

# TASK FORCE ON SCHOOL NURSING

Oregon Department of Education

Public Services Building,  
Basement A

April 1<sup>st</sup>, 2016

12:30-3:30

- ▶ 1. NAME AND ORGANIZATION
- ▶ 2. WHAT IS YOUR ORGANIZATION'S INTEREST IN SCHOOL NURSING

# WELCOME AND INTRODUCTIONS

# HOUSEKEEPING

- ▶ Conflict of Interest Form
- ▶ Approve 3/8/16 meeting minutes - *action item*
- ▶ Common Language Form - *update*



# Task Force Charter

- ▶ A majority of voting members of the Task Force constitutes a quorum.
- ▶ Final recommendations by the Task Force requires approval of a majority of all voting members.
- ▶ Total of 14 voting members on the Task Force - quorum = 8 members
- ▶ *Discussion/Approval - action item*

# Task Force Behavioral Guidelines (Classroom Rules)

- ▶ There are no stupid questions!
- ▶ Everyone's input is valuable.
- ▶ The Bike Rack will be used to capture ideas.
- ▶ There will be homework (but no tests or quizzes).
- ▶ Please come prepared.



# Task Force Work Plan

- ▶ A fluid plan that has a general direction.
- ▶ Please offer suggestions to help formulate the work plan.
- ▶ *Discussion/Approval - action item*





# Schedule of Meetings

- ▶ First Friday of each month from 12:30-3:30
- ▶ Discuss alternative dates for July and September?

# Scope of Work

## ▶ 4 Specific Tasks:

- ▶ 1. Examine other health care funding sources to pay for school health services.
- ▶ 2. Recommend **sustainable** funding sources for school health services.
- ▶ 3. Recommend standards of school nursing practice.
- ▶ 4. Recommend ways to create a coordinated school health services model that directs an appropriate level of funding to school nursing and school-based health centers.



## Scope of Work

- ▶ 1. Examine other health care funding sources, including the billing of students' health insurance for the costs of school health services provided at school, for the purpose of determining if schools may transition from using moneys received for education purposed to using moneys form other health care funding sources to pay for school health services.

