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## The Merit of Inclusion: A Policy Review Examining the Convergence of Special Education and Inclusions Policies with Compensatory Medicaid Policies in the Wake of the COVID-19 Pandemic

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The Merit of Inclusion: A Policy Review Examining the Convergence of Special Education and  
Inclusions Policies with Compensatory Medicaid Policies in the Wake of the COVID-19  
Pandemic

by

Corbyn Baggett

A culminating capstone project submitted to the faculty of the University of Nebraska Medical  
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*“The 2020–21 school year may prove to be the most consequential in American history. With unfathomable speed, COVID-19 forced more change in how schools operate than in the previous half century. What is most concerning in all of this is the impact on the most underserved and historically marginalized in our society.”*

*LaVerne Evans Srinivasan, Carnegie Corporation of New York (Carnegie Foundation)*

## Abstract

On March 11, 2020, the World Health Organization (WHO) formally recognized the novel coronavirus (COVID-19) outbreak as a global pandemic. This global issue compelled governments to announce careful virus containing policies in order to prevent further spread and control of the disease. Although it has been proven that measures like social isolation could aid in scaling the spread of illness, the resulting extended school closures that occurred in response to an increased number of COVID-19 outbreaks posed significant challenges for all students, but especially those students with special needs. The unpredictable nature of COVID-19 at the outset of the pandemic presented didactic stakeholders with several hurdles stemming from uncertainty concerning how to guarantee student safety and account for continuing modifications to instructional delivery and, most importantly for this study, services to special needs students.

## Purpose

The purpose of this policy review is as follows:

- Examine the intersection of existing special education, disability inclusion and Medicaid CHIP policies
- Assess the modalities of education delivery that were employed at the height of the novel coronavirus pandemic.

- Explore the limitations of the special education policy both before and during COVID-19, assessing of the gaps and impacts on students eligible to receive special education and therapeutic services.
- Identify and recommend promising policy opportunities.

## **Methods**

A qualitative meta-analysis was performed to gather information for this policy review as sufficient research is emerging (Shorten & Shorten, 2012). Policy and literature pertaining to general education, special education, and the impact that COVID-19 had on special education students was considered.

## **Results**

Emerging research from varying primary and secondary sources have confirmed that the excessive concern for the general safety of all students barred special needs students from receiving adequate educational and therapeutic services in various academic settings in accordance with Individuals with Disabilities Education Act (IDEA), and Medicaid CHIP policy during the COVID-19 pandemic.

## **Recommendations**

Current federal and state general education and special education policies should be amended and reauthorized to include contingency for long term school closures. School districts and educators should consider various IEP designs and adaptations to accommodate various instructional modes to promote learning and engagement. Federal compensatory medical insurance policy flexibilities should remain in effect as they sought to narrow gaps of healthcare access disparities.

**Keywords**

Special education students, educational services, therapeutic services, learning regression, Individuals with Disabilities Education Act (IDEA), Medicaid CHIP, inclusion policy, coronavirus (COVID-19), Elementary and Secondary Education Act (ESEA), Every Student Succeeds Act (ESSA)

# Introduction

## Specific Aims

The focus of this policy review reflects on the exposed systemic gaps in educational policy as it is currently implemented in the United States. Additionally, it examines the consequences those gaps and a general latent response to the novel coronavirus pandemic had on special education students. In accordance with the capstone criteria, a meta-analysis framework is used to communicate findings (Shorten & Shorten, 2012).

*Specific Aim 1:* To Examine the intersection of existing special education, disability inclusion and Medicaid CHIP policies

*Specific Aim 2:* Assess the general strategies utilized to safely transition special education students back into a school environment and assess the educational and developmental impact the interruption had on special education students.

*Specific Aim 3:* To write policy recommendations that mitigate long term school closures and maintains special education student engagement.

## Research Questions

*Research Question 1:* Were the Individuals Education Plans (IEPs) of special education students abided by in accordance with IDEA and U.S. Department of Education mandates?

*Research Question 2:* Were school- based health and therapeutic services provided effectively in accordance with Individuals with Disabilities Education Act (IDEA), and Medicaid CHIP policy during the COVID-19 pandemic?

## **Objectives**

*Objective for specific Aim 1:* Conduct an initial literature review of existing education and health policies established to ensure all students receive an equitable and high-quality education. A secondary literature review will be conducted to highlight specific education and health policies intended to support special education students.

