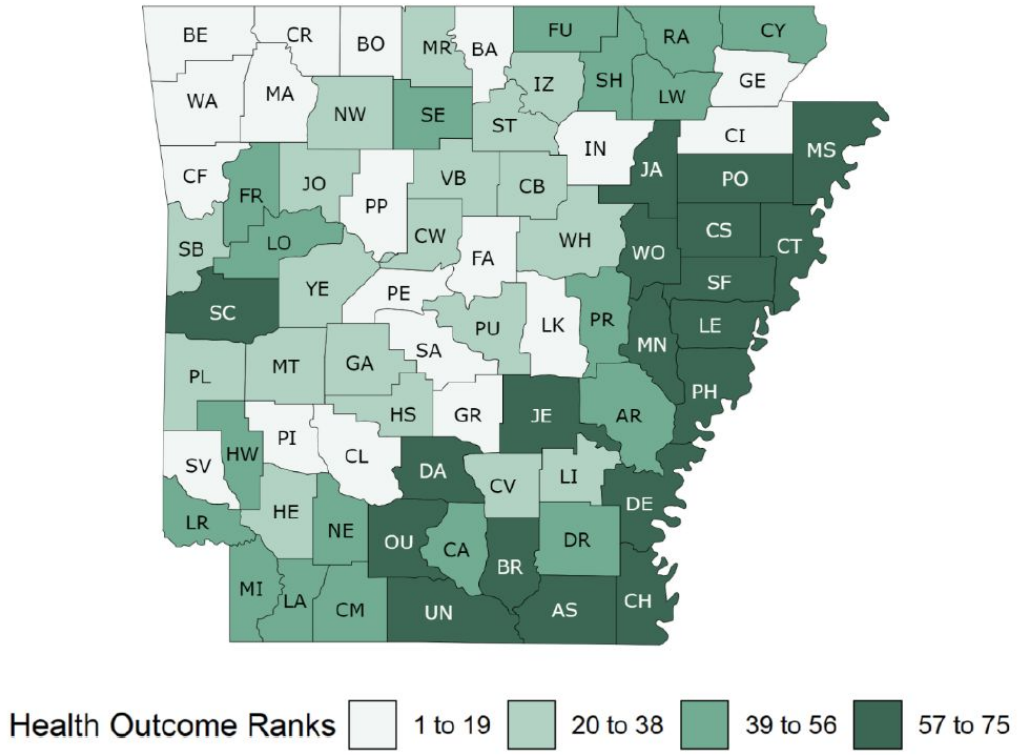
2022 County Health Rankings for the 75 Ranked Counties in Arkansas

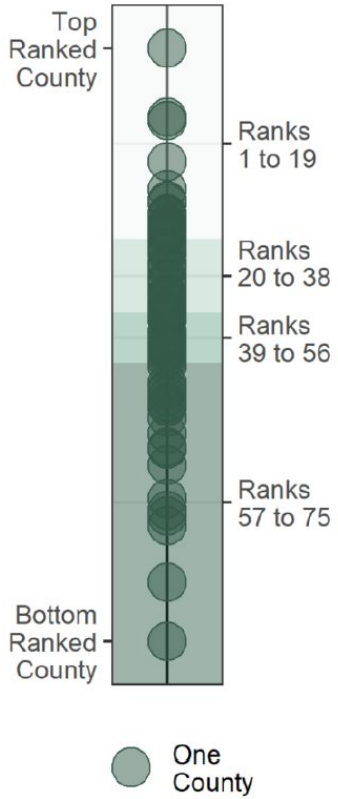
County	Health Outcomes	Health Factors
Arkansas	54	27
Ashley	57	58
Baxter	8	5
Benton	1	1
Boone	9	7
Bradley	66	50
Calhoun	53	35
Carroll	16	15
Chicot	70	74
Clark	10	13
Clay	49	39
Cleburne	29	28
Cleveland	26	25
Columbia	56	51
Conway	27	20
Craighead	11	11
Crawford	15	26
Crittenden	69	66
Cross	59	56
Dallas	60	38
Desha	72	69
Drew	42	32
Faulkner	4	4
Franklin	52	31
Fulton	44	37
Garland	35	16
Grant	6	6
Greene	14	19
Hempstead	34	46
Hot Spring	31	22
Howard	41	40
Independence	19	14
Izard	37	53
Jackson	65	67
Jefferson	68	59
Johnson	32	48
Lafayette	55	68
Lawrence	50	45
Lee	71	73
Lincoln	36	61
Little River	39	30
Logan	47	41
Lonoke	5	9
Madison	17	36
Marion	30	24
Miller	48	43
Mississippi	73	72
Monroe	74	71
Montgomery	33	62
Nevada	40	47
Newton	23	23
Ouachita	62	42
Perry	18	17
Phillips	75	75
Pike	12	29
Poinsett	67	63
Polk	38	49
Pope	7	10
Prairie	51	18
Pulaski	22	8
Randolph	46	33
Saline	3	2
Scott	64	54
Searcy	45	60
Sebastian	21	12
Sevier	13	52
Sharp	43	64
St. Francis	63	70
Stone	28	57
Union	61	34
Van Buren	24	44
Washington	2	3
White	20	21
Woodruff	58	65
Yell	25	55

For more information on how these ranks are calculated, view the technical notes at the end of this report and visit www.countyhealthrankings.org

Medicaid in the Schools (MITS)

