



## Council on the Advancement of School-Based Health Centers

April 24, 2017

9:30 a.m. to 1 p.m.

Maryland Department of Transportation  
7201 Corporate Center Drive  
Richard Trainor Conference Room – First Floor  
Hanover, MD 21076

### Meeting Objectives

- Provide input to MASBHC Policy Council re: SBHC sponsor and billing questions
- Work Group planning: set priorities, schedule work group meetings
- Review and update schedule

### Meeting Agenda

1. 9:30-9:45: Welcome, Roll Call, Introduction of New Members, Agenda Review
  - Council Members: Delegate Bonnie Cullison represented by Brigida Krzysztofik, Barbara Masiulis, Cathy Allen, Dr. Karen Salmon represented by Mary Gable, Jennifer Dahl, Mark Luckner, Maura Rossman, Nicole Johnson, Dennis Schroder represented by Tina Backe.
  - Visitors: Rachel Faulkner; Public Policy Partners/MASBHC, Mona Care; Dorchester County Health Department, Beth Spencer; Dorchester County Health Department, Judy Covich; Montgomery County, Joan Glick; Montgomery County DHHS, Sapna Hencinski; MASBHC, Cheryl DePinot; DHMH, Sharon Hoover; University of Maryland, Sharon Hobson; Howard County Health Department.
2. 9:45-10:15: MASBHC Policy Council: Legislative Update, Sponsorship and Billing Presentation (15 min) Council Discussion, Feedback, and Next Steps
  - Rachel Faulkner from Public Policy Partnership attended the meeting to provide the council with an update on sponsorship and billing, provide highlights from the past legislative session, and inform the council about a regulatory change that happened during session from DHMH Medicaid office.
  - House Bill 221/ Senate Bill 223: Maryland Council on the Advancement of School-Based Health Centers Bill
    - This bill will moved the council from MSDE to Community Health Resources commission.
    - Effective date is October 1. More information about that late summer/early fall.
    - Thanks to MSDE for everything they have done up until this point. Good time to transition.
  - Two bills were introduced the dealt with behavioral health.
  - House Bill 786: Education - Individualized or Group Behavioral Counseling Services – Establishment
    - Requires MSDE and DHMH to provide best practice guidelines for behavioral health services.
  - House bill 1522: Needs Assessment for Student School-Based Behavioral Health Services
    - Goal of this bill is to figure out what happens to behavioral health services when school is not in session, such as during summer and other breaks. This is a collaboration between DHMH and MSDE. More to come on this bell. It was championed by Delegate Terry Hill. Center for School Mental Health was not involved in this bill. DHMH is looking into what

their responsibilities are for this bill.