*Objective for Specific Aim 2:* Evaluate and examine the effects that actions taken in response to the COVID-19 pandemic had on policy relating to special education, health, and students with special needs. This analysis also examines various obstacles that administrators reported as having encountered as they struggled to satisfy the inclusion requirements of students with special needs.

*Objective for Specific Aim 3:* Outline short- and long-term effects extended school closure and remote learning had on special education students. Additionally, outline promising policy reforms to be adopted to address the shortcomings of the current educational and health systems.

## **Analysis Rationale**

My interest in the area of special education and health policies as they intersect in an elementary school context is directly influenced by my experiences as a mother of a child with special needs. Working with educators as they adapted to ever-changing information and evolving regulations was both remarkable and frustrating. My child's educators and specialists reimagined lessons using best practices for distance learning, modifying and personalizing lessons targeting his abilities and interests to no avail. My child experienced a significant academic regression as a result of the abrupt cessation of effective academic engagement and

therapeutic therapies. Anecdotal evidence from research demonstrates that my son's experience was not unique (Morando-Rhim et al., 2021). As an advocate for my child's academic development, I was motivated to examine this topic empirically in order to objectively attempt to identify prospects for positive and significant change.



## **Background**

Prior to the onset of the COVID-19 crisis, American education policy had experienced a considerable revival of sorts. Bipartisan cooperation had taken place to address identified weaknesses in the previously adopted educational policy No Child Left Behind, such as excessive student testing, teacher dissent, and alleged federal intrusion in state and local decision-making (Jennings, 2018). The 2015 signing of the Every Student Succeeds Act (ESSA) (P.L. 114-95), symbolized the nation's commitment to equal education opportunities for all students regardless of race, ethnicity, disability, language proficiency, or income (Darrow, 2016). The ESSA was intrinsically flawed in that it merely shifted the perspective through which educational regulation was governed and practices determined. That shift in perspective allowed for considerable variability in how states and school districts interpreted guidance from the U.S. Department of Education and influenced their responses to intervention and curriculum adjustments at the height of the pandemic (Al Otaiba et al., 2019).

The COVID-19 pandemic served as a catalyst for identifying deficiencies in practically every institutional process, system, and program. In the early months of the pandemic, school administrators worked feverishly to get students academically engaged while complying with social distancing mandates. As school districts resorted to remote learning to protect students and staff from contracting COVID-19, access to care for special education students who largely rely on the classroom environment for occupational and behavior therapies was interrupted, leading to wider educational and developmental disparity (Williams, 2021). In March 2020, approximately 7.2 million students, or 15% of all public-school students, were receiving some form of special education services under the Individuals with Disabilities Education Act (National Center for Educational Statistics, 2022). Of that comparatively modest number of

learners, 6.5 million, or 90%, were also identified as receiving therapeutic services under the Medicaid CHIP program (Williams & Musumeci, 2022). Due to shortened school days and the difficulties of remote instruction, many special education students did not receive the same number or quality of therapeutic services as they had prior to the pandemic. It is also reported that in comparison to their general education counterparts, special education students had greater absenteeism rates, incomplete assignments, and course failures (Morando-Rhim et al., 2021). “Special education students”, and any variation of the applicable student identifier, are those students who have diagnosed chronic physical, developmental, behavioral, or emotional conditions or are more susceptible to developing them in the future. These conditions often demand health and related services that go beyond the scope of what is required for children with typical development (HRSA: Maternal & Child Health, 2022).

## Method

For this policy analysis project, qualitative meta-analysis and literature review methodologies were used to examine the federal education and compensatory health insurance policies in place to establish inclusion requirements for public schools. This policy analysis then examined research conducted on public school districts interpretation of these policies during the COVID-19 pandemic. In order to determine how educators should have responded to the pandemic, two separate types of qualitative significant frameworks were examined.

**Framework One:** Federal/state education policy framework focuses on the laws and regulation that influenced school districts and educators' response to the COVID-19 pandemic and the delivery of instruction in alternative academic settings (i.e., in-person, remote, or hybrid).

**Framework Two:** Federal/ state compensatory health policy framework focuses on laws and regulations that dictate how therapeutic intervention services were to be provided to special education students in response to the COVID-19 pandemic and the delivery of intervention in alternative academic settings (i.e., in-person, remote, or hybrid).