County Health Rankins

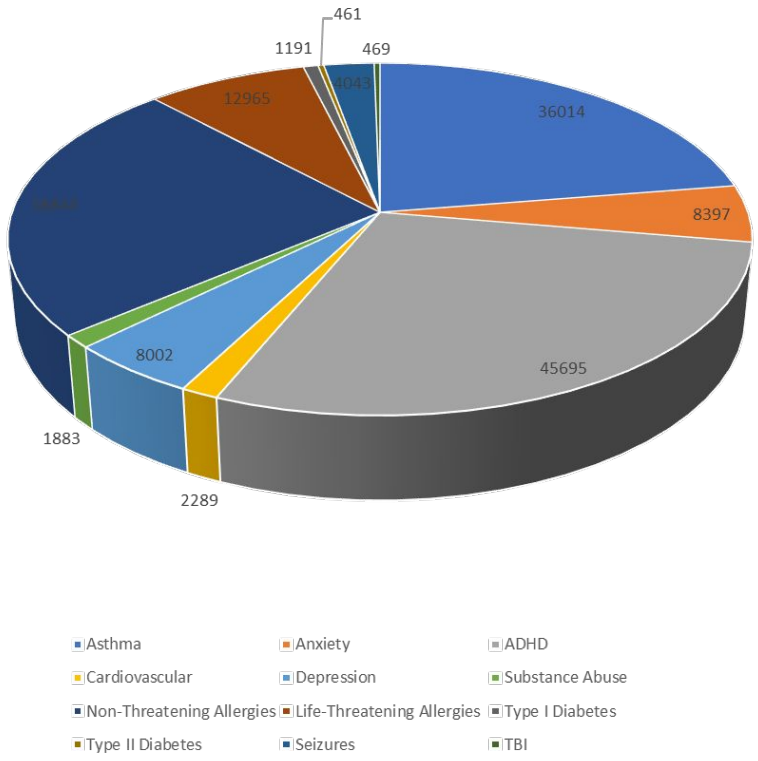




Medicaid in the Schools (MITS)

AR STUDENT HEALTH DATA *(2021-2022 ARKANSAS SCHOOL NURSE SURVEY)*

Chronic Health Conditions



Asthma: 36,014
Anxiety: 8,397
ADHD: 45,695
Cardiovascular: 2,289
Depression: 8,002
Life-Threatening Allergies: 12,965
Non-Life-Threatening Allergies: 38,844
Type I Diabetes: 1,191
Type II Diabetes: 461
Seizures: 4,043
Substance Abuse: 1,883
TBI: 469

Medicaid in the Schools (MITS)

STUDENT HEALTH DATA *(2021-2022 ARKANSAS SCHOOL NURSE SURVEY)*

Other Medications in School

MEDICATION ADMINISTRATION AT SCHOOL (2022)

- **12,211** students received long-term prescription medications at school.
- **8,432** students received short-term prescription medications at school.

- *An Arkansas public school administers **13,301** medications daily (38 responses deleted for not acceptable numbers, so this is greater)

STUDENT HEALTH DATA *(2021-2022*

ARKANSAS SCHOOL NURSE SURVEY)

Outcomes for Students in the Health Office at School

- Students Sent Back to Class: **1,880,425**
- Students Sent for Medical Attention: **69,959**
- Students Sent Home: **217,565**
- Students Sent to ER: **2,336**
- Students Sent to the SBHC (School-Based Health Center): **17,408**
- Students Sent to School Administrator: **4,553**
- Students Sent to School Counselor: **8,668**

- Number of students missing at least 10% or more of the school year including excused and unexcused absences: **96,974**

Medicaid in the Schools (MITS)

STUDENT HEALTH DATA *(2021-2022 ARKANSAS SCHOOL NURSE SURVEY)*

Have Naloxone: 633 schools

Enter the number of students on your campus having had an overdose at school or a school related activity this school year:

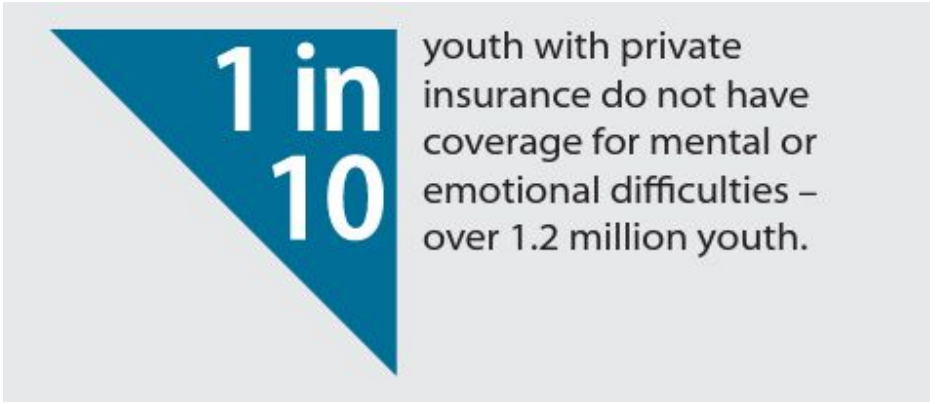
Overdoses at school: 161

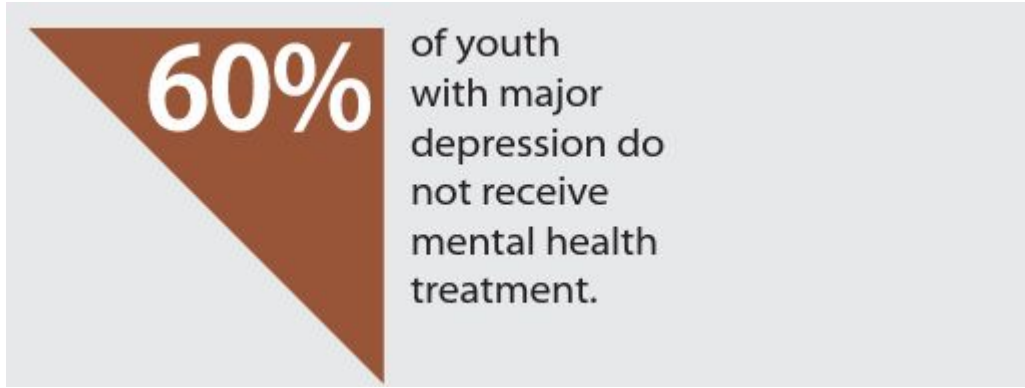
2023

THE STATE OF MENTAL HEALTH IN AMERICA

Medicaid in the Schools (MITS)