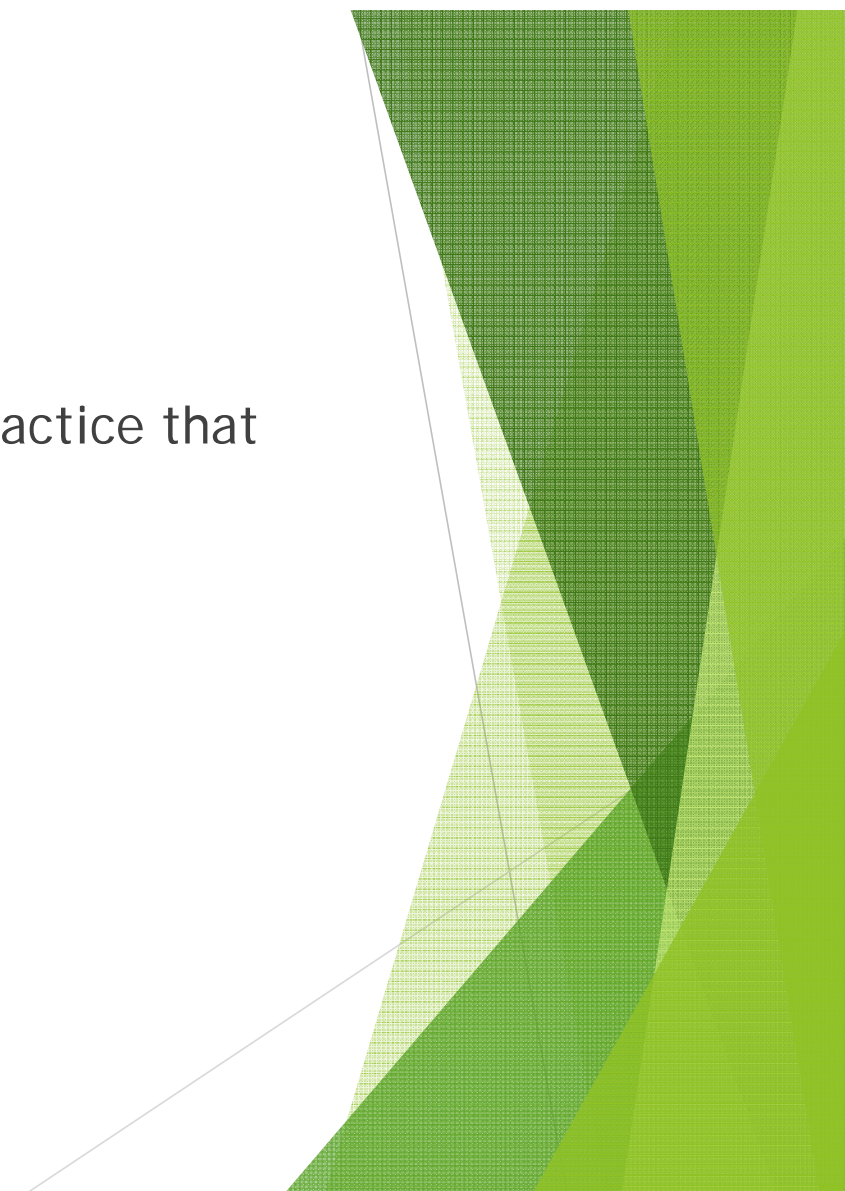


# Scope of Work

- ▶ 2. Recommend sustainable funding sources for school health services that could be used to fund required school health screenings and to achieve the level of school nursing service described in ORS 336.201.
- ▶ ORS 336.201
  - ▶ a) One registered nurse or school nurse for every 225 medically complex students.
  - ▶ b) One registered nurse or school nurse for every 125 medically fragile students.
  - ▶ c) One registered nurse, or licensed practical nurse under the clinical direction of a registered nurse for each nursing-dependent student.
  - ▶ d) One registered nurse or school nurse for every 3,500 students by July 1, 2014.
  - ▶ e) One registered nurse or school nurse for every 2,500 students by July 1, 2016.
  - ▶ f) One registered nurse or school nurse for every 1,500 students by July 1, 2018.
  - ▶ g) One registered nurse or school nurse for every 750 students by July 1, 2020.

## Scope of Work

- ▶ 3. Recommend standards of school nursing practice that include outcome measures related to health transformation and academic performance.





## Scope of Work

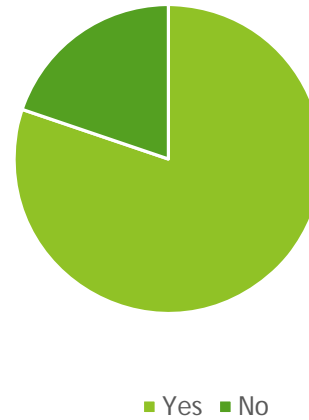
- ▶ 4. Recommend ways to create a coordinated school health services model and to foster and promote a noncompetitive strategy that is collaborative and that directs an appropriate level of funding to school nursing and school-based health centers.

# Current Funding Models

## ▶ Survey Results

- ▶ 81 districts responded out of 197
- ▶ 80% report having a School Nurse serving the district

Is there a school nurse(s) that serves students in your district?

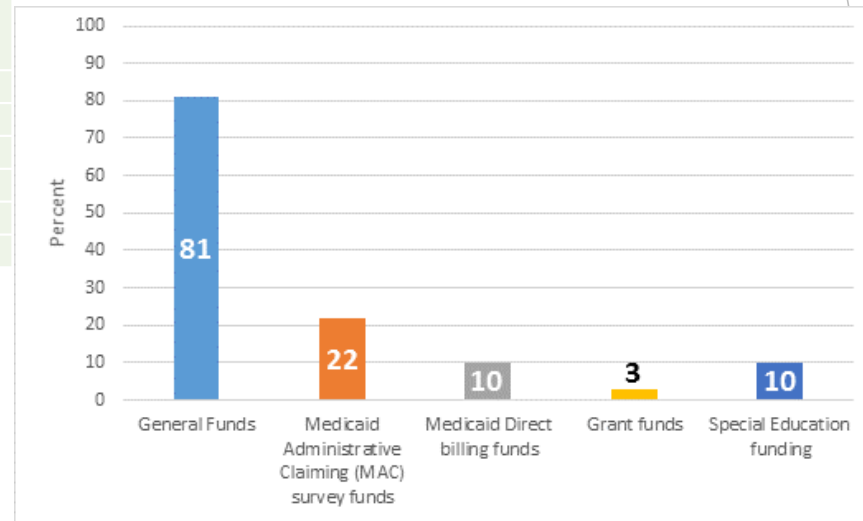


# Funding Source

What funds does your district use to pay for school nurses? (check all that apply; if more than one, please indicate approximate % of each in the other field)

Answer Options	Response Percent	Response Count
General Fund	81.4%	48
Medicaid Administrative Claiming (MAC) survey funds	22.0%	13
Medicaid Direct billing funds	10.2%	6
Grant funds	3.4%	2
Special Education funding	10.2%	6

Note: Percent will not add up to 100%; respondents were allowed to choose more than one answer.