The delivery of general education in the United States and the significance of special education programs were examined through an additional literature review of education, inclusion, and compensatory Medicaid CHIP policies. All literature reviews of federal policy were accomplished using the electronic database "GovInfo". "GovInfo" is a service of the U.S. Government Publishing Office that provides free public access to official publications from all three branches of the federal government. All federal education policies examined in this work, ESEA, ESSA, and IDEA, were searched for in this database by name or abbreviation. All

literature reviews of federal health insurance policy, Medicaid CHIP, were completed through the “GovInfo” database as well.

Once the policy data had been retrieved and segmented into the two frameworks, content and thematic analyses as methods of review of the policies were completed using the Google Scholar, PubMed and Education Resource Information Center (ERIC) electronic databases with an emphasis on research published in 2017 or later. The keyword terms used included "education policy," "special education policy," "COVID-19 impacts on students," "COVID impacts to special education students" “special education learning regression COVID”. A health policy thematic term search in PubMed produced 78 relevant articles; an education policy thematic term search in ERIC resulted in a total of 318 relevant articles. The key terms used above in addition to “COVID-19 Response Education outcomes” produced 17,000 articles of varying relevance on Google Scholar. Due to content similarity between the databases, there were fewer individually relevant articles overall.

Supportive interpretive themes and perspectives within these frameworks were also assessed. Following a meta-analysis and literature review of the intersection of multiple policy frameworks, it was possible to assess the impact the COVID-19 pandemic had on the academic and developmental progress of special education students. The use of content and theme analysis provided this project with valid and reliable data sets to complete the analysis.

# **Policy Review**

## **Education Policy Review**

### **Elementary and Secondary Education Act (ESEA)**

In April 1965, President Lyndon B. Johnson enacted into law the Elementary and Secondary Education Act (ESEA), which for the first-time, guaranteed the rights for all students to receive an equitable and high-quality education. The ESEA encouraged federal, state, and local collaboration, supported students' civil rights, and increased access to high-quality educational opportunities. The ESEA formally granted the federal government the means it needed to ensure local governments complied with equity-oriented interventions, especially in light of the defiance of federal school desegregation orders in the wake of the Brown v. Board of Education ruling (DeBray et al., 2022).

To further support the civil rights of children with disabilities the Education for All Handicapped Children Act (EHCA) (P.L.94-142) was enacted 1975. The EHCA required that all public schools that accepted federal funding provide children with physical and mental disabilities with equal educational opportunities, in a least restrictive environment (LRE) enabling the greatest opportunity for interaction with typically developing students. The EHCA established a standard of inclusion in public schools and would serve as a guiding philosophy for the Individuals with Disabilities Education Act, passed in 1990, to advance special education and inclusive education (Individuals with Disabilities Education Act, 2022).

Modern educational policy in the United States would see a dyad of evolutions over the years, all aiming to address different facets of student civil rights in varying capacities. This includes the 2015 replacement of the ESEA, the Every Student Succeeds Act (ESSA) (P.L. 14-

95) (U.S. Department of Education, 2017). The ESSA authorized states greater authority over oversight resulting in a smaller federal role and enhanced state autonomy. It also pivoted away from a reliance on testing by incorporating non-academic measures and influenced the subsequent reauthorizations of IDEA (U.S. Department of Education, 2017).

### **Individuals with Disabilities Education Act (IDEA)**

The Individuals with Disabilities Education Act (IDEA) (P.L. 94-142) is a federal education policy initially enacted in 1975 as the Education for All Handicapped Children Act (EHA) to assist states and communities in upholding the rights of disabled infants, toddlers, children, and youth and their families, as well as in addressing their specific needs and improving developmental and social outcomes (Individuals with Disabilities Education Act, 2022). IDEA revolutionized the educational experience for special needs students as it broadened the scope of education for those eligible, providing more than 7.5 million children with disabilities with special education and related services designed to meet their individual needs in the 2018-2019 school year.

The policy was reauthorized in 2004 to align with the No Child Left Behind Act's (NCLB) (P.L. 107-110) educational requirements. This reorientation called for greater modifications in the IEP process and procedural safeguards, increased authority for school staff in special education placement decisions and raised expectations for educators of special education classes. Early intervention services were also strongly advised for children who were not yet identified as needing special education but still required additional academic and behavioral support to succeed in a general education setting under the Response to Intervention (RTI) approach (Individuals with Disabilities Education Act, 2022). Since 2004, the policy has undergone a number of revisions all seeking to safeguard special education students' and their

support systems while also enhancing the educational experience for those students (Individuals with Disabilities Education Act, 2022).

