



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
Ed Kasemeyer, Chair – Mark Luckner, Executive Director

December 16, 2022

The Honorable Lawrence J. Hogan, Jr.
Governor, State of Maryland
State House
100 State Circle
Annapolis, Maryland 21401-1925

The Honorable William C. Ferguson, IV
President, Senate of Maryland
Senate Office of the President
State House, H-107
Annapolis, Maryland 21401-1991

The Honorable Adrienne A. Jones
Speaker, Maryland House of Delegates
Office of the Speaker of the House
State House, H-101
Annapolis, Maryland 21401

RE: Council on Advancement of School-Based Health Centers Annual Report

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to section 19-22A-05 of the Health – General Article, the Council on Advancement of School-Based Health Centers respectfully submits its 2022 annual report. The enclosed report provides an overview of the current SBHC landscape, including the number and location of SBHC programs in Maryland. Additionally, a summary of the Council's structure and priorities for 2023 are included in the report.

Thank you for your consideration of this information. If you need additional information, please contact me at mark.luckner@maryland.gov or (410) 260-7046.

Sincerely,

Mark Luckner
Executive Director
Maryland Community Health Resources Commission

cc: Dennis R. Schrader, Secretary of Health
Mohammed Choudhury, State Superintendent of Schools
Ed Kasemeyer, Chair, Community Health Resources Commission
Sarah Albert, Department of Legislative Services (5 copies)



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Council on Advancement of School-Based Health Centers

2022 Annual Report Health – General § 19-22A-05 HB 221, Ch. 199 (2017)

December 16, 2022

Larry Hogan
Governor

Boyd K. Rutherford
Lieutenant Governor

Dennis R. Schrader
Secretary of Health

Edward J. Kasemeyer, Chair
Community Health Resources Commission

Dr. Katherine Connor, Chair
Dr. Patryce Toye, Vice-Chair
Council on Advancement of
School-Based Health Centers

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Abbreviations

Blueprint: Blueprint for Maryland’s Future (legislation to implement Kirwan recommendations)

Bureau: Maryland Department of Health Bureau of Maternal and Child Health

CRISP: Chesapeake Regional Information System for our Patients (health information exchange)

CHRC: Community Health Resources Commission

Council: Council on Advancement of School-Based Health Centers

DAP: Maryland Diabetes Action Plan (MDH population health initiative)

EHR: Electronic Health Record

FERPA: Family Educational Rights and Privacy Act

FQHC: Federally Qualified Health Center

HEDIS: Health Effectiveness Data and Information Set

HIPAA: Health Insurance Portability and Accountability Act

Kirwan Commission: Kirwan Commission on Innovation and Excellence in Education

LHIC: Local Health Improvement Coalition

MASBHC: Maryland Assembly on School-Based Health Care

MHBE: Maryland Health Benefit Exchange

MCO: Managed Care Organization

MDH: Maryland Department of Health

MOU: Memorandum of Understanding

MSDE: Maryland State Department of Education

Needs Assessment: statewide SBHC Needs Assessment performed by MDH’s contractor in 2022

PPE: Preparticipation Physical Evaluation (sports physical)

PCP: Primary Care Provider

QBP: CASBHC’s Quality and Best Practices Workgroup

SBHA: School-Based Health Alliance

SBHC: School-Based Health Center

SHIP: State Health Improvement Process

SIHIS: Statewide Integrated Health Improvement Strategy

SIF: CASBHC’s Systems Integration and Funding Workgroup

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Executive Summary

The Council on Advancement of School-Based Health Centers works to improve the health and educational outcomes of students who receive School-Based Health Center (SBHC) services by advancing the integration of SBHCs into the health care and education systems at the State and local levels. The Council is staffed by the Community Health Resources Commission, an independent commission operating within the Maryland Department of Health (MDH).

There are currently 95 SBHCs across 17 jurisdictions in Maryland. During Fiscal Year 2022, all SBHCs in Maryland receives grant funding totaling over \$7 million from the MDH Bureau of Maternal and Child Health (“the Bureau”).

Diagram 1 illustrates the distribution of SBHCs across Maryland. Jurisdictions indicated in green are where SBHCs are located.

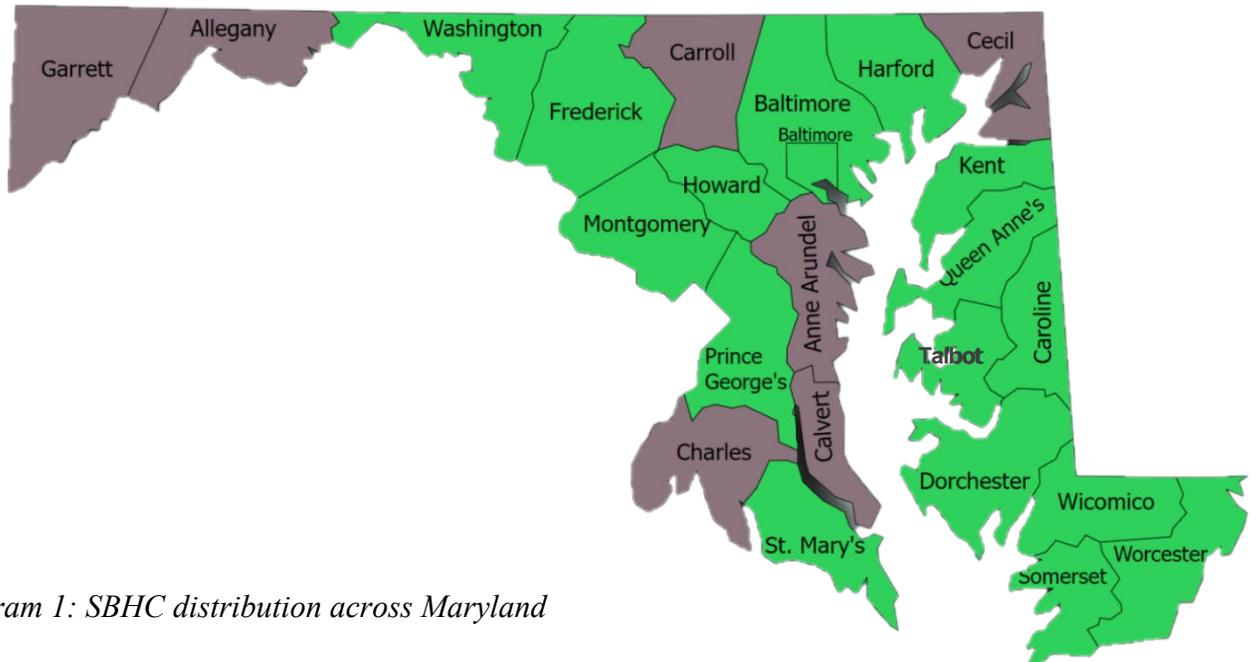


Diagram 1: SBHC distribution across Maryland

The Council made important progress on its mission in 2022. Key accomplishments are outlined below.

1. Council recommendations helped to inform a number of activities implemented by the Maryland Department of Health’s Bureau of Maternal and Child Health (“the Bureau”) as the SBHC program was moved from the Maryland State Department of Education (MSDE) to the Bureau. For example, the Council has long advocated for increased staffing for the SBHC program and is gratified that the Bureau has added several new positions focused exclusively on the SBHC program. The Council also was pleased that the Bureau implemented its recommendation for a statewide Needs Assessment to study and make recommendations for funding allocations for SBHCs. Several of the Council’s other recommendations related to the SBHC grant program were adopted, including one-time infrastructure grants and not reducing

current funding levels for existing grantees. The Council appreciates the Bureau's efforts on other Council priorities, such as working with SBHCs to become COVID-19 vaccination sites, beginning to align program activities with asthma-related SIHIS goals, and supporting more robust utilization of the Chesapeake Regional Information System for our Patients (CRISP) by SBHCs.

2. The Council worked with the Bureau of Maternal and Child Health to update the Maryland SBHC Standards. Revising the SBHC Standards has been a priority of the Council and its Quality and Best Practices workgroup for several years, as the last comprehensive revision was completed in 2006. The Council has provided a great deal of feedback to over several years and was pleased that the effort to revise the Standards continued through 2022. Key priorities of the Council adopted in recent drafts include: focusing the Standards on minimum requirements only; developing a series of toolkits and/or appendices to provide supplementary information, recommendations, and helpful resources; clarifying requirements related to mental health and immunization services; clarifying and supporting continuous quality improvement requirements; and eliminating SBHC service "levels." The Council also contributed to the SBHC program's vision and mission in the Standards. The Council continues to recommend flexibility for telehealth and other providers so long as quality services are delivered. MDH released a revised version of the Standards for public comment during December 2022 and is expected to publish a final version in early 2023.

3. The Council developed recommendations to increase SBHC revenues generated through billing. Recommendations that can be implemented by MDH in the short-term under the existing reimbursement framework include: training and technical assistance to improve claims submissions and utilize existing codes more robustly; training and technical assistance to support SBHC utilization of CRISP; and facilitating collaboration between SBHCs and Maryland Medicaid Managed Care Organizations (MCOs). In the medium term, the Council recommends a regulatory change to permit SBHCs to bill for sports physicals; guidance to direct Maryland Medicaid MCOs not to send adverse benefit determination letters in cases where there is no member liability, which would help protect the privacy of patients receiving confidential services; development of an alternative model for SBHCs to provide vaccinations; and support for a potential pilot program to study value-based purchasing. Ultimately, the Council supports an innovative Medicaid reimbursement model in which services performed at SBHCs are reimbursed by Medicaid at a higher rate than similar services performed elsewhere, analogous to the reimbursement structure for Federally Qualified Health Centers (FQHCs); value-based purchasing; and Medicaid reimbursement for care coordination activities. The Council also identified several possible areas for additional study: billing practices for families with high-deductible commercial insurance plans; calculating the time spent by SBHC staff on care coordination activities; updating the school health visit report and its transmission to MCOs; and analyzing the cost of SBHC services for uninsured children. These recommendations are included in Appendix 2.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2023. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

Council on Advancement of School-Based Health Centers Health – General § 19-22A-05 2022 Annual Report

I. Council Activities in 2022

The Council was established in 2015 to improve the health and educational outcomes of students who receive services from School-Based Health Centers (SBHCs) by advancing the integration of SBHCs into the health care and education systems at the State and local levels (Health – General § 19–22A–02(b)). It is comprised of 15 members appointed by the Governor and six ex-officio members from across state government. The Council is chaired by Dr. Katherine Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at KIPP Baltimore. Dr. Patryce Toye, who retired at the end of September 2022 from her position as Chief Medical Officer, MedStar Health Plans, serves as Vice Chair. The full Council met three times during 2022.

Appointments. Fourteen of the Council’s fifteen seats are currently filled. One position, representing a parent of a child who uses a SBHC, is vacant. A roster of Council members is included at the end of this report.

Council Meetings. The Council met three times during 2022. All meetings were held virtually.

At its March meeting, the Council invited Secretary of Health Dennis Schrader to provide an update on the Department’s planning for the SBHC program, which would transfer to MDH effective July 1, 2022. At its September meeting, the Council received an update on the Bureau’s numerous activities since the transfer of the program was completed. Workgroups then met in breakout sessions to plan future activities in light of this update. At its December meeting, the Council voted to approve recommendations to improve billing by SBHCs.

Meeting minutes from each of the Council meetings are included in Appendix 3.

Workgroups. Much of the Council’s work is conducted by its three workgroups.

Data Collection and Reporting (Data) Workgroup. The Data Collection and Reporting Workgroup is co-chaired by Joy Twesigye, representative of the Maryland Assembly on School-Based Health Care (MASBHC) and Vice President for Health Systems Integration at Colorado Access, and Cathy Allen, representative of the Maryland Association of Boards of Education and Vice-Chair of the St. Mary’s County Board of Education.

