

Oregon Department of Education – Basement A
Meeting Summary

Task Force Members in Attendance:

Marian Blankenship	Rhonda J Busek (phone)	Nina Fekaris
Margo Lalich	Senator Laurie Monnes Anderson (phone)	Ed Edwards (phone)
Maureen Hinman	Representative Gene Whisnant	
Mitch Kruska	Tom Sincic	

Task Force Members Not in Attendance:

Jeremiah Rigsby	Yousef Awwad	Rebecca Austen

Support Staff in Attendance:

Jamie Smith – OHA	Jessica Duke – OHA	
Ely Sanders – ODE	Cynthia Garton - ODE	

Guests for Medicaid Panel:

Linda Brown – ODE	Sharie Lewis – Parkrose SD	Linda Williams - OHA
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Meeting Summary:

Welcome Introduction of Task Force Members

- Chair Nina Fekaris started the meeting and led with introductions.

Housekeeping

Approval of 5/6/2016 minutes:

- Representative Whisnant had a correction to the May 6, 2016 minutes
- Minutes from 5/6/16 approved with the one correction.

Other:

- Chair Fekaris and Maureen Hinman had been emailing back and forth regarding a model for school based health support. As talk about funding opportunities, it may be a good time to dove-tail into conversation what models may fit into this funding mechanism. Tom Sincic said that sometimes the model drives the funding. Know what you want to achieve.

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- Tom Sincic requested a new agenda item for the day: review scope at the end of the meeting and go over next steps.

Summary of May Scenarios

- Jamie Smith discussed summary:
 - If look into private insurers, need to look at credentials.
 - What is billable? Make sure districts are billing for it.
 - Challenges: need to make sure they have billing staff; keep in mind who is supervising health professionals.
 - What can school based health center do to help?
 - What can school nurses do and what can they reassign?
 - Idea: is there a way to have weighted ADM for districts to get additional funding for school health? Could there be a dedicated amount from the state school fund?
- Tom Sincic had thoughts based on his background as nurse practitioner. OHI is working on standardizing credentials. Would this allow a practitioner to get reimbursement to work at their highest level of practice?
- Margo Lalich stated that many public health clinics work with registered nurses on site. Those hours can be billed. Standing orders in place for the RN to work under.
- Marian Blankenship noted that there is a requirement to hit network accuracy and bring providers into networks.

Address May Questions

- Jamie Smith overviewed nationwide funding - see handout.
 - First section talks about National Association of State School Nurse Consultants survey results. Majority of funding is local board of education.
 - The second section discusses various requirements nationally for school nursing.
 - The last section gave a visual representation of various national school nurse to student ratios.
 - Representative Whisnant asked where the 1:750 recommendation comes from:
 - RWJF, AAP, NASN, HP 2020 all support this recommendation
- Margo Lalich said that when you look at what is being delivered and take it out of a school nurse setting, it is billable (outside of the school). We need to recognize there is a disparity, puts an undue hardship on schools.
- Maureen Hinman noted that some services, such as prevention, are not billable. Need community effort/partnership to get the funding.