### **Inclusive Education as Outlined by Federal Policy**

While the concept of "inclusive education" is present in federal education policy, made evident by the use of language like "least restrictive environment," "inclusion as concerned with disability," and "inclusion as a principled approach to education and society", it is largely undefined. When defined by educational stakeholders, inclusive education places students with special needs in age-appropriate, traditional classroom settings by enhancing and customizing specific classroom procedures to the needs of each learner in such a way that students are not only physically included but also socially connected with their peers (Van Mieghem et al., 2018). As it is articulated in policy, inclusive education aims to broaden access to traditional education. However, the reality is that it often reinforces isolation in a public-school setting (Van Mieghem et al., 2018). Despite having noble intentions, the pragmatic approach of federal education policy ignores the fact that effective instruction looks different for every student (Kirby, 2016; Gilmour & Jones, 2020).

Regarding public education, the federal government has historically assumed a role of overseer, addressing critical difficulties that state and local school systems either could not or would not address with their own resources. Traditionally, the federal government has taken steps in this capacity to synchronize curriculum and instruction, increase test result disclosure, and increase attention to achievement disparities and the needs of particular student populations (Jennings, 2018). The 2015 adoption of the ESSA altered the federal government's role in education policy, as states assumed responsibility and autonomy of education policy and their interpretation of all its elements. This shift in governance was sorely tested during the pandemic

as it became clear that so many states had not established policies with any contingency systems. This oversight precluded several states and school districts from accurately assessing the pandemic's effects on their student bodies.

Further, the variability in state policy allowed for by the ESSA underscored many education inequities in real time, further hindering the academic instruction of special education students and contributing to significant developmental regression. This variability in policy interpretation proved to underscore the many inequities in education across the nation.

## **Compensatory Health Insurance Policy Review**

### **The Children's Health Insurance Program (CHIP)**

The Children's Health Insurance Program (CHIP) was implemented in 1997 in response to 10 million children who lacked health insurance--many of whom were in middle class families with earnings just above the states' Medicaid eligibility requirements. As a component of the Balanced Budget Act of 1997 (BBA 97, P.L. 105-33), this legislation incentivized state participation by offering states increased federal funding and more flexibility in program design than Medicaid (The Medicaid and CHIP Payment and Access Commission, 2018). As of July 2022, 40.9 million children were enrolled in CHIP nationwide, representing 46.6% of total Medicaid and CHIP enrollment (Medicaid.gov, 2022).

IDEA and CHIP requirements are aligned to make sure that qualified children receive the medical and educational intervention services to which they are entitled. Federal education and health insurance policies include the following as specific contexts of this regulatory synchronized inclusive policy:



- All children with disabilities, ages three through 21, must have access to special education and related services under Part B of the IDEA, to the greatest degree feasible, in the least restrictive environment (LRE), considering each child's particular strengths and needs (U.S. Department of Health and Human Services & U.S. Department of Education, 2015).
- The IDEA's Part C mandates that, to the greatest extent possible and considering each child's routines, needs, and outcomes, appropriate early intervention services must be made available to all eligible children and youth with disabilities. These services must be provided in their natural environments, such as the home and community settings where children without disabilities participate (U.S. Department of Health and Human Services & U.S. Department of Education, 2015).
- Federal law requires state Medicaid programs to pay for services that are both educationally and medically necessary if a child is eligible for both special education services and Medicaid. Children may also qualify for additional services covered by Medicaid, beyond what is required by the IDEA (Williams & Musumeci, 2022).
- Under federal Medicaid law, all services necessary to correct or ameliorate physical and mental illnesses and conditions must be covered for children, regardless of whether the state chooses to cover them for adults (Williams & Musumeci, 2022).

### **Accessibility to Services Impacted by COVID-19**

The CHIP program is unique in that it is a public insurance program that provides funding for school-based services and is jointly funded by federal and state governments and is designed to provide health care coverage to 'low-income' children. This shared financial responsibility created a complex dichotomy when evaluating the impacts of the COVID-19 pandemic had on accessibility to services that were otherwise provided in an academic setting.