- House Bill 1082/ Senate Bill 1060: Heroin and Opioid Education and Community Action Act of 2017 (Start Talking Maryland Act)
  - Bill focuses on schools stocking naloxone. Allows for other school health personnel to get trained in administering naloxone.
- House Bill 1329/ Senate Bill 967: Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017
- House Bill 150: Budget Bill (Fiscal Year 2018)
  - MASHHC obtained committee narrative requiring MSDE to report on the disposition of SBHC grant funds for fiscal 2018 by August 1, 2017.
- House Bill 152: Budget Reconciliation and Financing Act of 2017
  - As introduced, the Governor proposed to permanently cap the budget of the Community Health Resources Commission at \$4 million. In addition, the Department of Legislative Services recommend a \$700,000 cut to the current fiscal year. MASHHC collaborated with MDAC to successfully:
    - Eliminate the permanent cap on the Commission's budget. Thus, the Commission's budget could rise to about \$8 million in fiscal 2019.
    - Increase the Commission's budget from \$4 million to \$4.8 million in fiscal 2018.
    - Defeated the proposed cut of \$700,000 in fiscal 2017.
- Regulations/ Sponsoring Entities: See the attached summary
  - DHMH/ Medicaid put out proposed regulatory changes for SBHCs. There is new language in the regulation that states that if you want to be an SBHC and be approved by MSDE, you need to have a sponsoring entity in order to then bill for Medicaid. In response to the regulatory changes, MASHHC submitted comments to DHMH requesting the list of sponsoring entities be expanded. DHMH responded declining MASHHC's request
  - The DHMH sponsoring entities list includes: local health department, FQHC's, and general clinic.
  - MASHHC requested to add: local school system, hospital or medical center, private nonprofit, any other sponsor approved by the department.
  - The final list effective April 10<sup>th</sup> are those already approved by DHMH.
- Discussion about this bill regarding sponsoring entities. It was noted that it would be best discussed in the systems integration and funding work group but would be fruitful to have a discussion prior to breaking out into the work groups.
- Does this list capture the range of sponsoring entities? If you are approved as an SBHC you are allowed to apply to Medicaid to bill Medicaid, however you have to fulfill one of the Medicaid sponsorship types.
- Who's left out if you don't add these organization? Nurse practitioners in Maryland can now work independently and that they would work to open an SBHC. Hospitals are not single entities themselves. When you talk about hospitals sponsorship it's hard to define because they usually have general clinics that can support an SBHC. It's difficult to figure out where in the hospital entity that the SBHC lies, if the hospital is the sponsor.
- Who would be left out of becoming a center that align with this reaffirmed regulation?
- What is the role of the sponsor?
  - Typically there are two different kinds of sponsors. One type is the fiscal agent and then the medical sponsor. Medical sponsors are the one that is providing the provider and staff.
  - Often the school system is the fiscal agent sponsor but they are not the medical sponsor of their SBHC's. Baltimore's school system is the sponsor and the medical sponsor is the health department. In another Maryland county their SBHC sponsor was the local management board that provided administrative oversight but the clinical service provide/ medial sponsorship was provided by the health department.
- Discussion regarding who falls under the general clinic entity.
- Discussion regarding how entities that would like to be added to the regulations, how do you support them in developing partnerships to align with the approved DHMH categories, if those categories are not expanded.
- Where and what are the missed opportunities – something for the Systems Integration and Funding work group to explore.
- What does the general clinic definition require and what are the missed opportunities, what would your designation be under Medicaid.

1. 10:15-10:30 Work Group Review and Charge
  - Work group roles and responsibilities document was distributed.
  - Discussion of the Statement of Purpose.
  - There are 3 work group major areas of discussion; there may be some overlap in the work groups.
  - Today's purpose the work group breakouts is for each work group to identify 3-5 major priorities to work on. Gather information that you need, voices that you want at the table, site visits that you would like to conduct, whatever you think you need to accomplish your goals.
  - Anticipate that in order for work groups to accomplish will need to have additional meetings. Each work group should discuss when and where your group plans on meeting between now and September. We can reserve these rooms on behalf of the work groups. As long as we know in advance.
  - 2<sup>nd</sup> page of the work group template is the timeline for your meetings.

- 10:30-12:30 Work Group Break-Outs
- I. Election of Chair, Secretary
  - II. Priorities (3-5)
  - III. Timeline and Deliverables (short, medium, long-term)
  - IV. Meeting Schedule
  - V. Needs (supplies, support, council input, outside input, etc.)

12:30-1:00 Work Group Report-Out and Conclusion

**The next full Council Meeting will be Monday September 11, 2017 9:30am-1pm.**

## **Council on the Advancement of School Based Health Centers: Work Groups 2017-18**

### **Quality and Best Practice**

S. Morgan  
M. Hinton  
B. Masiulis  
J. Covich  
OPHI rep  
Cheryl DePinto  
SBHA Rep  
MSDE Facilities

### **System Integration and Funding**

M. Luckner  
K. Connor  
M. Rossman  
Jennifer Dahl  
U. Ahluwalia  
S. Hobson  
M. Carey

### **Data Collection and Reporting**

C. Allen  
T. Backe  
D. Cullision  
J. Glick  
A. Mezu  
SBHA Rep