Sustainable Strategies for School-Based Health Center (SBHC) Reimbursement

National Alliance for Medicaid in Education (NAME) Conference Presentation

October 17, 2017

Agenda

Presenter Introductions
SBHC Program Background
Missouri SBHC Initiatives
SBHC Spotlight: Jennings Senior High School
Questions & Discussion

Presenters

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What is a SBHC?

- Historical Background & Growth of School-Based Health Clinics
- Current State Support
- Overview of Clinic Models
- Medicaid & SBHCs

School-based health care is a powerful investment in the health and academic potential of children and adolescents. This model delivers convenient, accessible, and wide-ranging primary and mental health care services to students where they already spend most of their time: in school.
The Impact Of School-Based Health Clinics
- Evidenced-based program that improves children's health and education outcomes
- Promotes increased access to quality care for underserved populations
- Growing national presence in the healthcare delivery system
- Potential to yield cost savings to the Medicaid program

These attributes lead to the different frameworks/models represented across the SBHC landscape.
School-Based Medicaid Programs vs. School-Based Health Clinic Programs

SBS
- Only allowable services (not primary care) eligible for reimbursement
- Student must be special education (IEP), and Medicaid eligible to bill for

SBHC
- Primary, mental health and dental services reimbursable in SBHC setting with SPA approval
- Student must be Medicaid eligible but doesn’t have to be a special education student to bill for services provided at an SBHC

SBS & SBHCs
- With SPA approval, both can bill Medicaid for qualified services
- With SPA, can be eligible for enhanced reimbursement

Medicaid and SBHCs
Considerations for the Inclusion of SBHCs in Medicaid

History of SBHCs and Medicaid

Ever since the first SBHC was established in the 1970s, the primary goal has been to make health care more accessible for children and adolescents
- Medicaid can support this goal by paying for eligible medical services for children enrolled in Medicaid

Historically, state general funds are the largest component of SBHC funding
- Medicaid has the potential to be a more significant funding source for SBHCs

In 2010 the Affordable Care Act (ACA) appropriated $200 million to construct, expand and equip SBHCs—the first ever authorization for a federal SBHC initiative
Healthcare Changes & Challenges

Under the ACA SBHCs were authorized for funds to support ongoing clinical operations

• This SBHC initiative was never funded by Congress

In 2014 CMS reversed the “Free Care Rule”

• The reversal eliminated a barrier schools faced in obtaining Medicaid funding for student health services

This presents an opportunity for states to strategize around the role schools can play in their health care delivery system

Policy Options

Overcoming SBHC Challenges in Medicaid through Policy

Defining SBHCs as a Medicaid Provider

Defining SBHCs as a unique Medicaid provider

• Ability to differentiate services from those provided by a sponsoring agency
• Direct attribution of quality performance and healthcare outcomes to SBHC
• Inclusion of SBHCs as part of the overall statewide healthcare delivery system
• Improved reimbursement opportunities through Medicaid and Children’s Health Insurance Program (CHIP)

Illinois, Louisiana, New Mexico and North Carolina
Waiving Prior Authorization for SBHC Services

- SBHCs are not administratively burdened with seeking permission from a student's primary care physician in order to provide services and bill Medicaid.
- Medicaid reimbursement to SBHCs is expedited.

Connecticut, Delaware, Illinois, Louisiana, Maine, Maryland, North Carolina, and West Virginia.

Mandating Managed Care Organizations Contract with & Reimburse SBHCs

- Require that Managed Care Organizations (MCOs) contract with credentialed SBHCs in their network.
- Waive prior authorization from primary care providers (PCPs) or MCOs for credentialed SBHCs.
- Set confidentiality policies and procedures between MCOs, SBHC enrollees, and their parents.
- Guarantee SBHCs are compensated for "self-referred" clinic visits by MCO enrollees, even when the enrollee is "out of network".

Implementing an Enhanced SBHC Reimbursement Model

- This would cover the difference between a SBHC’s allowable Medicaid costs and interim payments it receives through MCO reimbursement of Medicaid Fee For Service.
- Establishing SBHC operating standards requires adherence to service delivery and operational standards for facilities qualifying for supplemental payment reimbursement.
Dedicating State Funds to SBHCs

Dedicate state funds to provide SBHC grants or restrict allowable sponsor types

- Strong state financial support fosters new clinics and sustains existing clinics
- Requiring partnership from a federally qualified health center (FQHC), community health center or hospital provides medical oversight, facilitates billing and provides back-up coverage for enrolled students
- Sponsorship requirements promote financial sustainability and limit dependence on non-patient revenues from the state

Medicaid State Plan Evaluation

1. Evaluation of the current Medicaid State Plan for language that supports or challenges SBHC integration in Medicaid
2. Review of state plans from states with coordinated SBHC programs
3. Determine what Medicaid SBHC policies are suitable under the current State Plan and what policies would require a State Plan Amendment (SPA).