Through legislation, waivers, executive orders, guidance, and rule/regulatory changes, states and federal government temporarily waived restrictions and expanded Medicaid reimbursement for specific services in order to facilitate access to health care services while reducing in-person visits (Silow-Carroll et al., 2021). Within weeks of the declaration of a public health emergency, policy flexibilities made at the federal level reallocated funds to establish stimulus and relief acts, improved telehealth infrastructure and expand practitioner eligibility in order to accommodate the influx of beneficiaries (Silow-Carroll et al., 2021).

Variances between federal and state regulations are relevant in this context as states, health systems, and providers did not always adopt the flexibility needed to make telemedicine widely accessible. Despite the good intentions behind these expansions, they failed to take into consideration other inequalities including linguistic obstacles, a lack of broadband access, telehealth-related equipment, secure venues, or instruction on how to request or use telehealth (Silow-Carroll et al., 2021).

## **Results**

With regard to inclusion requirements for U.S. public schools during the national response to the COVID-19 crisis, this policy review evaluated the intersection of existing federal education and compensatory health insurance policies. To obtain a comprehensive understanding of federal education and health insurance policies and their implications to special education students, a total of 36 primary and secondary sources, including scholarly journals, popular sources, and public records, were evaluated. This analysis further assessed the strategies of education delivery that were used at the time the COVID-19 crisis was at its worst.

Problematic themes uncovered by the policy review, which are addressed in more detail below, included:

- School districts being mandated to uphold IDEA and CHIP standards by the U.S. Department of Education without explicit instruction or safety guidelines.
- Inconsistent interpretation and inadequate implementation of education and health mandates among school districts.
- School districts prioritized general education students as they require fewer resources and represent the majority of the student body.

The results of the meta-analysis corroborate concerns that special education students were disproportionately affected by the COVID-19 pandemic.

## **Discussion**

### **The Response to COVID-19 and Education Policies**

The emergence of COVID-19 and the national public health response to the pandemic exposed systemic gaps and shortcomings in nearly every institutional process, system, or program. Consequently, it was only natural that government entities at every level began to prioritize population health and the mitigation of glaring inadequacies in response, with priority given to the systems and operations deemed essential for the majority. No demographic was unaffected; however, elementary and secondary students would have to endure some of the greatest hurdles as extended school closures led to learning deficits, desocialization, and developmental delays (Engzell et al., 2021). Further, new data indicates that the abrupt reduction in therapeutic intervention programs associated with school closings and alternative learning modalities negatively and disproportionality impacted special education students (Sonnenschein et al., 2022).

School districts employed a range of tiered defenses, including a shift to distance and hybrid learning modalities, universal masking, cohorting, enhanced cleanliness requirements, and many other techniques that were best suited for individual learning environments (Ondrasek & Edgerton, 2021). Although health directives and educational guidance were continually updated, federal lawmakers and educational leaders asserted the educational rights, and therefore civil rights, of special education students to a free and appropriate education were to remain intact. The U.S. Department of Education would go on to publish guidance emphasizing that public schools across districts were still obligated to maintain compliance with both IDEA and CHIP policies, stating schools and districts were responsible for abiding by students' IEPs "no matter what primary instructional delivery approach is chosen" (Department of Education, 2020;

Morando-Rhim et al., 2021). However, there was no defined direction on how to best engage with this student audience remotely.

The lack of clear national standards for navigating the COVID-19 emergency contributed to variable educational experiences faced by similarly placed special education students (Mendoza et al., 2022). Reviewing the reopening strategies used by various school districts clarified that not all acknowledged special education students as a protected population primarily as a result of school systems putting an emphasis on delivering academic instruction to entire districts of students (Ondrasek & Edgerton, 2021). Some school districts requested parents or guardians to waive their students' IDEA rights, halted special education evaluations, or stopped teachers from providing specialized instruction altogether (Mendoza et al., 2022). As such, it was reported in a national study, performed by non-profit organization Understood, that 44% of parents and guardians of children receiving specialized instruction and therapies felt their child's legal right to access to an equitable education was abandoned once instruction shifted to remote or hybrid models (Understood Team, 2021; Morando-Rhim et al., 2021). In contrast, other school districts report prioritizing special education students, making unique arrangements, and allowing them preferential access to traditional school learning spaces before general education students could re-enter during the 2020-2021 school year (Girmash, 2020). In order to meet the limits of distance learning, some school districts adjusted students' IEP goals and services rather than necessarily advancing the academic goals of the students (DiNapoli, 2021). This act can be interpreted as an acknowledgment of how challenging it was to guarantee accessible and quality specialized education online.