KEY FINDINGS

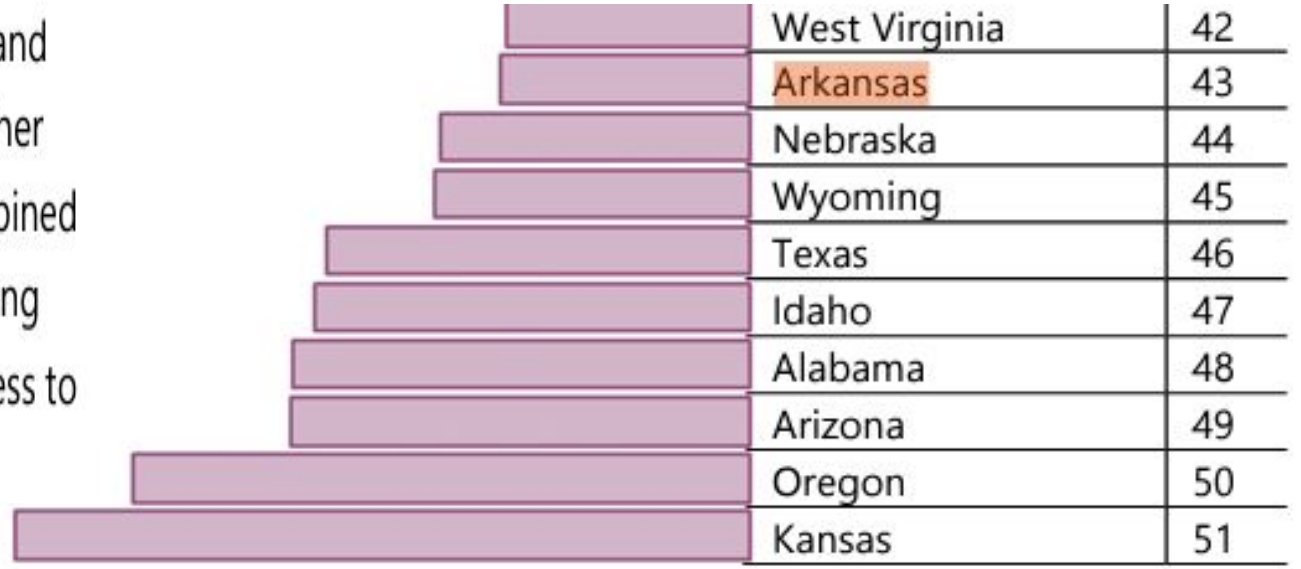




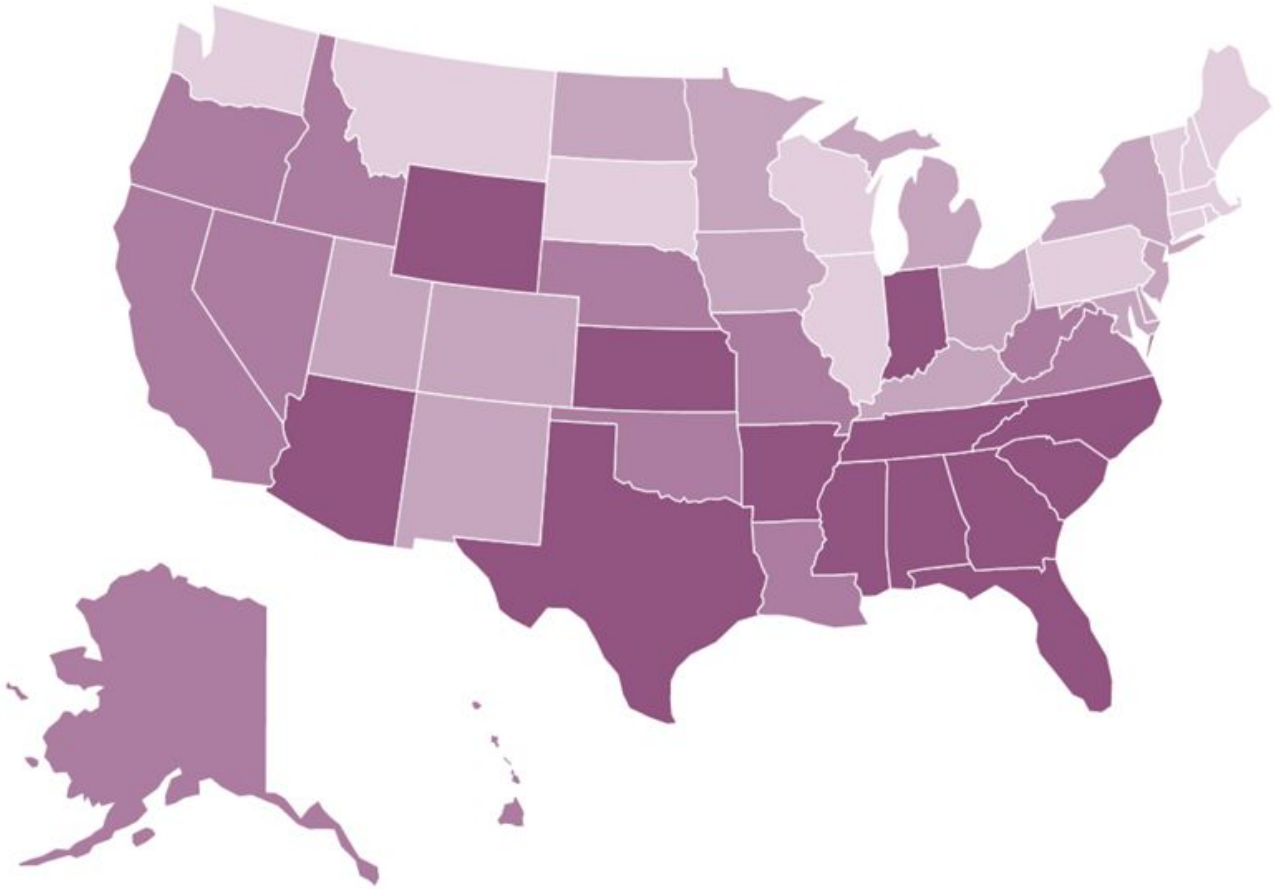
Medicaid in the Schools (MITS)