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- Mitch Kruska added that there is a need for accountability. Could run into problem with State School Fund paying for 90%; funds may be taken from somewhere else to help pay. Needs to be balanced.
- Tom Sincic commented that in this day of healthcare transformation, healthcare should help offset the negative impact of education dollars being spent on healthcare issues in the school setting.
- Marian Blankenship commented on the infrastructure challenges, credentialing, and billing capabilities. In the post-ACA environment, there is lots of pressure on the insurance market. Increased services will lead to increased premiums. A mandate to bill lead to push back from private payers.
- Maureen Hinman said that schools need to also look at chronic absenteeism.
- Chair Fekaris said that health systems are coming in to help provide services at schools. Something we can look at in more detail.
- Jamie Smith went over three articles: Cost Benefit Studies, Statement on School Nursing, and Chronic Absenteeism Issue.
- Jamie Smith showed map of where school nurses are in Oregon. Color of districts denoted attendance. Still trying to get the data of where all the school nurses are, have about 180-190 now, feel there are about 30-40 more. Map showed blue dot for nurses and purple dots for school based health centers.
- Mitch Kruska and Jamie Smith passed around copies of document, “What Would it Take?”
- Mitch Kruska stated there needs to be 568 more school nurses to meet the desired 1:750 ratio; could cost over \$53 million. Cost could be \$93.61 per student, or over \$200,000 per district.
 - Margo Lalich stated that the 1:750 ratio is a good target, but sometimes it is more complex. Could it be similar to public health funding? Every district gets a base amount, then a formula of sorts could take into account higher needs.
- High cost student could cost \$100,000 a year. That is a hit, because they have no choice. Mitch Kruska stated that there is help with High Cost Disability funding, which should reduce the cost of these students. (80 cents on the dollar).
- Representative Whisnant stated that it may be good to come up with guidance to schools regarding funding. Money given to ODE, then to districts, then to schools.
- Maureen Hinman liked the idea of examining what the ratio really means and who are the full body of people that can contribute to school health – nurse, health assistant, SBHC.

Medicaid Panel Discussion

- Chair Fekaris had guest panel introduce themselves.

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- Sharie Lewis managed Medicaid at Portland Public for 10 years. Has consulted Medicare and Medicaid, hospitals and Medicaid billing.
- Linda Williams worked with Salem-Keizer SD for 12 years, background with IDEA Special Education and Medicaid jurisdictional rules.
- Linda Brown worked at Silver Falls SD as Special Education Director, worked with Medicaid, as well as services for kids with high needs.
- Ely Sanders stated that ODE wanted to get an understanding of what is happening with Medicaid throughout the state.
- Linda Williams oversees school based health centers for Medicaid billing. School districts, billing is by choice. EI/ECSE (Early Intervention/Early Childhood Special Education) is mandatory.
- If service is \$100, school bills \$100, district pays \$30 and OHA pays \$70 to make up the \$100.
- Services for outreach go to Medicaid programs. Person does not need to be eligible, does not need consent from parent.
- Federal regulations outline requirements for services and they have to be followed.
- School based health services have to support IDEA Part B and C health needs.
- Linda Williams said that her department receive costs, review and accept them. They vary state-wide. They are guaranteeing they will get their cost, based on prior year auditing. Schools can provide more services, but cannot bill more services.
- Mitch Kruska pointed out that ESSA (Every Student Succeeds Act) is more monitoring special education, will not change Medicaid billing. Districts can always offer more services than the minimum and what is billable/reimbursable.
- Linda Brown said that Silver Falls SD has about 38,000 students, with about 600 special education. IDEA law says that students with severe medical needs, Medicaid law is a back way to help. Silver Falls SD identified 50 people who one day a month or per quarter who could MAC claim. Got \$200,000 a year through MAC program, so hired a wellness nurse.
- Sharie Lewis said the calculation narrows down staff that have to work with student or parent on a continual basis.
- Linda Brown said they used school based health services for needy kids: those with IEP, receiving dedicated care/services, doctor to say they need to provide specific service to help kid learn. Only did this for 13 or 14 kids who needed dedicated adult care. Received about \$250,000. But have to document all care and services.
- Staff secretary did the billing. OHA provided someone to train. Secretary spent 4 or 5 hours a month for billing (SBHS).