During 2022, the Data workgroup continued to be interested in the annual survey of SBHCs, which had been expanded previously with input from the workgroup. The workgroup encouraged continued attention to the survey to improve the quality and accuracy of data collected, and to ensure data definitions are standardized and applied in a consistent manner by

all SBHCs. The Bureau has indicated that it will revise the survey questions before implementing the 2021-2022 survey in the spring of 2023 and will consult with the Data workgroup during this process.

The workgroup remains interested in working towards a future state where data is collected in real-time; i.e., systems with unique patient identifiers that automatically collect and share data, potentially obviating the need for an annual survey. This would take many years to plan and achieve. North Carolina may be a promising model in this regard. The workgroup may help investigate different software options as well as other considerations such as required legal agreements.

Over the long- and intermediate-term, there is a desire to capture more outcomes data and to use that data to monitor and respond to observed trends.

Systems Integration and Funding (SIF) Workgroup. The Systems Integration and Funding Workgroup is chaired by Dr. Maura Rossman, representative of the Maryland Association of County Health Officers (MACHO) and Health Officer for Howard County Health Department. Because of Dr. Rossman's increased workload around the COVID-19 pandemic, Council Chair Kate Connor continued to assist as SIF co-chair during 2022.

During 2022, the SIF workgroup focused primarily on SBHC financial sustainability. Workgroup members reviewed the SBHC Medicaid billing manual to identify common SBHC services that currently are not reimbursable, which notably include care coordination and sports physicals. The workgroup received feedback from some SBHCs about other barriers to reimbursement, and a briefing on previous efforts to facilitate SBHC-MCO cooperation. Going forward the workgroup will continue to investigate potential innovative payment models for SBHCs, including enhanced reimbursement. The workgroup's billing recommendations were approved by the full Council at its December 1 meeting, and they are included as Appendix 2.

The workgroup was made aware of barriers to SBHC participation in the Vaccines for Children (VFC) program. The Council is pleased that the Bureau has begun working with a number of SBHCs on VFC-related issues and encourages continued efforts to improve the overall process for SBHCs to offer immunizations. The workgroup will continue to monitor this issue and is interested in supporting a potential new model for SBHC participation in the VFC program.

During 2022, the Bureau procured a vendor to perform a statewide Needs Assessment for the SBHC program, implementing a key recommendation of the SIF workgroup. Council chair Kate Connor represented the Council on the Needs Assessment Steering Committee. During 2022, she and several other Council members and staff provided input for the statewide Needs Assessment.

The workgroup also provided the Bureau with a series of billing-related questions for potential study by the Needs Assessment vendor, for inclusion in a billing survey performed by MASBHC, and/or for investigation by the billing contractor MDH is procuring.

Quality and Best Practices (QBP) Workgroup. The Quality and Best Practices Workgroup is co-chaired by Jean-Marie Kelly, Maryland Hospital Association representative and Senior Program Manager for Population Health at ChristianaCare, and Dr. Patryce Toye, representative of the Maryland Assembly on School-Based Health Care.

The QBP workgroup began the year by exploring ways in which SBHCs could contribute to the Statewide Integrated Health Improvement Strategy (SIHIS), specifically related to childhood asthma. One idea was for MDH to provide support and technical assistance for all SBHCs to work on an asthma project as their required Quality Improvement activity. CRISP could be used to help identify students with asthma and/or high utilizers who could benefit from follow-up care. Cliff Mitchell, Director of the Environmental Health Bureau at MDH, recommended SBHCs link students and families with asthma home visiting programs. Another idea was to encourage SBHCs to apply for funding for asthma-related programs under the Community Health Resource Commission's (CHRC) Fiscal Year 2022 RFP. (The CHRC did not receive any proposals from SBHCs requesting funding for this purpose.) Ultimately, the Bureau implemented some asthma-related measures, including introducing asthma-related performance metrics in SBHC grant reporting requirements, and educating SBHC Administrators about the home visiting program.

Next, the QBP workgroup worked with the Bureau to consider a number of issues related to the revision of the SBHC Standards. Among these topics were requirements for: SBHC facilities, minimum hours of service, Administrative Sponsoring Organizations and Clinical Sponsoring Organizations, communication with Primary Care Providers (PCPs), reproductive services, immunizations, and telehealth. The workgroup has been pleased that more recent drafts of the Standards have incorporated Council recommendations such as: consulting SBHC Standards from other states; focusing the Standards on minimum requirements only; developing a series of toolkits and/or appendices to provide supplementary information, recommendations, and helpful resources; and eliminating SBHC service "levels." MDH released a revised version of the Standards for public comment during December 2022, and the QBP workgroup likely will have additional feedback. MDH is expected to release a final version of the Standards in early 2023.

In response to a request from Maryland Medicaid and the SIF workgroup, the QBP workgroup developed recommendations related to sports physicals that are incorporated in the SBHC billing recommendations.

The QBP workgroup has begun work to develop recommendations for future SBHC quality improvement programs and intends to continue this effort during 2023.

II. Council Recommendations and Planning for 2023

In 2023, the Council will continue to offer its expertise to the Bureau and to Maryland Medicaid. This work is intended to be collaborative and will be guided by the following priorities:

- **Regulations.** The Bureau has indicated they are developing SBHC regulations that will clarify the benefits of being “approved” as a Maryland SBHC. The Council and its QBP workgroup look forward to providing feedback on these new regulations.
- **Standards Revision.** The Council and its QBP workgroup look forward to reviewing the revised SBHC Standards during the upcoming public comment period and will likely offer additional input. The Council recommends that the Standards acknowledge the diversity among SBHC and their sponsors and permit some degree of flexibility so long as quality services are provided. Anticipating that not all SBHCs will be in compliance with all requirements of the new Standards, the Council appreciates the Bureau’s commitment to provide support to SBHCs to help them come into compliance.
- **Policies and Procedures.** The Council will monitor the Bureau’s development of new policies and procedures for the SBHC program and appreciates the Bureau’s commitment to be transparent and clear. The Council is available as a resource for the Bureau as these policies and procedures are developed.
- **Financial Sustainability.** The Council’s SIF workgroup will continue to investigate ways to improve SBHC financial sustainability, building on this year’s recommendations. The Council is particularly interested in working towards a possible enhanced Medicaid reimbursement model. The Council applauds the increased collaboration between Maryland Medicaid and the Bureau and supports a potential regulatory change to allow SBHCs to bill Medicaid for sports physicals.
- **Grant Program.** The Council will monitor the FY 2024 SBHC grant-making process and encourages MDH to consider the grant program [recommendations](#) issued last year by the Council.
- **Approval Processes.** The Council continues to recommend a streamlined, multi-year renewal process for SBHCS that have already been approved, as well as a streamlined and clarified process for approving new SBHCs. SBHCs that do not receive state grant dollars should have an even simpler reapplication process
- **Quality Improvement.** During 2023, the Council and its QBP workgroup intend to develop recommendations for a SBHC quality improvement program.
- **Data.** The Council looks forward to engaging with the Bureau and the MDH Data Office to improve the quality of SBHC survey data. The Council recommends SBHC data be made public in the form of reports or, eventually, a dashboard. The Data Subcommittee will be pleased to continue to provide feedback regarding data collection, management, analysis, and dissemination.
- **Vaccines.** The Council recommends providing SBHCs with flexibility in meeting requirements to offer immunizations, including through partnerships with Local Health Departments and other organizations, mobile vaccine clinics, and a hub-and-spoke model in which vaccines are stored in a central location rather than in each individual SBHC. The Council appreciates the Bureau’s work with individual SBHCs to support their acceptance into the Vaccines for Children (VFC) program and encourages consideration of system-wide changes to the model for SBHC participation in the VFC program. The Council may continue to work on this issue in 2023.
- **Telehealth.** The Council continues to recommend the promotion of telehealth as a means of expanding the SBHC program to additional students and expanding the types of services SBHCs can provide. SBHC Standards should allow flexibility in facilities and

in-person service hours requirements for SBHCs that deliver services primarily through telehealth.

- **MCO cooperation.** The Council encourages the Bureau and Maryland Medicaid to facilitate SBHC cooperation with MCOs. MCOs can help facilitate information-sharing between SBHCs and PCPs, and can help promote SBHC utilization.
- **Needs Assessment.** The Council looks forward to reviewing the results of the statewide SBHC Needs Assessment and may have additional recommendations related to these findings.
- **Expansion:** The Council makes itself available as a resource to the Bureau as it fulfills its legislative mandate to expand the SBHC program to additional jurisdictions, schools, and students.
- **CRISP.** The Council strongly supports the Bureau's upcoming program to provide technical assistance to SBHCs to expand their utilization of CRISP. CRISP can be used to share student health and insurance information among SBHCs, MCOs, and PCPs.
- **Behavioral Health:** SBHCs can play a greater role in addressing the youth behavioral health crisis. The Consortium on Coordinated Community Supports, which includes a representative of the Council, will provide substantial new grant funding for school-connected behavioral health services beginning in calendar year 2023. The Council will work with the Bureau to ensure that SBHCs are aware of this funding opportunity to add or expand behavioral health services.

**

The Council is confident its recommendations will support school health advancement in Maryland.

The Council will continue to offer its expertise and guidance during the 2023 General Assembly session as it relates to SBHC financial sustainability, systems integration, data priorities, and quality and best practices. The Council will continue to partner with the Maryland Assembly on School-Based Health Care through the provision of subject matter expertise and leadership.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2023. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

III. Roster of Council Members

Appointed by the Governor

<p>Dr. Katherine Connor, Chair Maryland Assembly on School-Based Health Care (The Johns Hopkins Rales Health Center, KIPP Baltimore)</p>	<p>Dr. Patryce Toye, Vice Chair Maryland Assembly on School-Based Health Care (retired, MedStar Health Plans)</p>
<p>Joy Twesigye Maryland Assembly on School-Based Health Care (Colorado Access)</p>	<p>Jean-Marie Kelly Maryland Hospital Association (ChristianaCare)</p>
<p>Joan Glick Maryland Assembly on School-Based Health Care (retired, Montgomery County Dept. of Health and Human Services)</p>	<p>Dr. Arethusa Kirk Managed Care Organization (UnitedHealthcare)</p>
<p>Cathy Allen Maryland Association of Boards of Education (St. Mary’s County Board of Education)</p>	<p>Rick Robb Secondary School Principal of a School with an SBHC (Patuxent Valley Middle School)</p>
<p>Sean Bulson, Ed.D. Public Schools Superintendents Assn. of Md. (Harford County)</p>	<p>Scott Steffan Elementary School Principal with an SBHC (Highland Elementary School)</p>
<p>Gabriella Gold Commercial Health Insurance Carrier (CareFirst)</p>	<p>Dr. Maura Rossman Md. Association of County Health Officers (Howard County Health Department)</p>
<p>Dr. Diana Fertsch Md. Chapter of American Academy of Pediatrics (Dundalk Pediatric Associates)</p>	<p>Christina Bartz Federally Qualified Health Center (Choptank Community Health Systems)</p>
<p><i>Vacant</i> Parent/guardian of a student who receives services from SBHC</p>	

Ex Officio Members

<p>Senator Clarence Lam Maryland State Senate</p>	<p>Delegate Bonnie Cullison Maryland House of Delegates</p>
<p>Dr. Shelly Choo Designee of the Secretary of Health Director, Maternal and Child Health Bureau</p>	<p>Mary L. Gable Designee of the State Supt. of Schools Assistant State Supt., Student Support, Academic Enrichment, and Edu. Policy</p>
<p>Andrew Ratner Chief of Staff, Maryland Health Benefit Exchange</p>	<p>Mark Luckner Executive Director, Maryland Community Health Resources Commission</p>

Council on Advancement of School-Based Health Centers
School-Based Health Center Data

Chapter 417 of the Acts of 2015 requires the Council to report data on Maryland school-based health centers. This data is provided by the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH).