OVERALL RANKING

An overall ranking of 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking of 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures, as well as prevalence and access to care measures.



West Virginia	42
Arkansas	43
Nebraska	44
Wyoming	45
Texas	46
Idaho	47
Alabama	48
Arizona	49
Oregon	50
Kansas	51



Access to Care Rankings

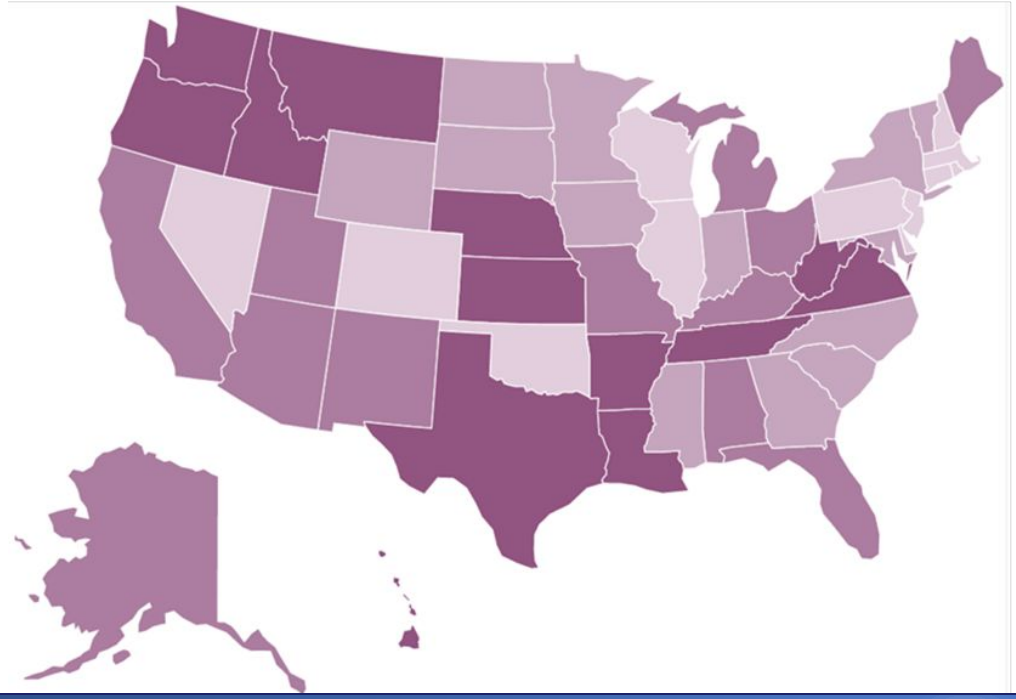
45	Arkansas
46	Florida
47	Arizona
48	Kansas
49	Georgia
50	Alabama
51	Texas

The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and mental health workforce availability. A high Access Ranking (1-13) indicates that a state provides relatively more access to insurance and mental health treatment.