Considering remote learning was dependent on technology and internet access, special education students with low technological accessibility risked having access to online learning

restricted (Greenhow et al., 2020). A main barrier to instruction for special education students was limited technological accessibility. In a national survey of more than 1,500 educators performed in October 2020, 29% of remote and 32% of hybrid teachers stated that special education students completed "nearly all" of their duties, as contrast to 51% of teachers who worked in-person (Morando-Rhim et al., 2021). Furthermore, regional and state-specific statistics revealed that special education students had greater levels of absenteeism than general education students. This is due in part to parents being expected to take on additional roles as educators, and notably when there is less school support, parents of special education students reported feeling less confident in their ability to help their children at home (Sonnenschein et al., 2022).

### **The Response to COVID-19 and Medical Policies**

At the height of the pandemic, in order to fulfill therapeutic service obligations and comply with student IEPs, many states implemented new funding mechanisms and emergency regulations to improve access to care, for example, employing telehealth and home health services. Such initiatives included authorizing the use of publicly accessible tools and audio-only delivery formats (i.e., Zoom, FaceTime, WebEx) for services (Silow-Carroll et al., 2021). By December 2020, all state Medicaid agencies had revised their Medicaid waiver regulations to enable some form of reimbursement for school-based telehealth services and allowed for families to pay for home health care while their children were under distance learning mandates (Girmash, 2020; Silow-Carroll et al., 2021 ).

Key vehicles for Medicaid reimbursement policy and delivery changes in response to COVID-19 that directly impacted special education students include the Emergency Section 1135 Waivers, Medicaid Disaster Relief SPAs, and CHIP Disaster Relief SPAs. *Emergency*

*Section 1135* Waivers were used to modify certain Medicare, Medicaid, and CHIP regulations to make sure that beneficiaries had access to sufficient medical supplies and services. Many provisions (although not always exclusively pertaining to Medicare) that were automatically adopted were subject to blanket Section 1135 waivers from CMS (Silow-Carroll et al., 2021). *Medicaid Disaster Relief* or *CHIP State Plan Amendments* (SPAs) functioned as temporary modifications to Medicaid and CHIP state plans that address access and coverage difficulties. Templates were provided to states by CMS to obtain permission for revisions connected to the COVID-19 pandemic. By extending enrollment periods and suspending cost-sharing requirements for specific eligible groups or income levels, the SPAs permitted states to request flexibility in eligibility coverage for additional populations or income levels. The primary goal of these measures was to make enrollment and redetermination policies, as well as cost-sharing requirements, less onerous (Silow-Carroll et al., 2021).

# **Policy Recommendations**

## **Education Policy**

A critical component of every public policy is policy modification. This work provided clear indications of where policy can be modified to address changes in society and advances in education delivery and healthcare. Additionally, when faced with a focusing event that was COVID-19, policies across the nation can be reviewed and modified to meet “the new normal”.

The policy recommendations consider additional pathways for modeling Individualized Education Plans (IEPs) for special education students as well as potential directional changes.

- A. Analyze how the effects of interruption in academic instruction and associated therapeutic services differ depending on a student's age, gender, demographic, and disability diagnosis. Researchers and educational administrators are unable to fully understand the scope of impact the pandemic had on special education students as research data that captures the long-term impacts of COVID-19 school closures is scarce, but forthcoming. For this reason, pertinent quantitative data should be collected and analyzed.
- B. Examine the recruitment, retention, and turnover rates for the special education teaching workforce, as well as how the pandemic and the shift to hybrid and remote instruction have affected these educators.
- C. Districts, educators, and caregivers should consider various IEP designs and adaptations to accommodate various instructional modes to promote learning and engagement with special education students in the event of another public health emergency. Educational lawmakers at federal and state levels have bolstered



education budgets in the short term and have encouraged the development of remote learning plans to accompany an IEP in some states.

## **Compensatory Health Policies**

Regardless of academic delivery modalities, the recommendations will consider the effects additional pathways for therapeutic service delivery.