The following table provides basic overview information on SBHCs currently operating in Maryland, and is based on annual applications submitted by SBHC sponsoring organizations for the current school year.

Table 1.
SBHC Programs by Jurisdiction, Mental Health, Telehealth, 2022 - 2023**

Jurisdiction	SBHC Programs	Mental Health **	Telehealth
Baltimore City	17	7	11
Baltimore County	13	0	0
Caroline County	9	9	9
Dorchester County	4	4	0
Frederick County	1	0	0
Harford County	5	4	0
Howard County	11	0	8
Kent County	1	0	1
Montgomery County	14	14	14
Prince George's County	5	5	4
Queen Anne's County	1	0	1
Saint Mary's County	2	2	0
Somerset County	1	1	1
Talbot County	5	5	5
Washington County	2	0	0
Wicomico County	3	3	1
Worcester County	1	1	1
TOTALS	95	55	56

SOURCE: FY23 Grant Applications submitted by SBHC sponsors to the Maryland Department of Health (MDH)

** Many schools with SBHCs offer mental health services through in-school providers unaffiliated with the SBHC.

Besides the overview information contained in annual applications, SBHC sponsors report more detailed data via the annual survey. This survey recently was redesigned with input from the Council and support from the Maryland Department of Information Technology (DoIT). This redesign process, while necessary, has resulted in a reporting time lag.

Below are key data points from the 2019-2020 survey. Please note the pandemic impacted SBHC enrollment, ability to serve students, and ability to report data.

Table 2. SBHC Enrollment, Utilization, and Demographic Information, 2019-2020
Somatic Health/Behavioral Health/Oral Health

Jurisdiction	Services	SBHCs	Students Enrolled	Unique Students Served*	Total from Races	Black	Hispanic/Latino	Native American	White Non-Hispanic	Two or more races	Asian/Pacific Islander
Baltimore City	Combined ¹	16			670***	603	23	0*	**	44*	**
	Somatic		4808*	513							
	Behavioral		0*	0*	0*	0*	0*	0*	0*	0*	0*
	Oral		0*	0*							
Baltimore	Combined ¹	13			91***	24	45	0	22	**	**
	Somatic		838	99							
	Behavioral		16	39	37***	12	15	0	10	0	**
	Oral		0	0							
Caroline	Combined ¹	9			611***	123	150	10	263	65	**
	Somatic		2857*	616							
	Behavioral		*	*	*	*	*	*	*	*	*
	Oral		399*	700							
Dorchester	Combined ¹	4			24***	12	**	0	12	0	0
	Somatic		1431	25							
	Behavioral		72	65	59***	28	**	0	31	**	0
	Oral		0	0							
Frederick	Combined ¹	1			*	*	*	*	*	*	*
	Somatic		*	*							
	Behavioral		*	*	*	*	*	*	*	*	*
	Oral		*	*							

Jurisdiction	Services	SBHCs	Students Enrolled	Unique Students Served*	Total from Races	Black	Hispanic/Latino	Native American	White Non-Hispanic	Two or more races	Asian/Pacific Islander
Harford	Combined ¹	3			0	0	0	0	0	0	0
	Somatic		0*	0*							
	Behavioral		20	23	18***	18	0	0	**	0	0
	Oral		0*	0*							
Howard	Combined ¹	11			2977	971	876	13	543	285	289
	Somatic		2983	27							
	Behavioral		0	0	*	*	*	*	*	*	*
	Oral		0	0							
Montgomery	Combined ¹	13			164*,***	*,**	102*	*,**	62*	0*,**	0*
	Somatic		3240*	122*							
	Behavioral		0*	0*	0*	0*	0*	0*	0*	0*	0*
	Oral		462*	*,**							
Prince George's	Combined ¹	4			0	0	0	0	0	0	0
	Somatic		0	0							
	Behavioral		0	0	0	0	0	0	0	0	0
	Oral		0	0							
Talbot	Combined ¹	4			145*,***	40*	43*	**	35*	27*	*,**
	Somatic		184	151							
	Behavioral		*	*	*	*	*	*	*	*	*
	Oral		224	224							
Washington	Combined ¹	2			115***	34	**	0	63	18	**
	Somatic		712	123							
	Behavioral		0	0	0	0	0	0	0	0	0
	Oral		0	0							

Jurisdiction	Services	SBHCs	Students Enrolled	Unique Students Served*	Total from Races	Black	Hispanic/Latino	Native American	White Non-Hispanic	Two or more races	Asian/Pacific Islander
Wicomico	Combined ¹	2			0	0	0	0	0	0	0
	Somatic		0	0							
	Behavioral		0	0	0	0	0	0	0	0	0
	Oral		0	0							
TOTALS	Combined ¹	85			4786*, ***	1807*, ***	1239*, ***	23*, ***	1000*, ***	428*, ***	289*, ***
	Somatic		17053	1676							
	Behavioral		820	250	114*, ***	58*	15*, ***	0*	41*, ***	0*, ***	0*, ***
	Oral		1085	924***							

SOURCE: 2019-2020 Annual Survey data submitted by SBHC sponsors to MDSE and MDH. Information analyzed by MDH.

Please note:

SBHC demographic and utilization data submitted by SBHCs does not universally align with total unique students served. MDH will redesign the survey and provide additional technical assistance to SBHC administrators to improve the quality of data submitted in future years.

NOTE:

The column "Total from Races" was added to assist with understanding the data

SBHC sponsors appeared to answer in one of two ways:

- 1) Total number of students by race matches the total number of students receiving somatic services. Totals are also equal for the total number of students receiving behavioral services.

Dorchester	Combined ¹	4		24	12	**	0	12	0	0	
	Somatic		1431	25							
	Behavioral		72	65	59***	28	**	0	31	**	0
	Oral		0	0							

- 2) Total number of students by race *more closely* matches the number of students enrolled. Question specifies to include students "Enrolled and attending the SBHC school"

Howard	Combined ¹	11		2977	971	876	13	543	285	289
	Somatic		2983	27						
	Behavioral		0	0	*	*	*	*	*	*
	Oral		0	0						

Table 3. SBHC Visits by Type, 2019-2020

Jurisdiction	Total Visits	Somatic Visits		Mental Health Visits				Oral Health Visits		Substance Abuse Visits			
		In Person ¹	Telehealth	In Person ²		Telehealth		By Somatic Provider	By Oral Health Provider	Substance Abuse Counseling		Substance Abuse Therapy	
				By Somatic Provider	By Mental Health Provider	By Somatic Provider	By Mental Health Provider			By Somatic Provider	By Mental Health Provider	By Somatic Provider	By Mental Health Provider
Baltimore City	2332*, ***	854	37	1162*	*	11*	*	**	*	268*	*	0*	*
Baltimore	100*, ***	50	0	50*	*	0*	*	*	*	**	*	0*	*
Caroline	700*	*	*	*	*	*	*	*	700*	*	*	*	*
Dorchester	1751*, ***	40	0	**	1172	0*	539	*	*	0*	0*	0*	0*
Frederick	*	*	*	*	*	*	*	*	*	*	*	*	*
Harford	340*	0*	*	*	78*	*	262	*	*	*	*	*	*
Howard	58*	28	30	*	*	0*	*	*	*	0*	0*	0*	*
Montgomery	219***	192	**	**	0*	0*	0*	27	*	0*	0*	0*	0*
Prince George's	*	*	*	*	*	*	*	*	*	*	*	*	*
Talbot	350*	126*	0*	*	*	*	*	*	224*	*	*	*	*
Washington	296	296	0	*	*	*	*	*	*	*	*	*	*
Wicomico	0*	0	0	0*	0*	0*	0*	0*	0*	0*	0*	0*	0*
TOTALS	6146*, ***	1586*	67*, ***	1212*, ***	1250*	11*	801*	27*, ***	924*	268*, ***	0*	0*	0*

SOURCE: 2019-2020 Annual Survey data submitted by SBHC sponsors to MDSE and MDH. Information analyzed by MDH.

¹ Presumed to be in person, not specified in the data

² Presumed to be in person, not specified in the data

Appendix 2.

Council on Advancement of School-Based Health Centers SBHC Medicaid Billing Recommendations December 1, 2022

With the transfer of the Maryland School-Based Health Center (SBHC) program to the Maryland Department of Health’s Bureau of Maternal and Child Health, a primary area of focus has been SBHC financial sustainability. As part of this effort, the Department has focused a commendable amount of time and energy on maximizing Medicaid reimbursement for services provided at SBHCs. The Council supports this focus on SBHC financial sustainability, and offers the recommendations below in support of the Department’s continuing work. At the same time, the Council observes that Medicaid reimbursements under the current model – even coupled with the expanded grant funding available for SBHCs that took effect this year – are not sufficient to ensure the sustainability of SBHCs without additional support.

The recommendations below are grouped into three categories: innovative billing models that will likely require a number of years to negotiate and implement; potential regulatory changes that also may take some time to coordinate; and recommendations to help maximize billing under the current regulatory framework. The Council is pleased to offer both recommendations that are specific and actionable in the near term, as well as long-term recommendations that represent a vision for the future and will require additional study and a number of intermediate steps.

During calendar year 2023, the Council may continue to investigate and provide additional recommendations in some of the areas listed below.

A. Develop innovative billing models

1. Over the next five years, the Council recommends steps to move toward an innovative Medicaid reimbursement model in which services performed at an approved School-Based Health Center (SBHC)¹ are reimbursed by Medicaid at a higher rate than similar services performed elsewhere. This could resemble the reimbursement structure for Federally Qualified Health Centers (FQHCs). Like FQHCs, SBHCs serve vulnerable populations. Like FQHCs, many SBHC activities are not reimbursable by Medicaid (e.g., services for uninsured or underinsured children, school meetings, care coordination, etc.).

The Council will continue to work with the Maryland Department of Health Bureau of Maternal and Child Health (“the Bureau”) and the Maryland Medicaid Administration (“Maryland Medicaid”) to identify steps required to achieve this goal. Some of these steps may include:

- identifying any regulatory or statutory barriers to this approach at the federal and state levels;
- investigating efforts by other states to this end (this activity could be performed by the Needs Assessment vendor or through the Maryland Assembly on School-Based Health Care);
- exploratory discussions with the Centers for Medicare & Medicaid Services to determine the feasibility of this approach;²

¹ Recommendations in this document refer to Maryland SBHCs that have been “approved” by the Maryland Department of Health.

² See recent [CMS guidance](#). “Consider increasing Medicaid payment rates for services provided in school-based settings to account for higher overhead costs associated with services provided in school settings, including staffing and training needs at the LEA or school. ... State Medicaid agency may also opt to develop unique payment rates for school-based providers that more closely reflect the costs incurred by such providers. The state will be asked to

- maximizing reimbursement to approved SBHCs under Maryland’s current Medicaid model; and
- identifying and collecting data necessary to support this approach.

The Council may continue to work on this priority in 2023.

2. The Council recommends the Bureau and Maryland Medicaid work with one or more Medicaid Managed Care Organizations (MCOs) and SBHCs to implement a pilot program to study a value-based purchasing model. The Bureau and Maryland Medicaid could encourage and support this pilot directly or through a contractor. Such a model could include incentive payments for both SBHCs and patients, and could be developed in furtherance of key Healthcare Effectiveness Data and Information Set (HEDIS) or Population Health Incentive Program (PHIP) goals, such as adolescent well child visits, immunizations, or asthma. The Harbage Report, commissioned by the Council and released in 2019, recommended a number of SBHC quality measures, many of which were drawn from the work of the School-Based Health Alliance (SBHA). The Council’s 2019 Annual Report includes an analysis of these measures.³

A recent MCO-SBHC pilot initiated in Baltimore could serve as a potential model (see C.2. below). While the MCOs and SBHCs do not require agency authorization to implement such a pilot, the leadership and support of the Bureau and Maryland Medicaid would be valuable.