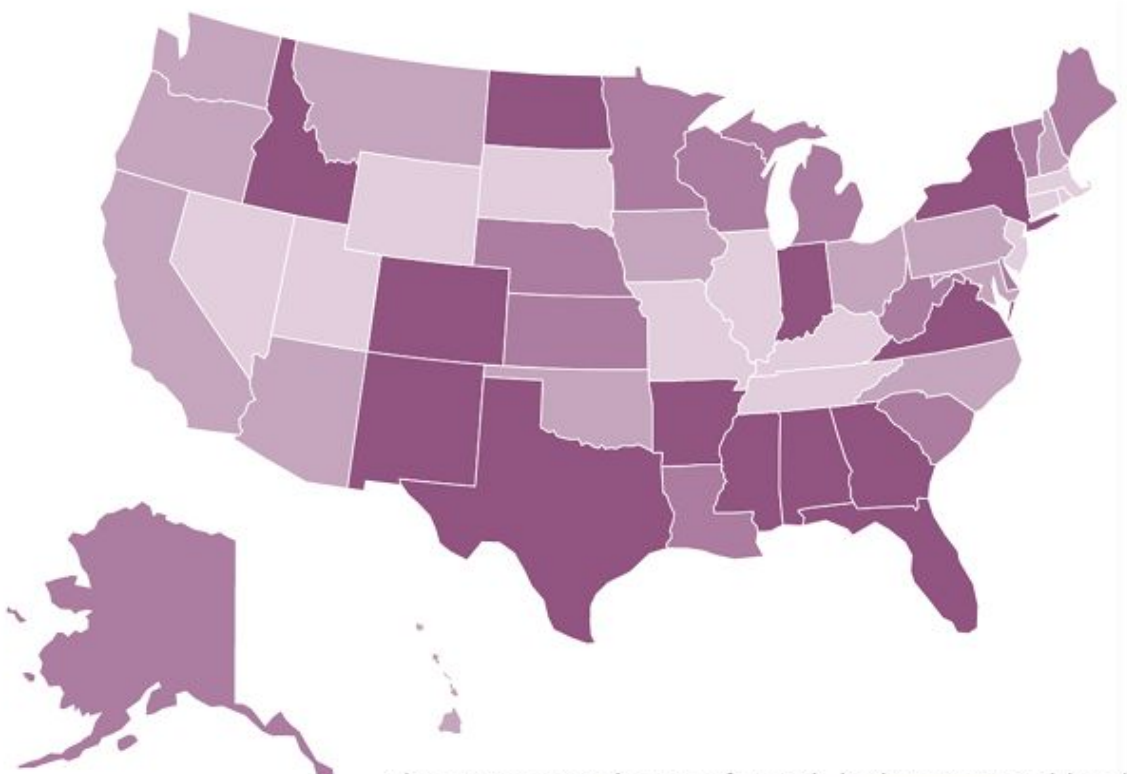
Medicaid in the Schools (MITS)

YOUTH RANKINGS

States with rankings 1-13 have a lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have a higher prevalence of mental illness and lower rates of access to care.



44	Arkansas
45	West Virginia
46	Texas
47	Idaho
48	Virginia
49	Nebraska
50	Kansas
51	Oregon



Nationally, **1 in 10 youth** who are covered under private insurance do not have coverage for mental or emotional difficulties – **totaling over 1.2 million youth.**

In Arkansas (ranked 51), nearly one-quarter of youth with private insurance do not have coverage for mental health care.

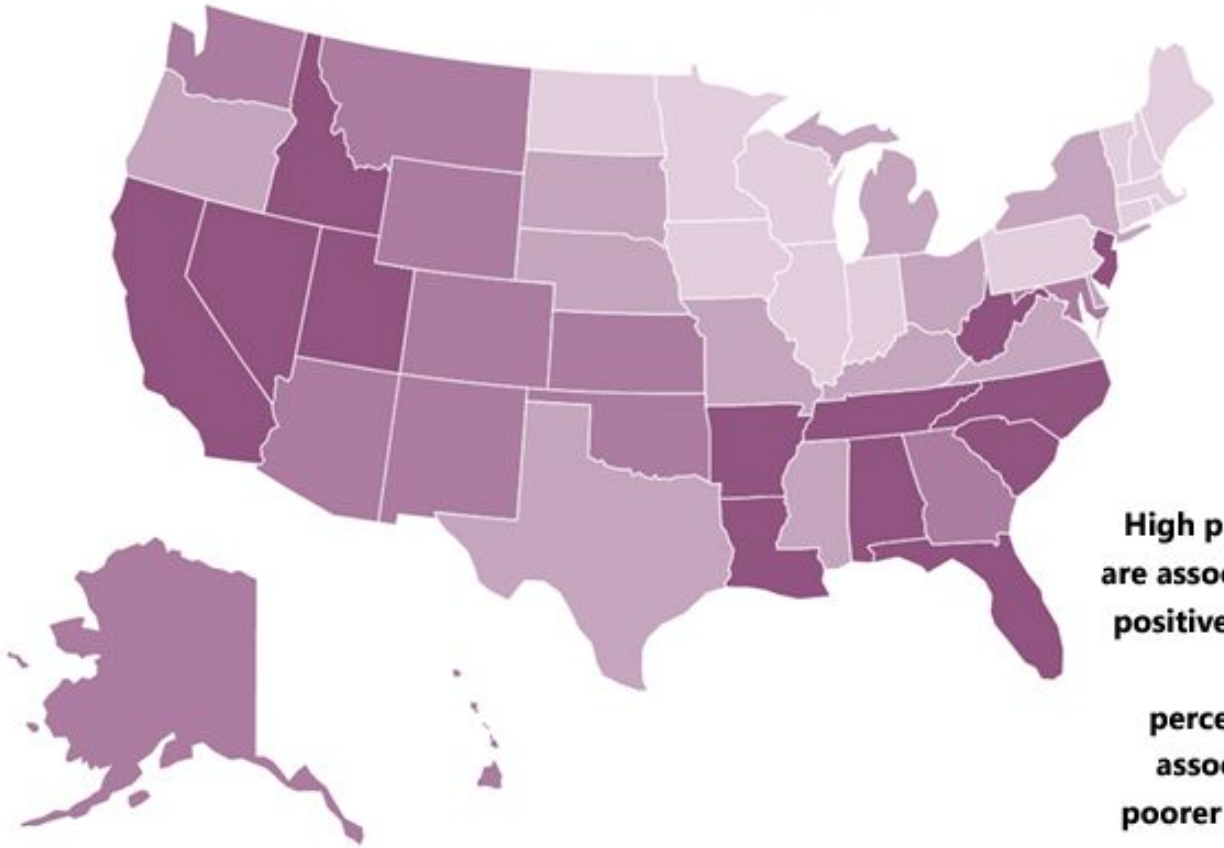
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems

45	Idaho	13.40	12,000
46	Alabama	13.80	22,000
47	North Dakota	14.30	5,000
48	Virginia	17.00	61,000
49	Colorado	17.20	40,000
50	Texas	19.40	205,000
51	Arkansas	23.20	27,000
	National	10.30	1,281,000

The state prevalence of youth lacking mental health coverage ranges from:

1.4% (RI) Ranked 1-13 — 23.2% (AR) Ranked 39-51

Students (K+) Identified with Emotional Disturbance for an Individualized Education Program



High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes.