Program Options for SBHCs
Overcoming SBHC Challenges through Program Design
Identify FQHCs as the Preferred Sponsor

- Enhanced federal reimbursement rates and federal grant programs
- Aligned mission and vision to promote health care access
- Well-developed billing and records infrastructure
- Operations can be transferred to other providers during times of school recess

State Program Office

- Serve as the coordinating authority for a state-wide SBHC network
- Acts as a knowledge center for SBHCs on billing and provides technical assistance for coding, billing and information systems
- Successful programs have provided assistance to MCOs contracting with SBHCs serving as a regulator, providing licensure to clinics and maintain quality assurance data.

SBHC Minimum Service Standards

- Require SBHCs to meet certain standards to receive funding
- Establish administrative, practice and prevention and continuity of care standards and requirements
- Require an initial certification application by completing an operation profile
- Require SBHCs to pass site visits—review the facility and policies and procedures
- Require recertification after a designated amount of time
There is no gold standard for SBHC state programs, but it is important to recognize that successful SBHC networks receive a robust amount of state support.

Missouri SBHC Initiatives

- Missouri School Board Association SBHC Taskforce
- Missouri SBHC Project Phase I and II

Missouri School Board Association SBHC Taskforce
Missouri School Boards’ Association (MBSA): The Voice for Public Education

- Mission: Helping School Boards Succeed
- School Boards Succeed when Students Achieve
- Membership representing over 94% of students in Missouri
- Most quoted educational news source

MSBA Sets the Public Agenda for Education

- Advocacy
- Legal services
- Policy services
- Education and training
- Revenue generating and cost savings programs

MSBA and Medicaid Advocacy

- 2003 MSBA Department of Student Services
- 2008 Created the MSBA Medicaid Consortium

Advocacy successes on behalf of school districts:
- Five (5) additional fee-for-service billing areas
- Additional eligible school providers
- Cost reconciliation
- New transportation formula
- Third Party Liability waiver
- Teletherapy
- Better understanding by MO HealthNet Division of requirements within context of schools
Key Advocacy Strategies

- Develop Solid Relationships with Department of Social Services Staff – top down
- Bring into the discussion key persons from other state departments and divisions within departments (DMH, DESE, VR, DHSS)
- Schools understand the impact of statutes, regulations and policies
- Important for school personnel to understand the purpose and then problem solve together for improved practices and outcomes

MSBA School-Based Health Clinic Task Force

Goal: Develop a framework that supports the needs of students, districts and families around unmet/hard to meet mental and physical health needs.

July 2016: began with 14 districts in a focus group on mental health

October 2016: 40 school districts with a broadened agenda of physical and mental health

First Meeting: 40 Districts; 6 Departments of State; 5 Agencies/Associations

Goals for the first meeting include:
- Outline the needs of students that may be supported through school-based clinics;
- Define the boundaries within which a school-based program must be designed to protect the integrity of the educational process;
- Identify the potential obstacles facing school districts when considering school-based mental health services; and
- Propose information sources and community partners to access or invite to further inform the discussion.
What Brought Districts to the Table

• Noticeable increase in externalizing behavior
• Social stigma surrounding mental illness and health within their community
• Issues of poverty, physical and mental abuse, and abnormal behaviors considered as normal within a community
• Addressing the unmet health needs of refugee and immigrant students
• Absenteeism—One district had 1 million minutes lost due to health related absenteeism in one (1) school year
• Concern that school has become an urgent care center and school nurses have become the primary health provider
• A need for an advocate to ensure that if schools take on the health care role that they have adequate personnel and financial resources
• Achievement is being impacted by unmet physical and mental health issues
• Safety issues created by unmet health needs

What Brought Departments of State to the Table?

• To hear the school’s perspective on mental health needs
• To seek more efficient and cost effective ways of meeting the physical and mental health needs of children and families across the state
• Providing expertise within the environment that health needs present themselves
• Greater access to students with unmet needs
• Create better access to community resources

Major Health Issues Identified by Schools

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Physical Health</th>
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<tbody>
<tr>
<td>Suicide</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Cutting/Self-Injurious Behaviors</td>
<td>Obesity</td>
</tr>
<tr>
<td>Aggressive Behaviors</td>
<td>Asthma</td>
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<tr>
<td>Explosive episodes</td>
<td>Sexually transmitted diseases</td>
</tr>
<tr>
<td>Bi-Polar Disorder</td>
<td>Addiction</td>
</tr>
<tr>
<td>Attention deficit/hyperactivity disorder</td>
<td>Dental problems</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>Vision and hearing problems</td>
</tr>
<tr>
<td>Depression</td>
<td>Other chronic diseases or disorders</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Contagious diseases</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
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<tr>
<td>Traumatizing Events</td>
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Current School-Based Health Clinics in Missouri

Five School-Based Health Clinics in Missouri
- North Kansas City School District
- Neosho School District
- Webb City School District
- Carl Junction School District
- Jennings School District

Next Phase: Long-term Sustainable Missouri Program

Missouri SBHC Project

Project Goals
Project Approach
Outcomes and Recommendations
Missouri SBHC Initiatives: Missouri Department of Social Services

Task One: January – May 2016

Project Goal
Provide information on school-based health center (SBHC) models in other states earning Medicaid and CHIP revenue.