3. The Council looks forward to analyzing other innovative billing strategies that may be identified in the forthcoming statewide SBHC Needs Assessment report.

B. Potential regulatory changes

1. The Council recommends Medicaid reimbursement for Preparticipation Physical Evaluation (PPE - sports physicals) at approved SBHCs. Permitting Medicaid reimbursement of PPE by approved SBHCs would advance equity and reduce barriers to physical activity for children and adolescents. It also could help to increase adolescent well child visits.

To allow for Medicaid reimbursement for PPE, regulatory change will be required, as COMAR 10.09.76.05 currently prohibits Medicaid reimbursement for routine sports physicals. The Council appreciates efforts by Maryland Medicaid and the Bureau to research this issue and work toward a potential regulatory change.

If the regulatory change is made, the Council recommends Maryland Medicaid and the Bureau provide guidance or Technical Assistance to SBHCs and their sponsors to support best practices in the delivery of sports physicals. For example:

- In general, the Council recommends that PPE be conducted in-person (i.e., not through telehealth). At the same time, the Council acknowledges that MDH is prohibited by law from establishing requirements for telehealth at SBHCs that are inconsistent with the requirements for providing telehealth under Title 1, Subtitle 10 of the Health Occupations Article.

document the rate calculations for these services in the school settings and assure that those rates are consistent with efficiency, economy and quality of care."

³ https://health.maryland.gov/mchrc/Documents/CASBHC%20Annual%20Report%202019_FINAL.pdf See pages 15-16 of the report, and pages 17-19 of Appendix 1.

- PPE visits by SBHCs should be consistent with the standard of care for other providers (see guidance from the American Academy of Pediatrics.)⁴
- The Council also recommends that PPE not take the place of a well child visit. If a patient has not had a well child visit within the previous 12 months, the SBHC should recommend either scheduling a well child visit with the child’s PCP, or should combine the sports physical and well child visit into a single visit at the SBHC (billed as a well child visit).

2. The Council recommends that Maryland Medicaid and its contracted MCOs provide reimbursement for care coordination activities and that approved SBHCs – as well as other primary care providers – be able to bill and be reimbursed for these claims. SBHC staff spend a considerable amount of time on care coordination activities including: coordination with the medical home and subspecialists, referrals to community-based services including mental health and/or other services to address social determinants of health, attending school meetings and otherwise coordinating with school nurses, teachers, and other school staff. SBHCs may also spend time in follow-up of emergency department visits or hospitalizations for their patients – particularly if participating with CRISP and utilizing the Encounter Notification System (ENS). These activities are crucial to the child’s wellbeing and are not currently reimbursable, particularly if they are performed asynchronously, i.e., not on the day of a billable clinician visit.

The Council acknowledges that preliminary work may be required before such a change can be contemplated.

- For example, in the short term, the Council recommends additional work to identify the specific legal and regulatory barriers at the federal and state levels.
- The Council recommends a study of time SBHCs spend on care coordination activities to better understand the scope of this issue. This could potentially be an area of work for the revenue cycle specialist (see C.1. below).
- Until a regulatory change can be made, the Council encourages Technical Assistance be provided to help SBHCs use existing codes to bill for care coordination activities to the maximum extent possible (see C.1. below).

C. Maximize billing under the current state

1. The Council encourages Technical Assistance (TA) and other support be provided to improve the ability of approved SBHCs to efficiently and effectively bill Medicaid and commercial insurers, and to receive maximum reimbursement for claims. The Council recommends that such support include:

- Financial support for SBHC billing infrastructure and staffing.
- Training to improve claims submissions. An analysis of Medicaid claims submitted and reimbursement provided could help to focus this activity. Support in this area could have the added benefit of reducing staff hours spent resubmitting claims.
- Training to improve information-sharing with MCOs including through EMR and CRISP.

The Council appreciates MDH’s work to survey SBHCs on their billing practices and contract with a revenue cycle specialist as well as the Bureau of Maternal and Child Health SBHC Program’s intention to provide billing technical assistance to SBHC administrators. After conducting a review of the SBHC billing manual,

⁴ <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>, <https://www.aap.org/en/patient-care/preparticipation-physical-evaluation/>

the Systems Integration and Funding recommends that TA include education and practical training related to the following services:

- Same-day Care Coordination. SBHC providers of both somatic and behavioral health services have cited care coordination as a significant unbillable activity. Recent updates to guidance on E/M codes based on medical decision making can allow clinicians to bill for time spent performing care coordination activities as part of a clinical visit (i.e., school meetings, coordination with the patient's other providers, etc.) so long as those activities take place the same day as a patient's visit to the SBHC. TA may encourage more robust use of existing codes for these activities.
- Sports Physicals. While Preparticipation Physical Evaluation (PPE – sports physicals) are not currently eligible for Medicaid reimbursement at SBHCs, many aspects of a PPE visit can be performed in the context of a well child visit. Blended visits coded as "WCC" should be encouraged. TA could be provided to SBHCs to support this approach (see also B.1. above).
- COVID-19 Vaccine Education. These services are now reimbursable, and SBHCs could be notified about these codes.
- Injuries and Accidents. The Council is aware of a potentially high rate of denials for claims related to injuries and accidents.

While commercial insurance represents a smaller source of revenue for SBHCs than Medicaid, the Council recommends that the billing specialist also work with SBHCs to evaluate and support commercial claims submissions.

2. The Council recommends that the Bureau and/or Maryland Medicaid facilitate collaboration between approved SBHCs and MCOs. This could include the convening of a monthly meeting between sponsors and MCO representatives hosted by the Bureau, Maryland Medicaid, and/or a contractor. Such meetings occurred in the past but were not organized by a state agency. Activities that could be encouraged through enhanced collaboration between MCOs and SBHCs include:

- Sharing of public school directory information among schools, approved SBHCs, and MCOs (consistent with *Family Educational Rights and Privacy Act (FERPA)* requirements).
 - If MCOs are able to identify which of their members attend schools with SBHCs, MCOs could then reach out to these members to encourage enrollment and utilization of the SBHCs. MCOs also could design incentive programs to encourage visits for key priorities such as adolescent well child visits, and potentially establish value-based purchasing program arrangements with SBHCs (see A.2. above).
 - If SBHCs know which students in the school are covered by an MCO, they could use these lists for targeted outreach and billing support.
 - A pilot project to share the enrollment list for a school in Baltimore had some promising results but was terminated early due to COVID-19 closures. Support and TA could be provided to restart such a pilot in the same school or in several schools.
- Updating the health visit report and the regulations related to the transmission of this form to MCOs.
 - Work has been done on this issue previously. The health visit form is duplicative of existing note documentation, and forms are currently required to be faxed. The Council may provide more detailed recommendations in the future regarding the deficiencies of the health visit form and regulatory barriers to addressing them.
- Maximizing the use of the Chesapeake Regional Information System for our Patients (CRISP) as a platform for information sharing between SBHCs, MCOs, and Primary Care Providers (PCPs).

- The Council has long endorsed more robust utilization of CRISP by SBHCs.
- The Council appreciates recent work by the Bureau, CRISP, and the Maryland Assembly on School-Based Health Care (MASBHC) to begin to develop a Technical Assistance program to support SBHC utilization of CRISP.
- As this Technical Assistance program is implemented, the Council encourages that MCOs and PCPs be engaged as well. The Council has long advocated for better information sharing between SBHCs, PCPs, and MCOs, and finds that CRISP could be an important tool to this end.
- Developing personal relationships and fostering dialogue between MCO and SBHC staff, including with each MCO's Special Needs Coordinator.

3. The Council appreciates efforts by Maryland Medicaid, the Bureau, and others to work with approved SBHCs and MCOs to improve billing for confidential services, and encourages this work to continue. The Council has long recommended attention to this matter. Many SBHCs do not bill for confidential services in order to protect the privacy of patients receiving the services. Billing for confidential services is a complex issue involving state minor consent law, SBHC sponsor's billing procedures, Medicaid billing regulations, and MCO policies. A comprehensive approach will require time and engagement of the above stakeholders as well as SBHC administrators and advocates, families, and most importantly youth. It will take time to establish trust that confidential services can be billed without unintentionally breaching patients' privacy.

- In this report, the Council offers one new recommendation to support the many other efforts to enhance billing for confidential services. The Council recommends that Maryland Medicaid issue guidance and/or work with the Centers for Medicare & Medicaid Service (CMS) as necessary to direct Maryland Medicaid MCOs not to send adverse benefit determination letters in cases where there is no member liability.
 - This would include SBHC patients receiving confidential services, because there is no member liability for costs associated with treating a minor for services under Maryland Medicaid. Services would include both reproductive health and behavioral health services provided to a minor in accordance with Maryland regulations.
 - This guidance would apply to SBHCs as well as other providers.
 - The Council recommends Maryland Medicaid also work with commercial payors to provide the same protection of a disclosure of protected services provided to a minor.

4. The Council recommends further investigation into billing practices for families with high-deductible commercial insurance plans. Many approved SBHCs do not currently bill low-income families with high-deductible plans, as it presents a hardship and discourages the utilization of SBHC services.

- Alternative reimbursement models (see A.1. above) may help to address the needs of this population.
- The Council recommends the revenue cycle specialist (see C.1. above) gather information about the scope of this issue for potential future recommendations.

5. The Council recommends further study into the cost of SBHC services for uninsured children, who are mostly undocumented. SBHCs provide an invaluable service to this population, frequently as the de facto primary care provider, but cannot be reimbursed by Medicaid for these efforts.

- Alternative reimbursement models (see A.1. above) may help to address the needs of this population.

- The Council recommends the revenue cycle specialist (see C.1. above) gather information about the scope of this issue for potential future recommendations.

6. The Council recommends continuing effort to improve SBHCs' capacity to provide vaccines in order to: improve health outcomes; promote health equity; bring children and adolescents up to date on vaccinations that may have been delayed during the COVID-19 pandemic; support school attendance and per-pupil funding by administering vaccinations that are required for Maryland students; and support HEDIS goals for insurers. SBHCs that are Vaccines for Children (VFC) providers receive vaccines from the program free of charge; they do not bill Medicaid for the vaccines themselves but can bill for vaccine administration. SBHCs that are not VFC providers must pay out of pocket for vaccines – which is expensive considering that the vaccines may or not be used – but can bill Medicaid for both the vaccine and the vaccine administration.

The Council appreciates work by the Bureau and the VFC program to address issues with VFC enrollment for approved SBHCs. The Council also acknowledges recent infrastructure grants to SBHCs that supported the purchase of needed equipment for vaccine storage.

- The Council recommends additional support, including alternate models, be explored to facilitate approved SBHCs' participation in the VFC program. As currently structured, it is cumbersome and expensive for SBHCs to enroll and participate in the VFC program. Specifically, refrigerator/freezers and digital data loggers currently required to be onsite at each VFC participating site are very expensive and may take up more space than is available at smaller SBHCs. Additionally, the application and maintenance of approval/site review processes may require more administrative support and time than some SBHCs have the capacity to independently provide. Many SBHCs are located in school buildings, which makes it difficult for them to comply with VFC requirements related to 24-7 building access and backup power. VFC's system for ordering vaccines, which is based on the number of patients in a certain age group, does not work well for SBHCs. Moreover, the VFC program does not provide vaccines to all children served by SBHCs, including children with commercial insurance.
- The Council recommends further study into other states' support for SBHC participation in the VFC program, including any use of a hub and spoke model for vaccine distribution.