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- Tom Sincic wanted to know how they contacted doctors. School nurse contacts doctor (could be phone or email) to get the work order. The doctor can provide the specific requirement needs on their letterhead. Parent has to consent.
- Silver Falls SD billed for transportation, nursing and delegated health services.
- School based health services are IDEA only.
- Marian Blankenship asked how many districts bill?
- Sharie Lewis said that when she started in Portland, there was a decision that needed to get parent's signature. They thought if signed, they lost services. Would try to get signature when they did the IEP. Used to get \$2 million.
- Linda Williams said that there is a system that now calculates state share and federal share. Calculates what the district pays, and what federal total they receive.
- Sharie Lewis said this process is cumbersome, and that audit fail rate is high. The union at Portland SD decided it was a case-overload issue for staff.
- Linda Brown said that most districts in Oregon are small, so it's much more manageable for them, they can go one student/IEP at a time.
- Sharie Lewis pointed out that some districts don't have administrative time, so they either go through ESD or a third party.
- Mitch Kruska said that it could help to make 4 or 5 examples of systems that districts can use as a model.
- Linda Williams said that ECWeb centralized system can be used for EI billing (Early Childhood). Failure rate for Oregon is lower.
- Tom Sincic asked where are state or federal policy tweaks that can make this manageable/doable.
- Mitch Kruska said there is no policy that mandates School Districts have to take advantage of and bill Medicaid. It is required with ECSE (Early Childhood Special Education) environment. State had looked into having a system for school districts, but the cost for creating and maintaining it would be too high.
- Linda Brown said they can use the IEP system districts have.
- Mitch Kruska pointed out that a new person could come in and then it's not a priority anymore.
- Mitch Kruska said if going to mandate it, need to come up with a system that districts can choose from and use. Idea is to have three or four third parties for districts to choose from.
- Sharie Lewis said a hurdle can be what leadership wants. Many districts make speech pathology priority.
- Mitch Kruska said workload issue is adding additional element for Medicaid billing documentation. You're not adding students, but adding a new layer of documentation,

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even if it's data entry on a computer. That is why some may want additional compensation.

- Sharie Lewis said there is software to assist with billing, but the software is not cheap and requires maintaining.
- Senator Laurie Monnes Anderson stated, before having to leave the meeting that she does not want us to lose sight. An assessment will have to be made to see which schools want to do Medicaid billing and how to help them. Don't focus on the fact that Medicaid billing may not work for some districts. Need to look at other systems that may be able to assist.
- Oregon must have annual report that shows how the money is used. Gave to Senators Wyden and Smith, around 2008, which helped save MAC in Oregon.
- This is not a payment, but is a reimbursement for services already paid for. Think of it as supplementing services.
- Linda Williams said need to give an incentive to districts and parents to want to do this. What is the incentive?
- Linda Williams shared information on the Free Care Policy: Medicaid and Medicare policy was to not charge for general health care or screenings. December 2014 letter sent out that free care policy was being lifted. A lot of states are part way through process to change amendments to allow for these services to be billed through Medicaid. Need to identify the services you are offering, and time that goes into them. Now can bill Medicaid and not insurance plans.
- Need to put together a list of things for free care. Think about universal screenings, what is billable, medication management, how do we bill.
- Mitch Kruska said it would make sense to take ECWeb and gear it up instead of creating a new system.
- There are 60 providers out of all ESDs and SDs in Oregon.
- Linda Williams said there may be a good opportunity to use Tele-Nurse.
- Tom Sincic requested Linda Williams' list of thoughts.
- Mitch Kruska expressed the concern that if we generate the money, where do the nurses come from. Need to keep in mind the workforce capacity.

Meeting Wrap-Up

- Review four charges of scope
 - Well on the way of finishing first charge, regarding looking at health care funding sources to help school nurse services.
 - Linda started conversation of second charge, regarding sustainable funding sources for health screenings.
 - Reviewed last charges:

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- Recommend standards for school nursing practice that include outcome measures related to performance.
- Recommend ways to create a coordinated school health services model directing a level of funding to school nursing and health centers.
- Tom Sincic requested discussing agenda items for next meeting:
 - Margo Lalich wants to look at other funding streams.
 - Mitch Kruska requested a deadline for adding items, so he can give it thought.
 - Tom Sincic wants to think about policies for Medicaid. What is driven by policy or mandates.
 - Marian Blankenship wants to talk more about the model.
 - Maureen Hinman wants to talk about the ratio goal. How can we leverage each to be most cost effective?
- Ely Sanders brought up the capacity issues of sending Medicaid work to Linda Williams, as she is only one person at OHA. She is also retiring soon.
- Next meeting is July 8 in Portland.
- Email comments, questions, concerns to Jamie Smith.