46	North Carolina	3.33	4,976
47	South Carolina	2.81	2,098
48	Louisiana	2.74	*
49	Utah	2.66	1,776
50	Arkansas	2.28	1,080
51	Alabama	1.82	1,303
	National	**7.18**	345,350

The state rate of students identified as having an emotional disturbance (ED) for an individual education program (IEP) ranges from:

30.60 (VT) Ranked 1-13

1.82 (AL) Ranked 39-51

Medicaid in the Schools (MITS)

STUDENT HEALTH DATA *(2021-2022 ARKANSAS SCHOOL NURSE SURVEY)*

Mental Health in Arkansas Schools

Students Receiving Mental Health

29,489 students received mental health services on campuses

5,882 students received mental health services off campus

The number of times the school nurse and the school counselor provided a team approach to assist a student with a mental health need: **12,658**

Medicaid in the Schools (MITS)
Therapy Billing Trends

	PHYSICAL THERAPY	OCCUPATIONAL THERAPY	SPEECH THERAPY
FIRST QTR TOTAL	$434,156.85	$960,875.30	$1,236,209.21
SECOND QTR TOTAL	$2,055,927.18	$4,394,096.46	$5,724,990.73
THIRD QTR TOTAL	$1,930,000.30	$3,933,697.06	$5,549,824.36
FOURTH QTR TOTAL	$1,961,381.92	$4,051,439.52	$5,817,264.21
GRAND TOTALS	**$6,381,466.25**	**$13,340,108.34**	**$18,328,288.51**

Medicaid in the Schools (MITS)

Underperforming and Timely Filing

Claims should be filed after services are provided:

Profiles-Medicaid BIlling Profiles

Underperforming letters

Match-Medicaid Match

Medicaid in the Schools (MITS)

UNDERPERFORMING

A.C.A. §6-10-119 Medicaid Billing

(a)(1) By May 1 of each year, the Division of Elementary and Secondary Education shall identify school districts that are underperforming in the area of direct-service Medicaid billing.

(2) The division shall direct identify school districts to increase direct-service Medicaid billing by district staff or enter into an agreement with an education service cooperative or other public or private entity for the provision of direct-service Medicaid billing services.

(b) The school district for which billing services are rendered shall pay the education service cooperative providing the billing services an amount necessary to compensate the education service cooperative for costs associated with providing the services.

(c) Nothing in this section shall be construed to restrict qualified public or private providers from developing, maintaining, or expanding service relationships with school districts.

Medicaid in the Schools (MITS)

UNDERPERFORMING

- **PHASE I** - 0.00 billing (Release January)
- **PHASE II** – Low billing based on the following formula (Release February)
- **Spec. Count (#)** - the # of students identified as requiring special education services reported to the ADE.
- **Sped Count Reduced (#)** – Special education count is reduced by 50%, in consideration that not all special education students will require Medicaid related therapy services for IEP purposes.
- **Medicaid County Rate %** - the percent of students who are Medicaid eligible based on the DHS report provided to the ADE.
- **Projected # of Billable Sped Students receiving services (i.e. Billable Sped Students) (#)** – the number of students projected to have a special education designation, qualify for Medicaid services, and require a related therapy service for IEP purposes.
- **Projected Monthly Billing =** the amount that is projected the district should bill for Medicaid billable services.
- **$21.76 =** 1 unit of therapy service (15 minutes)
- **$43.52 =** 2 units of service (based on minimum maintenance of services for IEP purposes)
- **Quarter I & II =** August 1wk/September 4wks/October 4 wks./November 3 wks./December 2 wks. = 3.5 Months

Medicaid in the Schools (MITS)

UNDERPERFORMING

LOW PERFORMING FORMULA

Sped Count / Sped Count Reduced= Sped Students receiving services

Sped Students receiving services x Medicaid County Rate (%) = Billable Sped Students

Billable Sped Students x 2 Units of Service = Projected Monthly Billing ($)

Projected Monthly Billing x 3.5 = Target Billing Performance

Medicaid in the Schools (MITS)
DMS-640

A referral for occupational therapy, physical therapy, and speech-language pathology services must be renewed at least once every twelve (12) months; however, when a school district is providing the occupational therapy, physical therapy, or speech-language pathology services in accordance with a client's Individualized Education Program (IEP), a referral is required at the beginning of each school year.