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**Council on Advancement of School-Based Health Centers
Telecon via Google Meets
MINUTES**

Thursday, November 18, 2021
3:30 PM – 4:50 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Chief Medical Officer, MedStar Health Plans
3. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
4. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
5. Sean Bulson, Public Schools Superintendents Association of Maryland | Superintendent, Harford County Public Schools
6. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates
7. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
8. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition
9. Scott Steffan, Maryland Association of Elementary School Principals | Principal, Highland Elementary School
10. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School
11. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County
12. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems

Ex Officio

1. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
2. Shelly Choo, Ex Officio Member | Director, Bureau of Maternal and Child Health, MDH
3. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
4. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
5. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
6. Lorianne Moss | CASBHC Staff

Public

1. Ben Wormser, MDH
2. Lynne Muller, MSDE
3. Alicia Mezu, MSDE
4. Kristi Peters, MSDE
5. Erinn Mansour, Chief of Staff, Office of Sen. Lam
6. Ellen Hudson, Meritus Health
7. Scott Tiffin, Public Policy Partners
8. Mikey Sousane, Department of Legislative Services
9. Jessica Ihekwoaba, St. Mary's Health Department

3:30 PM Roll-Call

Kate Connor welcomed meeting participants. Lorianne Moss called the roll.

3:35 PM Minutes from September 27, 2021 Meeting

Cathy Allen moved to approve the September meeting minutes. Jean-Marie Kelly seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

3:36 PM Legislative updates

Senator Lam said he is continuing to monitor the implementation of legislation passed during the 2021 session which transfers most aspects of SBHC oversight and the SBHC grant program from MSDE to the Bureau of Maternal and Child Health at MDH (HB 1148/SB 830). He said he and Del. Cullison would be pleased to provide input as needed as agencies complete this transition.

Senator Lam said he has been concerned that an estimated 23,000 Maryland children are lagging in their routine childhood vaccines. In addition to the negative consequences for children, school districts face funding reductions due to non-vaccinated children. Mary Gable explained that school systems had the opportunity to apply for a 45-day waiver to keep their funding, provided that they identify the number of children missing vaccines and efforts the school system would make to help vaccinate them. A number of schools have hosted clinics to vaccinate kindergarten, first, seventh, and eighth graders, she added. Shelly Choo said that although this topic is not overseen by her bureau at MDH, she would follow up. Kate Connor noted that the Council had included in its July 2020 Pandemic Recommendations the recommendation that SBHCs be utilized to provide routine childhood vaccinations that had been deferred due to the pandemic, since multiple vaccines can be administered at the same time.

3:50 PM Agency updates

Standards: Lynne Muller updated the Council on developments around the revision of the SBHC Standards. MSDE and MDH staff have been meeting regularly to complete work on the Standards revision, which they hope to complete by March 2022. MSDE currently is reviewing bids for a contractor to oversee the latest revisions.

Survey: Next, Lynne Muller updated the Council on the revised annual survey of SBHCs. In December, SBHC Administrators will be asked to provide data for the 2019-2020 school year using the new survey platform, and in May they will be asked to complete the survey for the 2020-2021 school year. Amir François, who analyzed the 2018-2019 annual survey data, is leaving the Department. MSDE has shared the 2018-2019 survey results with MDH.

Kate Connor said the Council's Data workgroup will take a closer look at the results from the 2018-2019 survey at its next meeting.

Transition: Shelly Choo updated the Council on the planning currently underway to transition the SBHC program from MSDE to the Bureau of Maternal and Child Health (the Bureau) at MDH. The Bureau has continued to hold planning meetings with MDH leadership and with MSDE, and intends to meet with their counterparts in other states to learn about their programs. Bureau representatives communicated the new timeline for SBHC grant applications at the most recent SBHC Administrators meeting.

Ben Wormser updated the Council on activities to support COVID-19 immunizations by SBHCs. The Bureau has provided technical assistance to SBHCs interested in administering vaccines, and will produce a memo to SBHCs with guidance regarding vaccinations for individuals not enrolled in the SBHC.

Ben Wormser also shared data requested by the Council to summarize the current grant program. Of the state's 90 SBHCs, 53 currently receive funding through the grant program. Grants range from \$2,565-\$172,769, with an average grant level of \$48,908. Kate Connor and Maura Rossman expressed their appreciation for this information, and Maura Rossman asked whether more granular data could be provided, such as the geographic distribution of the funds. Ben Wormser agreed to work on this request for discussion at a future Systems Integration and Funding workgroup meeting.

4:05 PM Discussion and vote on SBHC grant program recommendations

The Systems Integration and Funding workgroup has been preparing recommendations related to the SBHC grant program as it is transferred from MSDE to the Bureau of Maternal and Child Health and increases from \$2.5 million to \$9 million annually. Kate Connor thanked the workgroup and other members of the Council who provided substantive input and comments on the recommendations.

Cathy Allen made a motion to adopt the grant program recommendations, and Maura Rossman seconded the motion. There were no oppositions or abstentions. The grant program recommendations were approved.

4:15 PM CASBHC Annual Report

Lorianne Moss provided an update on the status of the Council's 2021 Annual Report, which is due to the Maryland General Assembly by the end of December 2021. The report will be circulated to Council members for an electronic vote in early to mid-December. The current draft of the report includes an Executive Summary with a list of five deliverables: Council recommendations adopted through legislation passed by the General Assembly (ie. to increase the SBHC grant program funding level, facilitate telehealth by SBHCs, and increase agency staffing for the SBHC program); grant program recommendations; data, and quality and best practices recommendations; COVID-19 vaccine recommendations; and the Council's vision statement work.

The Annual Report also is required to include SBHC data. Recent data has been limited because of the redesign of the annual survey. This year's Annual Report will include basic overview data for the 2020-2021 school year, as well as a more detailed analysis of the 2018-2019 data based on the new survey results. The presentation of the 2018-2019 data will be modeled after the Council's 2018 Annual Report, the last year such data was available. MDH will assist with the data for the 2021 Annual Report.

Patryce Toye suggested that future Annual Reports include data trends over time. She and other Council members highlighted that the column labeled “Unique Students” in the 2018 report was misleading and should be clarified. Data workgroup co-chair Cathy Allen said the workgroup will convene a meeting to review the data and plan for the Council’s Annual Report data going forward.

4:40 PM Statewide Integrated Health Improvement Strategy

Jean-Marie Kelly, the Maryland Hospital Association’s (MHA) representative on the Council, informed Council members about recent discussions with Traci La Valle from MHA regarding a potential opportunity for School-Based Health Centers to be involved in supporting the goals of the Statewide Integrated Health Improvement Strategy, specifically related to reducing childhood asthma Emergency Department visits. The Quality and Best Practices workgroup will begin exploratory conversations about potentially recommending the incorporation of childhood asthma strategies into SBHC Continuous Quality Improvement efforts. Maura Rossman suggested that funding be provided to support this effort. Any Council members interested in this topic are invited to attend the workgroup’s next meeting on November 22.

4:50 PM Adjournment

Referring to the comments made earlier in the meeting by Senator Lam, Kate Connor said that the Systems Integration and Funding workgroup may begin work on some additional recommendations related to routine childhood vaccines.

Cathy Allen made a motion to adjourn the meeting. Joanie Glick seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.



CASBHC Update

Bureau of Maternal and Child Health

November 18, 2021



School-Based Health Centers

Transition Update

- Current SBHC Baseline Assessment for transition from MSDE to MDH on July 1, 2022
 - Internal planning meetings within the Bureau and with Administration and Departmental leadership
 - Continue with information gathering with MSDE (e.g., applications, survey results)
 - Planned discussions with other states to learn more about SBHCs

Transition Update (II)

- MSDE-MCHB Discussions
 - Review results from the Annual Survey 2018-2019
 - Review State Fiscal Year 2022 Applications
 - Planning for updating standards with MSDE
- Communicated regarding the tentative timeline for existing School-Based Health Center Programs to apply for funding for Fiscal Year 2023 (July 1, 2022-June 30, 2023) at the SHBC Administrator meetings on October 5, 2021

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School-Based Health Centers

COVID-19 Immunizations in School-Based Health Centers Update

- Previous Activities
 - Worked with MASBHC, MSDE to identify SBHCs vaccinating for COVID-19
 - Shared technical assistance with SBHCs Administrators
 - Identified Needs:
 - Clarification re: populations other than SBHC-enrolled students
 - Support for smaller aliquots of COVID-19 vaccines
- Current and Future Activities
 - Memo to clarify process for “other” populations
 - Continue to provide technical assistance to SBHCs

4



Data

	SBHC Sponsoring Agencies		SBHCs	
# Receiving State Funds	13		53	
Range of State Funds Received	\$27,960.61 - \$505,021.00		\$2,565 - \$172,769	
Average State Funds Received	\$196,610.50		\$48,908	
Distribution	<\$150,000	6	<\$10,000	11
	\$150,000 - <\$300,000	4	\$10,000 - <\$25,000	13
	\$300,000 - <\$450,000	2	\$25,000 - <\$50,000	9
	≥\$450,000	1	\$50,000 - <\$100,000	9
			≥\$100,000	11

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School-Based Health Centers

Contacts

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Appendix: Tentative Timeline for SBHC Programs to apply for funding for Fiscal Year 2023

- Tentative Timeline for existing School-Based Health Center Programs to apply for funding for Fiscal Year 2023 (July 1, 2022-June 30, 2023)
 - January/February 2022
 - MDH provides an overview of their processes and procedures to the Program Administrators
 - Releases applications to sponsoring agencies for a 4–6-week timeline for application submission
 - March/April 2022
 - MDH receives and reviews the submitted applications and budgets
 - May/June 2022
 - MDH prepares agreements and sends award letters to sponsoring agencies





Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**Council on Advancement of School-Based Health Centers
Telecon via Google Meets
MINUTES**

Tuesday, March 1, 2022
11:00 AM – 1:00 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Chief Medical Officer, MedStar Health Plans
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Sean Bulson, Public Schools Superintendents Association of Maryland | Superintendent, Harford County Public Schools
6. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
7. Scott Steffan, Maryland Association of Elementary School Principals | Principal, Highland Elementary School
8. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School
9. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
10. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County
11. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
12. Gabriella Gold, Commercial Health Insurance | Director, Market-Driven Network Strategy, CareFirst BlueCross BlueShield
13. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates
14. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition

Ex Officio

1. Shelly Choo, Ex Officio Member | Director, Bureau of Maternal and Child Health, MDH
2. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
3. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC

4. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
5. Lorianne Moss | CASBHC Staff

Public

1. Secretary Dennis Schrader, Maryland Department of Health
2. Deputy Secretary for Health Care Financing Steve Schuh, Maryland Department of Health
3. Donna Gugel, Director, Prevention and Health Promotion Administration (PHPA), MDH
4. Courtney McFadden, Deputy Director, PHPA, MDH
5. Lynne Muller, MSDE
6. Alicia Mezu, MSDE
7. Kristi Peters, MSDE
8. Erinn Mansour, Chief of Staff, Office of Sen. Lam
9. Mary Jo Harris, PHPA, MDH
10. Benjamin Wormser, Maternal and Child Health Bureau, PHPA, MDH
11. Kristen Gwaltney, Maternal and Child Health Bureau, PHPA, MDH
12. Jamie Sibel, Maternal and Child Health Bureau, PHPA, MDH
13. Nina W. McHugh, Deputy Director, Office of Provider Services, Maryland Medical Assistance Program, MDH
14. Jonathan P. Rudy, HealthChoice & Acute Care Administration, Maryland Medical Assistance Program, MDH
15. Claire Serio, Maryland Medical Assistance Program, MDH
16. Benjamin A. Wolff, Health Policy Analyst, Maryland Medical Assistance Program, MDH
17. Victoria Simmons, Maryland Medical Assistance Program, MDH
18. Earl Tucker, Maryland Medical Assistance Program, MDH
19. Monasha Holloway, Maryland Medical Assistance Program, MDH
20. Tere H. Dickson, Maryland Medical Assistance Program, MDH
21. Paula Carson, Maryland Medical Assistance Program, MDH
22. Donna Behrens, Maryland Assembly on School-Based Health Care
23. Jomy Mathew, UnitedHealth
24. Scott Tiffin, Public Policy Partners
25. Sharon Hobson, Howard County Health Department
26. Ellen Hudson, Meritus Health
27. Jessica Ihekwoaba, St. Mary's Health Department

11:00 AM Roll-Call

Kate Connor welcomed meeting participants. Lorianne Moss called the roll.