- A. Telehealth flexibilities should be maintained and considered an additional modality for providing services. The Consolidated Appropriations Act has permanently added certain behavioral health telehealth coverage to Medicare. Many states are tentatively proposing to expand telehealth flexibilities in their Medicaid systems, particularly in regard to behavioral health services. Significant stakeholders consider telehealth flexibility as being essential for special education students' access to healthcare outside of the classroom (Silow-Carroll et al., 2021) .
- B. Increasing federal funding to promote technological accessibility, particularly in low-income and rural districts, as well as providing interpreter services during telehealth visits. The Consolidated Appropriations Act for FY2021 and the American Rescue Plan Act of 2021 included funding to expand telehealth programs, which could be funneled to family support organizations, school systems and education agencies and Medicaid programs. These funds could be used to purchase technology supporting low-income and special education students (Silow-Carroll et al., 2021).
- C. Prioritizing school-based health services would ensure that special education students have access to quality therapies and other school-based health services in the occasion of a public health emergency. Health agencies like the CDC should establish concrete guidelines for reopening schools, and individual school districts should train

educators and support staff to support the supportive care, educational, and behavioral health services that special education students receive in the school setting. Finally, it should be mandated that schools have the means required to maintain services required by law in the event of another public health emergency (Silow-Carroll et al., 2021).

## **Limitations**

This policy analysis is limited to the qualitative assessment of academic and therapeutic service delivery and policy mandates made for special education students between the timeframe of March 2020 and August 2021. Assessing how the COVID-19 pandemic's consequences may affect an individual student's mental, physical, and financial welfare as well as that of their family was not feasible given the work's limited scope.

A meta-analysis was conducted in order to obtain a thorough overview of policy changes, literature, and research in the area of interest. The reality that research regarding the special education student demographic is still few and dispersed between federal, education, and research institutions is a significant drawback of this meta-analysis of health and education policy.

The analysis was limited, and although several policy databases were consulted, there is still limited critical research in this field as both direct and indirect research are in their early phases. Simply put, the literature on health and educational policies in relation to the nationwide COVID-19 response and special education students has not fully integrated with mainstream research. An education policy literature search was completed via the Education Resources Information Center (ERIC). A key word search for “special education” “education policy” “COVID-19” only resulted in 318 relevant articles. A health policy literature search was complete using PubMed and a key word search for the terms “special education” “health policy” “Covid-19” produced 78 relevant articles. These two databases held published research that was comparable. These variable phrases were so similar that when merged using the corresponding electronic databases, PubMed returned nine results while ERIC produced none.

Limited state and regional data as self-reporting and anecdotal evidence were the main sources of data in a number of the studies that were performed. Small sample sizes of 10 to 110 participants were used in many studies. Only the perspectives of older special education students or parents and legal guardians were reported as participants in the studies that were reviewed.

A significant percentage of the education and health policies reviewed detail funding regulations; therefore, the full thorough federal policy assessment is restricted to summaries. The Individuals with Disabilities Education Act outlines formula and discretionary grants regulations to educational and agencies, institutions of higher education and other nonprofit organizations (Individuals with Disabilities Education Act, 2022). In contrast, the Medicaid CHIP policy specifies rules for state program infrastructure. State CHIP regulations also differ significantly because Medicaid CHIP is partially funded by the federal government and administered by the states (Medicaid.gov, 2022).

Opportunities for further research into special education and the compensatory health policy that accompany it include qualitative/ quantitative performance assessment analyses as standardized testing can be unreliable for this demographic of students. Additionally, surveying larger samples parents, guardians, educators, and specialist in different socioeconomic communities to gauge special education delivery in varying districts, comprehensive student progress or regression based on ability, healthcare accessibility outside of an academic setting, and other factors should be considered.

## **Conclusion**

The intent of this meta-analysis was to examine the intersection of existing special education, disability inclusion and Medicaid CHIP policies and assess the modalities of education delivery that were employed at the height of the novel coronavirus pandemic. Policies intended for all students were under pressure to be observed as the breadth of the national response to the pandemic escalated. The additional policies put in place for students with special needs seemed to be an even greater issue to meet because this smaller population of students had greater needs. The extended interruption in academic and health services led to wider educational and developmental disparity for special education students. Additionally, this policy analysis research looked to determine or acknowledge the need for development of policy alternatives that might have been implemented at the height of the epidemic as well as the special education policy's shortcomings.

The federal policies identified that public schools are required to meet, are reasonable and in place for specific reasons. The national response to COVID-19 within the context of these policies, as shown in this analysis, suggests that efforts to satisfy the standards were made, but that ultimately missed the mark. Further analysis needs to be done to offer effective changes to policy that include the correct resources to also respond. This analysis also offered sensible recommendations have been made in light of these shortcomings, taking into account new approaches to administer therapeutic services and individualized education plans (IEPs) for students in special education.

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