OMIG Audit Findings

PCP signature and date
School year
Therapist notes
Group number
LEA Code-Match

Medicaid in the Schools (MITS)

Public Health Emergency Unwinding

ARKANSAS DEPARTMENT OF HUMAN SERVICES

UNWINDING REPORT

JUNE 2023

CLOSURES BY CATEGORY OF ASSISTANCE

Category	Regular	Extended	Total
ARHOME	9,678	19,965	29,243
ARKids A	9,619	11,047	20,666
PCR	4,833	11,882	16,715
Newborn	1,838	2,541	4,379
ARKids B	1,029	725	1,754
Grand total	30,042	47,462	77,468

REASON FOR CLOSURE

Category	Regular	Extended	Total
Failed to return renewal form	6,934	32,011	38,945
Failed to return requested information	6,974	2,317	9,291
Household income is above limit for household size	4,766	3,573	8,339
Client requested closure	3,358	2,033	5,391
Did not meet requirement(s) for the program	1,331	2,525	3,856
Grand total	30,042	47,426	77,468

JUNE 1-30, 2023

TOTAL CLOSURES: 77,468 | RENEWALS OF CASES DUE IN JUNE: 50,366

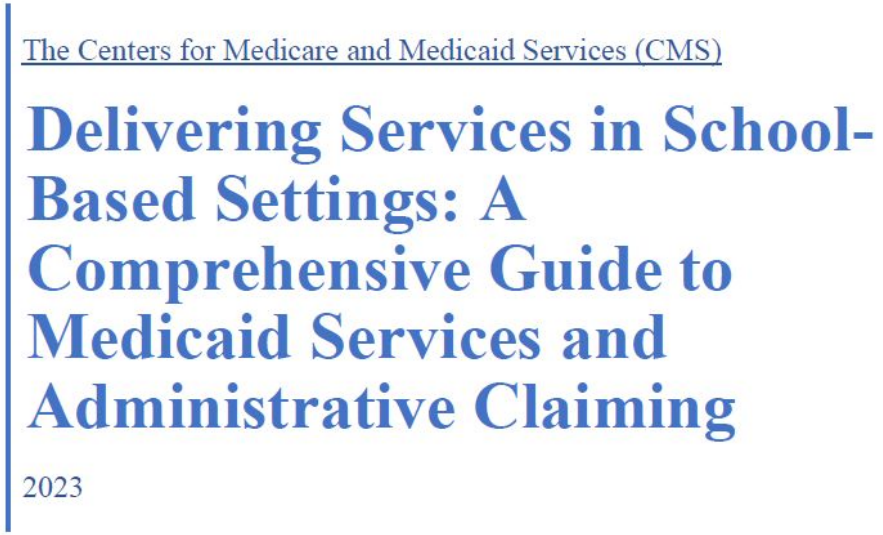

ATTENTION MEDICAID BENEFICIARIES
DON'T LOSE COVERAGE!
Got your renewal form? Fill it out & send it back!
DO YOU NEED ASSISTANCE WITH YOUR MEDICAID RENEWAL OR HAVE A QUESTION ABOUT YOUR CASE?
Call our call center at 855-372-1084
Submit a question at ar.gov/accessanywhere
Call or visit your local county office
As Arkansas Medicaid returns to normal operations and begins disenrolling people who are no longer eligible, you may lose your health care.
TO LEARN MORE ABOUT POSSIBLE NEXT STEPS, VISIT AR.GOV/RENEW
OR SCAN THE QR CODE
RENEW ARKANSAS

INTENT

1. Expand access to school-based health care services, including preventative care, behavioral health, physical and occupational therapy services, and disease management
2. Reduce the administrative burden for states and schools.

FLEXIBILITIES

1. Parent Consent – Allows states to remove the requirement for a LEA to seek parent consent for the purpose of Medicaid billing. – Page 35
2. Third Party Liability- Allow States to suspend or terminate efforts to seek reimbursement from a liable third party if they determine that the recovery would not be cost-effective – Page 11
3. Expanded Services –CMS encourages States to adopt free care in order to promote the use of schools as a setting in which to provide all Medicaid-enrolled children with Medicaid-covered services. Page 22
4. Technical Assistance Center – Page 40


The Centers for Medicare and Medicaid Services (CMS)

Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

2023

Medicaid in the Schools (MITS)

CMS Guidance – May 18, 2023

Medicaid in the Schools (MITS)

HIPAA or FERPA?

A Primer on Sharing School Health Information in Arkansas

First Edition

National Center for Youth Law

11. How do HIPAA and Arkansas law intersect?

There are several ways that Arkansas law intersects with HIPAA. First, HIPAA grants rights to sign authorizations and to access a minor's protected health information based in part on who is authorized to make health decisions for the minor. State law determines who has those consent rights in many situations. Similarly, parental access to records when the parent did not consent for the child's care will depend in part on state law. Appendix C includes some of Arkansas's consent to treatment laws.

Second, Arkansas has its own laws and regulations that protect and control disclosure of certain health information. In some situations, they provide greater confidentiality protection than HIPAA. While HIPAA usually preempts state law, when state law provides greater confidentiality protection than HIPAA, providers usually must follow the state law.[32]

For example, persons licensed to provide alcoholism and drug abuse counseling must comply with a state confidentiality law that, just like HIPAA, requires written consent for disclosures as a general rule and has some exceptions to this general rule, but the Arkansas law has fewer exceptions to the general rule than does HIPAA.[33] Providers who are subject to both HIPAA and this state law must follow the more protective state law. There are also special protections for certain other types of health information in Arkansas law, including but not limited to confidential communications between psychologists and counselors and their patients.[34] Similarly, the Arkansas Department of Human Services (DHS) has issued confidentiality regulations that apply to all DHS

[28] 45 C.F.R. § 164.512(b)(1)(i).
[29] 45 C.F.R. § 164.512(b)(1)(ii).
[30] 45 C.F.R. §§ 164.502(a)(1)(i)&(2)(i), 164.524.
[31] *See* 45 C.F.R. §§ 164.502(a)(1), 164.512.
[32] 45 C.F.R. §§ 160.203, 164.202.
[33] Ark. Code § 17-27-416.
[34] Ark. Code §§ 17-27-311, 17-97-105.