11:10 AM MDH Vision for Maryland SBHC Program

Secretary Schrader thanked the Council for its work to advance the health of Maryland children, and for its recommendations which helped to inform the Department during the program's transition from MSDE to the Bureau of Maternal and Child Health at MDH, effective July 1, 2022. He said the Department intends to go beyond the vision of grant funds for School Based Health Centers, to help SBHCs become a foundational and operational part of the Maryland Medicaid program. SBHCs can expand preventive care services, increase access to COVID-19 testing and vaccinations, and reduce asthma-related emergency department visits. He said MDH is already implementing a number of Council recommendations, including by conducting a

statewide Needs Assessment to inform the program's strategic priorities, growth, and structural development, and in its work with MD Think on a centralized data source for SBHC data.

Deputy Secretary Steve Schuh said that while Maryland Medicaid has supported the SBHC program in the past, it is working more closely with the Public Health Administration now. Maryland Medicaid's goals related to the SBHC program include: SBHC integration with larger population health goals and the Statewide Integrated Health Improvement Strategy (SIHIS), development of a centralized data system for SBHCs, and development of a financial sustainability strategy for Maryland SBHCs.

Shelly Choo shared the Department's vision and goals for the program, informed by the Council and SBHC Administrators. Then she shared a number of strategic priorities. First, the Department aims to make SBHCs a foundational, operational element of the Maryland Medicaid and the Primary Care Program. In the future, SBHCs will help to increase the number of wellness visits and vaccinations as well as decrease asthma-related Emergency Department visits for children. Second, the Department intends to build a sustainable financial model for SBHCs, which will include maximized billing reimbursement among other strategies. Third, MDH intends to expand SBHC services in historically disenfranchised and underserved communities. Expansion goals include: increased utilization of SBHCs as measured by patient encounters, and the establishment of SBHC sites in additional jurisdictions and schools. Fourth, the Department plans to define and standardize the expected quality of care through the updating of the SBHC Standards. The Department's fifth strategic priority is to develop a robust foundation of accessible SBHC data.

Shelly Choo also provided an update on the grant program. For FY 2023, all SBHC sponsors are eligible for both operational and infrastructure grants. Consistent with the Council's recommendation, no sponsor will see a reduction in their grant allocation this year. Funding for FY 2024 will be based on the results of the statewide Needs Assessment.

The statewide SBHC Needs Assessment, which was also recommended by the Council, will: inform the program's strategic priorities, growth, and structural development; identify priority areas for new SBHCs; and inform a sustainability model for SBHCs. Bids from contractors currently are being reviewed. MDH anticipates the Needs Assessment will be implemented from March 15 through September 15, 2022.

The Bureau is working to increase staffing. Kristen Gwaltney, from the CDC Foundation, will serve as Program Administrator until June 2022, and preventive medicine residents are also doing rotations to help staff the SBHC program. The Bureau plans to hire additional staff in FY 2023.

SIF workgroup chair Maura Rossman asked for additional information about the Department's plans related to Medicaid and clinical data sharing. Shelly Choo observed that there are many opportunities to improve care coordination. Kate Connor commented that CRISP can be useful, but that not all primary care providers currently use CRISP. Responding to a question in the chat from Gabriella Gold, Secretary Schrader said CRISP has a tremendous amount of capacity that could be beneficial for the SBHC program.

Diana Fertsch observed that many SBHC patients already have a medical home, and that the Department's strategic planning should include more of an emphasis on coordinating with children's existing primary care providers. She also said that while great focus has been placed on asthma, behavioral health needs are also urgent. Secretary Schrader responded that Deputy Secretary Schuh will seek to incentivize well visits for all Medicaid children. He also said FQHCs could utilize their affiliated SBHCs for more primary care visits for their patients. Deputy Secretary Schuh added that the Department is working to better integrate behavioral health services with somatic services for Medicaid patients through a System of Care model. As SBHCs become more closely integrated into MDH, this model should lead to enhanced behavioral health care at SBHCs.

Chrissy Bartz said neighboring jurisdictions on the Eastern Shore are excited about the emphasis on expanding the SBHC program to additional sites and jurisdictions. However, she has found the Standards difficult to use for the purpose of opening new Centers. Secretary Schrader responded that the Department is "shooting for the stars" on its vision for the SBHC program, and asked for the Council's help in recommending priorities.

Kate Connor stressed the importance of being able to demonstrate the value and impact of SBHCs, and observed that identifying SBHC data within Medicaid is challenging. Maura Rossman said SBHCs spend a great deal of time doing activities that are not billable, and asked whether the Department would consider increasing reimbursement rates in light of this fact. Deputy Secretary Schuh said all options are being considered. Shelly Choo added that the Department will look to the findings of the Needs Assessment, and will examine what other states' programs. Kate Connor said an example of non-billable SBHC work is case management and connecting patients to primary care providers. Joanie Glick said in Montgomery County, SBHCs function as primary care providers for uninsured children. Andrew Ratner said Maryland Health Connection would like to work with SBHCs to enroll eligible children in Medicaid and private insurance. Sharon Hobson suggested the Department study how SBHC staff spend their time to help inform decisions about maximizing Medicaid.

12:00 PM Minutes from November 28, 2021 Meeting

Cathy Allen moved to approve the November meeting minutes. Joanie Glick seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

12:05 PM 2021 CASBHC Annual Report Update

Lorianne Moss reported that the Council's 2021 Annual Report was submitted to the legislature on January 14, 2022 after being approved by electronic vote 15-0. The report was delayed slightly by the network security incident affecting all MDH systems.

12:10 PM Legislative updates

Sen. Lam's Chief of Staff Erinn Mansour said their office is working on a number of health bills, but none that address SBHCs as directly as the bills from last session did. She highlighted: SB

95, food allergy guidelines for schools; SB 302, Legionnaires' Disease Prevention Act; SB 634, home test kits for sexually transmitted diseases; SB 299, Brynleigh's Act; SB 856, requiring a full-time registered nurse at each public school; and HB 1233, school health and vision services.

MASBHC board president Joy Twesigye agreed that the legislature has had less of a focus on SBHCs this year, and said MASBHC is monitoring bills including: HB 6, Medicaid Dental Coverage for Adults; HB 56, Commission on Student Behavioral Health and Mental Health Treatment; HB 643, Disclosure of Medical Records; HB 517, Consumer Health Access Program for Mental Health and Addiction Care; HB 935, expanding Medicaid reimbursement for behavioral health services; HB 1208, expanding the nursing workforce; and HB 1231, Student Health Professional Retention Program.

Cathy Allen said that the Governor's supplemental budget request for FY 2023 includes funding for a SBHC Coordinator position related to the Blueprint for Maryland's Future.

12:20 PM MSDE updates

Lynne Muller said the revision of the SBHC Standards is continuing, with the new contractor going deeper into content. The latest draft has been sent to CASBHC, MASBHC, and SBHC Administrators for comments. MSDE hopes to complete the revisions by the end of March.

The survey for 2019-2020 was sent to SBHC administrators yesterday (February 28). The submission deadline will be in four weeks. The 2020-2021 survey will be released a week after that. MSDE hopes to complete these surveys in order to hand over the most recent data to MDH as the program is moved to that department.

12:25 PM Workgroup updates and planning

Quality and Best Practices (QBP). QBP co-chair Jean-Marie Kelly said the workgroup has been exploring the Statewide Integrated Health Improvement Strategy (SIHIS) and its focus on pediatric asthma as an area where SBHCs could play a role. The workgroup is developing recommendations which were distributed to the Council as a reference. The workgroup has recommended a pilot program for school-based asthma interventions, which could be funded by the CHRC's recent Call for Proposals. Medicaid MCOs also may be interested in school-based asthma projects, as they could help with HEDIS scores.

QBP also would like to look at better integration of SBHCs and MCOs, will continue to be involved in the Standards, with particular interest in the Continuous Quality Improvement requirements, and will seek ways to encourage SBHCs to utilize CRISP.

Systems Integration and Funding (SIF). SIF chair Maura Rossman said the workgroup intends to work on SBHC financial modeling, integration with Medicaid and commercial insurers, integration with patients' medical homes, supporting care for uninsured children and children with high deductible plans, and monitoring the Needs Assessment and grant program.

Joanie Glick urged more SBHC integration with MCOs, recommending that MCOs find out which schools their members attend. Patryce Toye agreed that a centralized database identifying the schools attended by MCO members would be helpful. Maura Rossman said legal advice should be sought for this policy, and suggested CRISP be utilized to link MCO members to their schools. Patryce Toye said a school's roster already is in the public domain and could be loaded into CRISP. Donna Behrens said MASBHC supported a pilot project in Baltimore City to incorporate school enrollment information into CRISP, but the project was stopped due to the COVID-19 pandemic.

Joanie Glick reminded the group that SBHCs in Montgomery County could not operate without the strong local support they receive. Kate Connor requested a briefing on MD Think.

Data. Data workgroup co-chair Joy Twesigye said the Data workgroup is excited to support MDH's data collection plans and strategic thinking. Co-chair Cathy Allen added that the workgroup would like to help to ensure that data collected by the annual survey, which was revised with considerable input from the workgroup, is consistent, usable, and includes education outcomes. Patryce Toye agreed that the survey should be reviewed and potentially revised, recognizing that some data may not demonstrate trends due the closure of many SBHCs due to the COVID-19 pandemic.

Maura Rossman encouraged Shelly Choo and her staff to come to the Council with any questions and to identify areas where the Council could be helpful.

1:05 PM Adjournment

Cathy Allen made a motion to adjourn the meeting. Patryce Toye seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.



Maryland School-Based Health Center Program Updates

March 1, 2022

Maryland SBHC Program

Agenda

1. Overall Vision and Goals
2. Strategic Priorities for 2022-2026
3. Future State of the Maryland SBHC Program
4. Transition Updates
5. Discussion

Overall Vision and Goals

- Integrate with the larger system of healthcare, public health, and social services in Maryland to provide coordinated support for Maryland’s children and adolescents.
- Reduce the total cost of healthcare by reducing costs related to unnecessary emergency room visits and hospital stays.
- Make quality primary care, preventive, mental health and other services accessible and available, particularly in communities of need, in Maryland.
- Provide youth- and adolescent-friendly, trauma-informed care for all students.
- Maximize educational success through improved health and well-being.

3



Strategic Priorities (2022-2026)

1. **Make School-Based Health Centers a foundational, operational element of the Maryland Medicaid and the Primary Care Program.**
2. **Build a sustainable financial model for SBHCs** that sustainably and equitably supports their mission.
3. **Expand comprehensive school-based healthcare services** (e.g., preventive, behavioral, and oral health) in historically disenfranchised and underserved communities.
4. **Define and standardize the expected quality of care** provided by SBHCs in Maryland.
5. **Develop a robust foundation of accessible data** that is relevant to SBHC operations, quality of care, educational impact, and value.

4



Future State of the SBHC Program

<p>[SP1] Foundational Element of Maryland Medicaid</p>	<p>Future: SBHCs help to increase the number of wellness visits, vaccinations, and reduce asthma-related Emergency Department visits</p>
<p>[SP 2] Sustainable Financial Model</p>	<p>Current: SBHCs are grant funded from multiple sources Future: SBHCs maximize billing reimbursement and implement other strategies for a sustainable financial model</p>

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Future State of the SBHC Program (cont.)