Task Two: March – July 2017

Project Goal
Analyze Missouri’s currently operating SBHC models and develop a written plan proposing a reimbursement methodology for implementation under the Missouri HealthNet program.

Missouri SBHC Profile

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Services</th>
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<tbody>
<tr>
<td>Clinic 1</td>
<td>Mental Health</td>
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<tr>
<td>Clinic 2</td>
<td>Primary Care, Mental Health</td>
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<tr>
<td>Clinic 3</td>
<td>Primary Care, Mental Health (Offsite)</td>
</tr>
<tr>
<td>Clinic 4</td>
<td>Primary Care</td>
</tr>
</tbody>
</table>
Key Questions to Determining Feasibility

What are the characteristics of Missouri students?
- Student health needs
- Student location and setting
- Medicaid eligibility

What are the operational characteristics of existing Missouri SBHCs?
- Service delivery models
- Sponsorship models

What would be the fiscal impact of a network of SBHCs?
- Estimated costs of a SBHC, network of SBHCs
- Projected revenue of a SBHC, network of SBHCs
- Medicaid cost savings

What can the State do to support a state-wide SBHC network?
- State funding support
- State administrative support

Key Questions for Determining Sustainability:

- How many students do you see and how often?
- What staffing do you need to meet student needs?
- How do you fund staffing and operation of the clinic?
- How do you measure your SBHC’s success?

Opportunities for Program Success

- Increase primary and specialty care access
  - Connect children to a greater range of comprehensive services in convenient settings
  - Address disparities in health equity
  - Improve care coordination
  - Address the social determinants of health

- Improve outcomes for student success
  - Decrease absenteeism rates
  - Increase academic achievement

- Create cost savings in Medicaid/CHIP
  - Reduce hospital and emergency room utilization
  - Improve management of chronic health conditions
  - Identify early intervention for preventable diseases, conditions, or disorders
SBHC Spotlight: Jennings High School

A NATIONALY RECOGNIZED TURNAROUND MODEL
Superintendent of School
Art J. McCoy, Ph.D.

Jennings High School Student Profile

- Approximately 750 students in the High School and Alternative School
- 100% free and reduced lunch
- 99% African American
- 100% Graduation
- 100% College and Career Placed
Needs Assessment Data

**Students**
- Alcohol and drug abuse
- Teen pregnancy
- Stressful or poor family relationships
- Fighting or physical aggression

**Parents**
- Stress and/or frequent worrying
- Stressful or poor family relationships
- Alcohol and drug abuse
- Teen pregnancy

**Teachers and Staff**
- Attention deficit & hyperactivity
- Stressful or poor family relationships
- Alcohol and drug abuse
- Family substance abuse

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**JENNINGS' WARRIORS WELL**

2017 Salute to Excellence in Health Care

Congratulations!

Dr. Sharon Johnson, School of Social Work, University of Missouri - St. Louis
Our Team:

Sarah Garwood, MD
Medical Director

chantal Samuel, Lcsw
SBHC Coordinator

Bethelle Mears, MA
Clinical Case Manager

Tetianne Lindsay, Msn, Rh Cfnp
Adolescent Nurse Practitioner

Corey Dowden, M.A
Youth-in-Need, Therapist

School District Leads
Dr. Rhonda Key, High School Principal

SBHC Services Provided

Dental

Well Child Visits

Hearing Exams

Our Space: Construction Phase

Our Space: Redesigned Clinic
Measurable Health Outcomes

1. Chlamydia Screening
2. Depression Screening
3. BMI
4. Annual age appropriate risk assessment
5. Well Child Visit

Adapted from the National School-Based Health Alliance Performance Measures

ST. LOUIS AMERICAN
SPOT program is 2017 Health Advocacy Organization of the Year

SPOT stands for School-Based Outreach for Teenage Students. It is a student health clinic. The clinic started in 2003. The clinic is located in Jennings High School. SPOT was founded by three educators: Rhonda Key, principal of Jennings High School; Michael Garwood, director of school health for the St. Louis Board of Education; and Cormekia Rogers, assistant principal. The clinic’s operations are funded through various grants. The clinic is located in the zip code 63136, which is a high-poverty community. The clinic offers a variety of services to students, such as health assessments, mental health services, and substance use services. The clinic also provides services to homeless students with the support services provided by community agencies in partners.

Collaborations in the Community

Jennings School District is meeting more and more of the needs of its homeless students with the support services provided by community agencies in partners.

Urban League of St. Louis
Operation Food Search at St. Louis Food Bank
St. Louis Housing Authority
Family Support Division
Al Linn Grant, Junior League
Missouri Urban Health Alliance
Children's Hospital
Talia A
Jennings Community Cupboard
Parents as Teachers
Urban League of St. Louis

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Graduation!

Questions & Discussion