School-based Health Care Under Threat;

Medicaid Per Capita Caps Hurt Kids

Children in low income families receive important screenings and treatment under Medicaid's Early Periodic Screening Diagnostic and Treatment (EPSDT) program, so that health problems are diagnosed and treated as early as possible. This is particularly important for children who are more likely to experience developmental delays due to challenges such as poor nutrition or exposure to lead-based paint. Medicaid EPSDT helps catch such developmental delays and connects children to the appropriate treatment.

School districts rely on Medicaid to help provide school-based health care such as vaccinations, vision and hearing screenings, and mental health care; they also use Medicaid funding to help pay for medically necessary special education services under the Individuals with Disabilities Education Act (IDEA).

However, per capita caps would **cut Medicaid funding** and harm those who need health care the most.

Medicaid per capita cap cuts will result in:

Fewer health services - Decreased access to critical health care for many children and youth, particularly in high needs and hard to serve rural communities.

Cuts to general education - Cuts in Medicaid funding would lead districts to divert funds from other educational programs to provide the services as mandated under IDEA and would reduce or eliminate "non-mandated" areas of regular education.

Higher taxes - Cuts in federal Medicaid funding will lead to deficits in districts that require increases in property taxes or new

Maine Medicaid Facts

189.181 Maine children receive their health care through Medicaid and CHIP that's 31% of all Maine children:1

Maine receives \$26,484,778 in federal Medicaid funds to provide school-based health care;2

Per capita caps would cut \$1 billion from Maine Medicaid 3

leyies to cover the costs of the special education programs.

Job loss - Medicaid helps pay for school nurses, physical and occupational therapists, speech-language pathologists, school social workers, school psychologists, and many other critical school personnel who ensure students with disabilities and those with a variety of educational needs are able to learn.



Fewer critical supplies - Medicaid pays for critical supplies such as wheelchairs, hydraulic changing tables, walkers, weighted vests, lifts, and student-specific items that are necessary for each child to access curriculum as closely as possible to their non-disabled peers.

Less support for mental health - Seven out of ten students receiving mental health services receive these services at school. Cuts to Medicaid would further marginalize these critical services and leave students without access to care.

Harm to children who need special ed - Medicaid provides critical funding to help schools provide the specialized instructional supports that students with disabilities need to be educated with their peers.

Per capita caps will harm children's access to care, including services received at school.

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¹See Georgetown Center for Children and Families, State Health Care Coverage Facts (Jan. 2017) http://ccf.georgetown.edu/location/maine/.