<p>[SP3] Expand access to SBHC Services</p>	
<p>a. Utilization of SBHC services</p>	<p>Current: 42,440 visits annually* Future: Increase the number of SBHC visits annually by increasing access to SBHCs.</p>
<p>b. Number of schools served by SBHCs</p>	<p>Current: 111 (8% of public schools) Future: Increase the number of schools served</p>
<p>c. Number of jurisdictions with at least 1 SBHC</p>	<p>Current: 14 jurisdictions Future: Increase access to with locations prioritized by the Statewide Needs Assessment.</p>

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* From the 2018-2019 SBHC Annual Survey
 ** DRAFT- Actual amount will be informed by the Statewide Needs Assessment



Future State of the SBHC Program (cont.)

[SP4] Define and standardize the expected quality of care	Current: Last comprehensive SBHC Standards update was in 2006 with minor updates since then Future: Update and clarify SBHC standards.
[SP5] Robust foundation of accessible data	Current: No centralized data source for SBHCs Future: Development a centralized data source for SBHCs.

7



Transition Update-SBHC Grant Funds Updates for SFY23

Preparation 

Transfer

Expansion

- Infrastructure Grant Funds: All Sponsoring Agencies eligible for SFY23
- Operational Grants: All Sponsoring Agencies of existing, MSDE/MDH Approved school-based health centers will receive funding for SFY 23;
 - more information will be provided after the General Assembly budget process.
- Planning and Start-up Grants to be developed
- Invoicing and reporting
 - Occurs on a quarterly schedule
- Please note that the continuation of funds for SFY24 will be different from that of SFY23
 - Funding for SFY24 will be based on the results of the needs assessment.

8



Transition Update-Statewide Needs Assessment

Preparation 

Transfer

Expansion

- Inform SBHC Program's strategic priorities, growth and structural development
 - Identify priority areas in Maryland for new SBHCs
 - Inform a sustainability model for SBHCs.
- Open Competitive Bid Posting Closed January 31, 2022
- Expected Period of Implementation of the Statewide Needs Assessment is from March 15th-September 15, 2022



9

Transition Update-Staffing

Preparation 

Transfer

Expansion

Current Support

- MCH Administrator, Kristen Gwaltney, from the CDC Foundation until June 2022
- Preventive Medicine Resident Rotators

Future

- Planning to hire staff in SFY2023



10

Discussion

- What are specific roles that CASBHC can play to further advance the strategic priorities?
- Which strategies can improve sustainability for SBHCs?
- What are strategies to measure operating costs for SBHCs?
- What are strategies to Increase capacity for more frequent/continuous data collection for quality improvement initiatives at SBHCs?
- What are ways to standardize and allow information sharing between SBHCs and MCOs?

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Questions: md.sbhccprogram@maryland.gov

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Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**Council on Advancement of School-Based Health Centers
Telecon via Zoom
MINUTES**

Monday, September 12, 2022
8:30 AM – 10:30 AM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toyce, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Chief Medical Officer, MedStar Health Plans
3. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
4. Sean Bulson, Public Schools Superintendents Association of Maryland | Superintendent, Harford County Public Schools
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Scott Steffan, Maryland Association of Elementary School Principals | Principal, Highland Elementary School
7. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School
8. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
9. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County
10. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
11. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
12. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates

Ex Officio

1. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
2. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
3. Shelly Choo, Ex Officio Member | Director, Bureau of Maternal and Child Health, MDH
4. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
5. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
6. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange

7. Lorianne Moss | CASBHC Staff

Public

1. Benjamin Wormser, Maternal and Child Health Bureau, PHPA, MDH
2. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
3. Alyssa Brown, Maryland Medical Assistance Program, MDH
4. Sandra Kick, Maryland Medical Assistance Program, MDH
5. Linda Rittelmann, Maryland Medical Assistance Program, MDH
6. Jamie Perry, Office of Population Health Improvement, MDH
7. Renee Tucker, Office of Population Health Improvement, MDH
8. Alicia Mezu, MSDE
9. Erinn Mansour, Chief of Staff, Office of Sen. Lam
10. Kimia Abtahi, Office of Sen. Lam
11. Michael Sousane, Department of Legislative Services
12. Gabriel Smith, Chesapeake Regional Information System for our Patients (CRISP)
13. Sharon Hobson, Howard County Health Department
14. Jomy Mathew, UnitedHealth
13. Auric Zygala, CareFirst BlueCross BlueShield
15. Ellen Hudson, Meritus Health
16. Alicia Nelson, St. Mary's Health Department
17. Amber Grabowski, St. Mary's Health Department
18. Pam Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A.
19. Scott Tiffin, Public Policy Partners

8:30 AM Roll-Call

Kate Connor welcomed meeting participants. Lorianne Moss called the roll.

8:35 AM Minutes from March 1, 2022 Meeting

Lorianne Moss advised Council members of a correction to Andrew Ratner's name in the March meeting minutes. Cathy Allen moved to approve the March meeting minutes. Jean-Marie Kelly seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

8:40 AM Legislative updates

Delegate Cullison said she is extremely excited to learn about MDH's work with the SBHC program. Erin Mansour said Senator Lam may consider legislation related to SBHC Medicaid billing, if warranted.

8:45 AM Agency Updates

Shelly Choo presented slides to update the Council on the Bureau of Maternal and Child Health's progress in implementing the SBHC program. She reviewed the program's goals and strategic priorities for FY 2022-2026. Of the five strategic priorities, four are priorities during the current fiscal year: 1. SBHCs will be a foundational, operational element of Maryland Medicaid; 2. build a sustainable financial model for SBHCs that sustainably and equitably supports their mission; 3. expand comprehensive SBHC services in historically disenfranchised and underserved communities; and 4. define and standardize the expected quality of care provided by SBHCs in the Maryland SBHC Program. The fifth will be a priority for the future: develop a robust foundation of accessible data that is relevant to SBHC operations, quality of care, educational impact, and value.

Shelly Choo shared a map illustrating 95 SBHCs in 17 jurisdictions in the state and reminded Council members that approvals for new SBHCs have been paused during SFY 2023. A new website has been built for the program and can be found at: <https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/default.aspx>. Two new staff have been hired: Kristin Yirenkyi will serve as SBHC Program Coordinator, and Bella Chant will be the SBHC Nurse Consultant. Interviews are currently underway for the SBHC Program Manager position. Kate Connor said she is gratified that program staffing is increasing, as this has been a longstanding Council priority.

Grant Program: The Bureau approved and executed over \$7 million total in grants to SBHCs for FY 2023. All approved SBHCs from FY 2022 or earlier were eligible for grant funds, which could be used for both operational costs and one-time infrastructure investments. Responding to a question from Del. Cullison, Ben Wormser explained that infrastructure grant funding was used by SBHCs to purchase refrigerators for vaccines, furniture, and EMR systems, and to fund minor renovations. SBHC staffing costs were covered through operational grants.

As it considers FY 2024 grant funding, the Bureau will consult the recommendations of the statewide Needs Assessment but will try to maintain some stability for SBHCs funded in FY 2023; ideally each SBHC will be funded at 75 percent of its FY 2023 funding level or higher. Del. Cullison asked whether new SBHCs and new SBHC sponsors would be eligible for FY 2024 grant funding. Shelly Choo encouraged any potential new SBHC sponsors to reach out to the SBHC program via email.

Shelly Choo briefed the Council on the new Standards, regulations, policies & procedures, and toolkits the Bureau is developing for the SBHC program:

- **Standards:** The Standards are intended to define the minimum requirements to be approved to join the Maryland SBHC Program. Shelly Choo thanked MSDE for its work on the Standards prior to the program's transition to MDH. In order to complete the Standards revision, the Bureau reviewed other states' SBHC Standards, and is working closely with the Council's Quality and Best Practices workgroup. In response to a question from Del. Cullison, Shelly Choo said the Bureau is incorporating feedback from SBHC Administrators received during one-on-one interviews held prior to the program's transition to MDH. Overall, the new Standards are intended to be shorter and more concise than previous versions, and to focus on requirements rather than recommendations. The Bureau hopes to release the Standards in late fall/early winter 2022 and plans to have a public comment period to receive feedback from stakeholders.

The Bureau is aware that not all SBHCs will be able to meet the requirement of the new Standards immediately, and will provide a two-year grace period during which support will be provided to help SBHCs meet the Standards. Sen. Lam urged that the Standards and regulations take into account the current activities of SBHCs. Shelly Choo responded that the Standards will need to strike a balance between ensuring high quality care while not create unnecessary bureaucratic requirements. Maura Rossman asked what percentage of SBHCs will be able to meet the Standards initially, and Shelly Choo said it will be difficult to say until the Standards have been completed.

- **Regulations:** The regulations are intended to be broad and will describe the significance of being "approved" as a Maryland SBHC; outline termination/suspension procedures; and cite corresponding Medicaid regulations. The Bureau hopes to release the regulations in late fall/early winter 2022 and plans to have a public comment period.

Kate Connor asked whether regulatory updates to permit additional sponsor types have been made, as required by HB 409 of 2020. Sandy Kick said she would look into this.

- **Policies and Procedures:** The Bureau is working to develop procedures for SBHC approval, quality assurance site visits, and other facets of the program. These policies and procedures will be public-facing, and the Bureau hopes to release them in late fall/early winter 2022. Kate Connor observed that the Maryland Family Planning Program and Vaccines for Children program each conduct their own quality assurance site visits, and encouraged the Bureau to synergize with them.
- **Toolkits:** Toolkits will be resources to help SBHC administrators adhere to the Standards and regulations, improve the quality of care, etc. Toolkits will start to be developed in 2023.

Statewide Needs Assessment: Shelly Choo listed the objectives of the statewide SBHC Needs Assessment: describe and evaluate existing SBHCs in Maryland; identify communities in Maryland with health and education disparities that may benefit from a SBHC’s services; develop and propose an equitable SBHC grant funding formula; identify and describe data sources to use when evaluating health and educational outcomes associated with SBHCs in the future; and perform a literature review and assessment of other states.

UMBC/Hilltop and Aurrera HealthGroup have been contracted to complete the Needs Assessment. They have formed a Steering Committee and are conducting stakeholder interviews, including with some CASBHC members and Local Health Officers. The Needs Assessment report will be due in late fall 2022. Tanya Schwartz from Aurrera HealthGroup shared a link to provide written input on the Needs Assessment. Sen. Lam observed that the timeline for completing these activities is aggressive.

SBHC Billing Initiatives. The Bureau has been working closely with Maryland Medicaid. Regular workgroup meetings have been held to advance the first two strategic priorities (1. SBHCs will be a foundational, operational element of Maryland Medicaid; and 2. build a sustainable financial model for SBHCs). The Bureau is working with the Office of Medical Benefits Management to support Healthy Kids/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) by SBHCs and to streamline SBHC provider enrollment. The Bureau assisted Maryland Medicaid in preparing a report to the legislature required by SB 290.

The Bureau recently conducted a brief survey (administered by MASBHC) to understand current SBHC billing practices. The survey is intended to help the Bureau plan future resources and expertise to improve billing/reimbursement at SBHCs. The Bureau is working with MASBHC on a learning collaborative to help SBHCs connect to and optimize use of CRISP, which among other benefits, can help SBHCs gather patient insurance information. The Bureau is collaborating with CASBHC’s Systems Integration and Funding workgroup on potential innovative payment models for the future.

SBHC Data. With many other priorities, the Bureau is currently unable to work on data issues with as much “intensity” as other topics. That said, the Bureau is working with the MDH Data Office to review and analyze data from the 2019-2020 and 2020-2021 SBHC annual surveys. The data is complex and the analysis is time-consuming. The intent is to share data back with SBHCs and other stakeholders when it is ready. The Bureau is planning to release the 2021-2022 survey in fall 2022 using the RedCAP platform. The Bureau may work on updating the annual survey for the 2022-2023 school year during spring 2023 and looks forward to collaborating with the Council’s Data workgroup.