Public Comment

- No public comment

Meeting adjourned

Homework results from May meeting:

#1

Below are my recommendations based on my current knowledge base. I would also like to request that in the next meeting we each have a few minutes to explain our recommendations so we can share and understand each other's perspectives and ideas.

- 1) Develop legislation for funding to support maximizing school MAC billing statewide. This could happen a number of ways, like:
 - a. A state agency, probably OHA (Health System Division), but maybe ODE, develops meaningful technical assistance to make MAC billing as easy and efficient as possible.
 - b. The state agency could give regional assistance and contracts to ESDs, or CCOs, or even have MESD as the statewide contractor if they have the capacity to work statewide, or provide direct TA to schools or the current billing contractor.
 - c. As we discuss this we should have an exploratory conversation about whether schools should be required to use this funding for school health services.
- 2) The task force continues past September and focuses on examining different funding and school health service delivery models (including but not limited to coordinated SBHC and school

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nurse models) from around Oregon and nationally to ensure that the most cost effective and highest quality of service model(s) is identified and maximized as applicable to different regions of Oregon.

- a. Note: Until we do this I think it will be challenging to approach CCOs or the hospital systems for funding, especially if SBHCs and school nurses are both approaching them separately and it becomes a competitive strategy for funds.
- b. Once we do this, I think we should pursue various avenues for directing Hospital Community Benefits Funds to school health services in a coordinated statewide way, either through an agreement that has gone through the Oregon Association of Hospitals and Health Systems (OAHHS) or legislation that hopefully has OAHHS buy in.
- c. If we are able to request moving forward past September then I think an additional request to add an OAHHS or other hospital system representative to the group would be wise.

#2

In general I believe funding will need to come from multiple streams adding up to the whole pie. A Brainstorm of Funding ideas (in no particular order except first two):

- In order to make this work school nurses need to be tied into healthcare transformation and that means the right technology. This is necessary for continuity of care, efficiency of care, avoidance of duplication/triplication, billing, data tracking and likely more. Go to Intel and/or HP which both have large Oregon presence and have them supply it through grants.
- Eliminate FERPA barrier.
- Policy that makes services provided by qualified Nurse that would be reimbursable/billable if provided by MD/DO/NP or other health or mental health professional be reimbursable/billable if provided by qualified Nurse. This would include items like nutrition counseling or management sleep problems or anxiety or etc.
- Policy that states that Nurses doing work that would be billable/reimbursable if provided in a hospital, clinical situation or home care situation would be billable/reimbursable if provided at school.
- CCO/OHA community funding to improve population health outcomes.
- Private Insurance community funding to improve population health outcomes
- Reduce administrative/clerical burden for such items as immunization record keeping so time available to work at top of license and focus on leading school wellness work.
- Tie school nurses into to the school-based system both where there is a presence in a school and remotely to reduce unnecessary administrative work and duplication of services
- Tie school nurses into electronic medical record to increase efficiency and improve care for students.

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- Have School Nurses provide and get reimbursed for clinical services where it makes sense including immunizations, certain health counseling particularly healthy lifestyle including group and classroom work, pregnancy tests, STD screenings, and remote visual tech link to PCP/School Based Clinic for items like ear pain, sore throat and rashes. Create consultation hot line to support.
- MAC
- Eliminate school screenings where that is now responsibility of the now recommended Well Child Checks.
- Have screening results where done put into the single EHR/EMR so Primary Care Provider has them and can do necessary follow up unless of course the follow up is by the school nurse is reimbursed.
- Remove school nurses from education funding stream and put them in the health care funding stream.
- Tax on soda including everyone dispensed by a soda fountain-- perhaps along equivalency of alcohol or tobacco tax--I think we can recognize it for the damage it is doing and this would easily get the dollars needed and more.
- Marijuana dollars that can be assigned to health/mental health care.
- Advance Single Payer Health Care System that would create single payment pathway that covers all students, save significant health care administrative dollars and reduce bureaucracy of insurance rules and put them into school nursing services. (Study is in process)