School-based Medicaid

Medicaid in the Schools (MITS)
3 KEY COMPONENTS

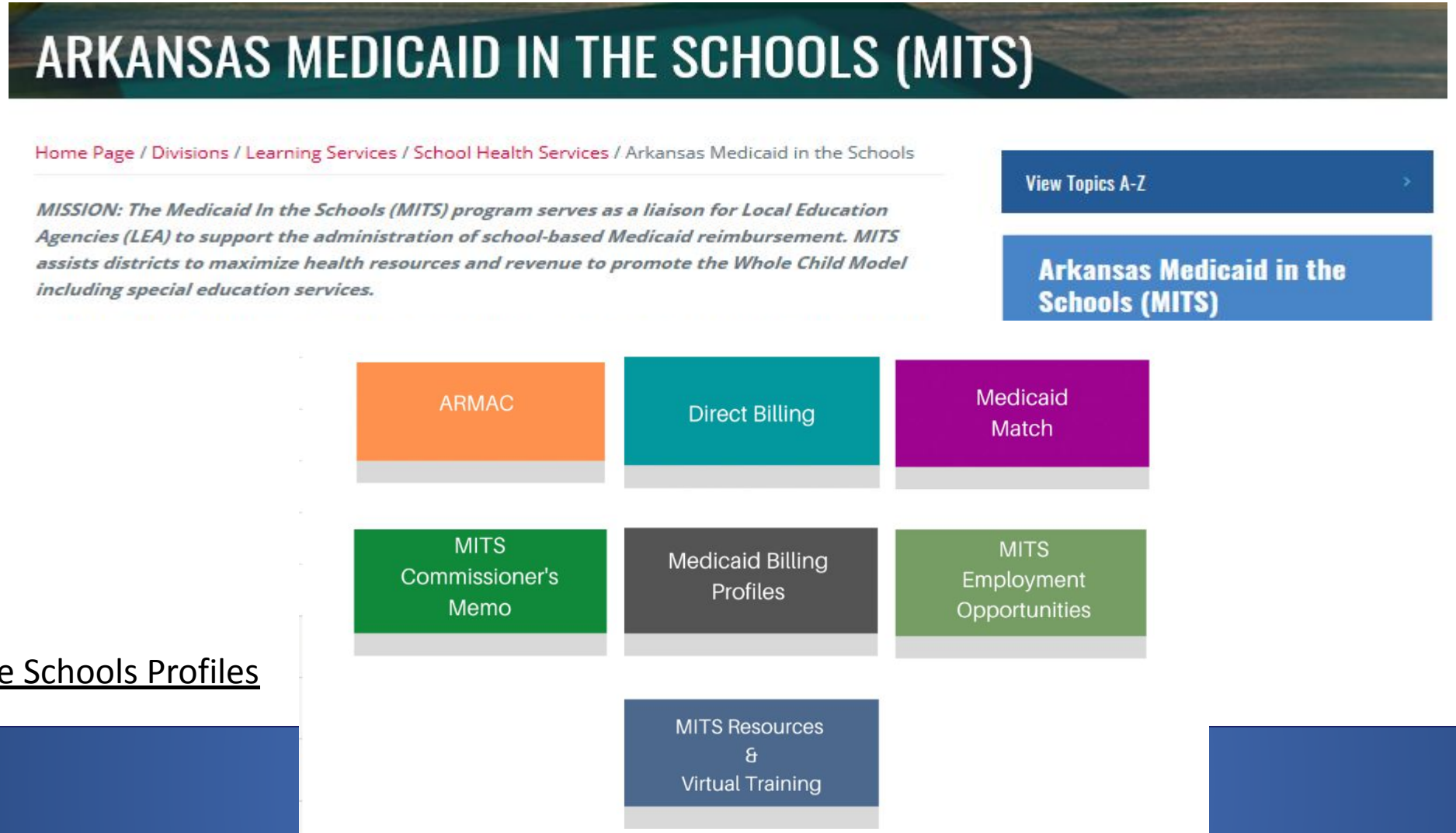
1. Direct Medical Service Reimbursement (Fee-for-service)
   - Certain school-based medical services provided for students on campus during the school day may be Medicaid reimbursable.

2. Medicaid Match Requirement
   - Arkansas schools pay a 30% match quarterly based on direct service Medicaid reimbursement.

3. Medicaid Administrative Claiming (ARMAC)
   - Medicaid funded program specifically for K-12 public schools. Random Moment Time Study designed to capture oversight of connecting students with Medicaid coverage services.

Medicaid in the Schools (MITS)

PROFILES



Medicaid in the Schools Profiles

988
SUICIDE
& CRISIS
LIFELINE

Built on a concept of connecting with those who are experiencing suicidal or mental health crises, the 988 Suicide & Crisis Lifeline brand primarily seeks to offer a sense of hope. We want that hope to encourage people to call, chat or text 988 if they or a loved one are in a suicidal or mental health-related crisis.

AR Connect

- CALL
  - **501-526-3563**
  - **800-482-9921**
- Phone lines above are answered & available 24/7
- No referral needed
- No health insurance requirement
- No payments outside of what insurance pays

Staff Wellness - New Directions

Call
1-877-300-9103
to connect with a counselor today!

Access FREE counseling

- Employee Assistance Program (EAP) for public school employees
- Dedicated line for New Directions 24 hours a day at 1-877-300-9103 to connect immediately with a licensed counselor.
- ABSOLUTELY free professional counseling.
- No deductible or copay.
- ALL public school employees regardless of insurance coverage.
- Available to ANY household member, including college students up to age 26.
- In person, online, telephonic, and via text.

Medicaid in the Schools (MITS)

THANK YOU!

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