Council Chair Kate Connor and Vice-Chair Patryce Toye thanked Shelly Choo for her thorough briefing and all the Bureau’s work on the SBHC program.

9:40 AM Workgroup Breakout Session

The Council's workgroups met over Zoom breakout rooms to discuss future workgroup planning and activities in light of the Bureau's presentation.

10:10 AM Quality and Best Practices Workgroup: Report-Out

Patryce Toye reported that the Quality and Best Practices workgroup continued its on-going discussions about what primary and preventative SBHC care should look like, including though telehealth; whether there should be a minimum number of hours of in-person care offered by each SBHC; and/or whether the Standards should be different for different delivery models.

Maura Rossman and Sen. Lam urged caution about prescribing the number of hours for each SBHC or each service delivery model, recommending instead that the Standards focus on quality services.

The workgroup's next meeting will take place on September 19 at 9:30 AM.

10:15 AM Data Workgroup: Report-Out

Shelly Choo provided a summary of the Data workgroup's discussion, as co-chairs Cathy Allen and Joy Twesigye had to leave the meeting. The Bureau is working closely with the new MDH Data office on the SBHC survey data and hopes to engage with the workgroup when the data is ready. There may be work required to ensure data definitions are standardized and applied in a consistent manner by all SBHCs. The workgroup may be interested in a potential best practice by Montgomery County – the SBHCs and school health have a bidirectional connection to Immunet.

The workgroup also may be interested in working towards a future state where data is collected in real-time; i.e., systems with unique patient identifiers that automatically collect and share data, potentially obviating the need for an annual survey. This would take many years to plan and achieve. North Carolina may be a promising model in this regard. The workgroup could help investigate different software options as well as other considerations such as required legal agreements.

Over the long- and intermediate-term, there is a desire to capture more outcomes data and to use that data to monitor and respond to observed trends.

The Data workgroup's next meeting is not currently scheduled.

10:20 AM Systems Integration and Funding Workgroup Report-Out

Maura Rossman said workgroup members are "delighted" that Medicaid is now participating in workgroup meetings. The group will continue to work on issues around Medicaid reimbursement for care coordination and potential innovative models, such as enhanced reimbursement for SBHCs similar to FQHCs. The workgroup discussed the vision for SBHCs to serve patient medical homes. The workgroup is interested in the results of the recent billing survey to help inform workgroup recommendations, and also intends to explore ways to collaborate with MCOs. The workgroup will request a briefing from Donna Behrens at its next meeting in order to understand her work with MCOs and SBHCs.

The workgroup's next meeting will take place on September 20 at 1:30 PM.

Del. Cullison urged all workgroups to reach out to her office if they encounter legal barriers that would require a legislative change.

10:25 AM Adjourn

Joanie Glick made a motion to adjourn the meeting. Maura Rossman seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.



MDH Update

CASBHC Full Council Meeting

September 12, 2022

Agenda

1. Goals and Strategic Priorities
2. MD SBHC Program Status Update
3. Program Infrastructure Development
4. SBHC Needs Assessment
5. Public Health and Medicaid Partnership
 - a. Supporting SBHC Billing Practices
6. SBHC Data

1. Goals of the Maryland SBHC Program

- Integrate with the larger system of healthcare, public health, and social services in Maryland to provide coordinated support for Maryland’s children and adolescents
- Reduce the total cost of healthcare by reducing costs related to unnecessary emergency room visits and hospital stays
- Make quality primary care, preventive and mental health services accessible and available, particularly in communities of need, in Maryland
- Provide youth- and adolescent-friendly, trauma-informed care for all students
- Maximize educational success through improved health and well-being

3



1.Strategic Priorities (SFY 2022-2026)

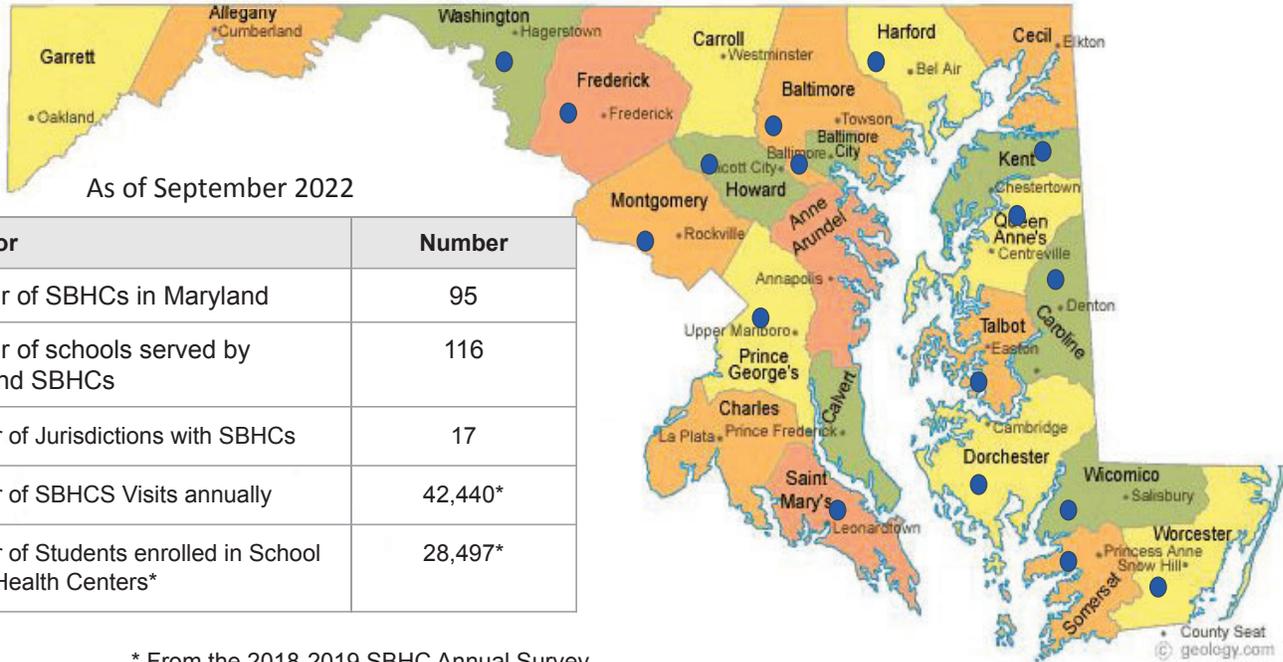
1. **SBHCs will be a foundational, operational element of Maryland Medicaid.**
2. **Build a sustainable financial model for School-Based Health Centers** that sustainably and equitably supports their mission.
3. **Expand comprehensive school-based healthcare services** (e.g., preventive, behavioral, and oral health) in historically disenfranchised and underserved communities.
4. **Define and standardize the expected quality of care** provided by School-Based Health Centers in the Maryland SBHC Program.
5. **Develop a robust foundation of accessible data** that is relevant to School-Based Health Center operations, quality of care, educational impact, and value.

4

○ -Priorities during SFY 2023



2. State of the Maryland SBHC Program



Indicator	Number
Number of SBHCs in Maryland	95
Number of schools served by Maryland SBHCs	116
Number of Jurisdictions with SBHCs	17
Number of SBHCS Visits annually	42,440*
Number of Students enrolled in School Based Health Centers*	28,497*

* From the 2018-2019 SBHC Annual Survey

2. State of the Maryland SBHC Program

- As a reminder, approvals for *new SBHCs* are paused during SFY 2023 to allow the Program to develop during its initial year in MDH

3. Program Infrastructure Development

- a. SBHC Program Website
- b. SBHC Program Team
- c. SBHC Grant Administration
- d. SBHC Standards, Regulations, Policies & Procedures



3a. New Maryland SBHC Program Website



- Information about the Maryland SBHC Program
- List of SBHC's by jurisdiction with contact information and hours
- Resources for SBHC Program Administrators

<https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/default.aspx>



3b. MD SHBC Program Team (*Public Health*)



**SBHC Program
Coordinator**
Kristin Yirenkyi, LCSW



SBHC Nurse Consultant
Bella Chant, MS, RN
Begins September 28, 2022

SBHC Program
Manager -
Currently
Interviewing



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3c. MD SBHC Grant Program

- Approved and executed infrastructure and operational grants over \$ 7 million for State Fiscal Year (SFY) 2023
- All approved SBHCs from SFY2022 or earlier were eligible for grant funds
- Grants built to:
 - support the ongoing work of existing SBHCs
 - fund important infrastructure upgrades
 - ensure stability in funding from SFY 2023 to SFY 2024
- Needs Assessment on track to help inform SFY 2024 funding model



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3d. SBHC Standards, Regulations, Policies & Procedures

Item	Purpose	Expected Release
Regulations	Define terms; Describe significance of “approved SBHC”; Outline termination/suspension procedures; Cite corresponding Medicaid Regulations.	Late Fall/Early Winter 2022
Standards	Define the minimum requirements to be approved to join the Maryland SBHC Program.	Late Fall/Early Winter 2022
Policies & Procedures	Program procedures for SBHC approval, QA site visits, etc. that reflect the Standards and Regulations and are public-facing.	Late Fall/ Winter 2022
SBHC toolkits	Resources to help SBHC administrators adhere to Standards, Regs, increase quality.	Continuous - Start in 2023



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Strategic Priority Area #4

Updates to the Standards April - June 2022

- Started with MSDE Standards draft
 - Reviewed comments from CASBHC and other stakeholders
- Reviewed Standards from other States
 - Oregon, New York, North Carolina, Delaware
- Created new Standards document
 - Adapted elements from MSDE Standards, New York, other states
 - Shorter, more concise, focused on requirements vs. recommendations
 - Aligning Standards with Regulations and other processes



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3d. Timeline for Finalizing Standards July - December 2022



- After standards are released, an expected “grace period” for two years will be planned for SBHCs to meet the standards

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4. SBHC Needs Assessment

- **Objectives of the SBHC Needs Assessment:**
 - Describe and evaluate existing SBHCs in Maryland
 - Identify communities in Maryland with health & education disparities that may benefit from a SBHC’s services
 - Develop and propose an equitable SBHC grant funding formula
 - Identify and describe data sources to use when evaluating health and educational outcomes associated with SBHCs in the Future
 - Literature review and assessment of other states

UMBC/Hilltop and Aurora Health Management working to complete the needs assessment

- Steering Committee
- Stakeholder Interviews
 - Thank you to many CASBHC members
- Data Analysis
- Literature Review and Survey of Other States
- Report due in late Fall

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*Strategic Priority Area #3



5. Medicaid Partnership with MD SBHC Program

- Regular working meetings with MCHB and Medicaid Partners to begin plan for Strategic Priority Areas #1, 2
- Partnership with Office of Medical Benefits Management, particularly for Healthy Kids/Early and Periodic Screening, Diagnostic and Treatment and Provider Enrollment
- Assisted Maryland Medicaid with a report to the legislature on the SBHC transition (SB290)

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Strategic Priority Areas #1 & #2



5. Supporting SBHC Billing Practices

- Recently completed a *brief* Survey to describe current SBHC billing practices administered by MASBHC
- Developing resources to help advance billing/reimbursement at all SBHCs
- Learning collaborative to connect to and optimize use of CRISP (MASBHC)
- Alternative payment models for the future (CASBHC)

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6. SBHC Data

- Working with the MDH Data Office to review and analyze previous SBHC Annual Survey 2019-2020, 2020-2021
 - Long process due to data's complexity
 - Aim to share data back with SBHCs and Stakeholders
- Planning for 2021-2022 Annual SBHC Survey for Fall 2022 via RedCAP
- Aim to update Annual SBHC Survey for 2022-2023 school year Spring 2023
 - Look forward to partnering with CASBHC Data Workgroup

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Additional Questions and Discussion

md.sbhccprogram@maryland.gov