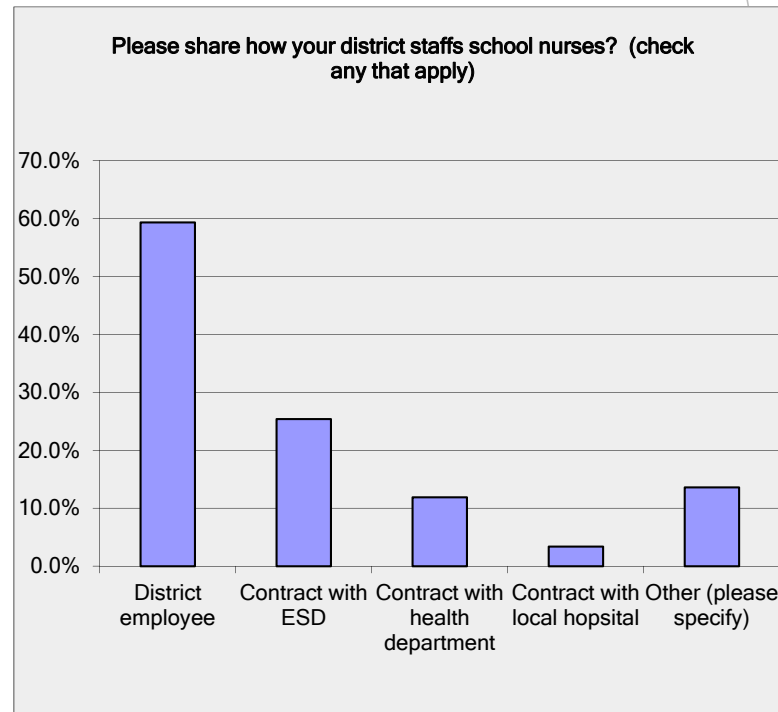
# Funding Source comments

- ▶ ESD provides county-wide service
- ▶ Work with county health department to provide the service - district provides space, HD provides services
- ▶ MAC survey & direct billing go into General Fund
- ▶ District-wide nurse is 100% general fund, Direct care nurse is 100% SPED
- ▶ 2 paid by general fund, 1 paid by MAC funds
- ▶ Local hospital provides 1 full-time nurse
- ▶ ESD service credits
- ▶ Resolution dollars at MESD
- ▶ MESD does Medicaid billing for us
- ▶ Really seems like school health should be funded out of health and human services budget not education so that increases don't happen to the detriment of other programs

# School Nurse staffing

Please share how your district staffs school nurses? (check any that apply)

Answer Options	Response Percent	Response Count
District employee	59.3%	35
Contract with ESD	25.4%	15
Contract with health department	11.9%	7
Contract with local hospital	3.4%	2
Other (please specify)	13.6%	8



## Additional comments

- ▶ Please don't carve funding out of State School Fund because SSF is not adequate either
- ▶ With ever changing requirements on our nurse (dental, immunizations, medical complexity), we are short staffed and are trying to add additional FTE. State funding sure would help.
- ▶ Without MAC survey funds, we would not be able to support our school nurse
- ▶ We are fortunate in our partnerships that federal and grant funding helps subsidize the cost
- ▶ We would prefer to have a staff nurse and nurse assistant to better serve student needs. Contract is expensive with limited direct service
- ▶ Difficult to maintain staffing
- ▶ We are exploring Medicaid billing but need to consider the cost of staff time to do billing



## Comments cont.

- ▶ The number of Type 1 diabetics that are incredibly complex, the number of screenings, and proactive health initiatives continue to climb
- ▶ The biggest nursing issue is accommodating 1:1 services required under IEPs.
- ▶ The delay in receiving Medicaid reimbursement makes it tough on budgeting
- ▶ Supply money would also be helpful
- ▶ We could use more/not currently adequate
- ▶ Charter schools have additional challenges with their contracting districts and liability
- ▶ This year, we were unable to contract for a nurse to meet a student's one-on-one needs. We had to hire through an agency.
- ▶ We don't have the administrative staffing to oversee a technical position like a school nurse who is certified to supply Medicaid-reimbursable care.

Public comment period



homework





# Medicaid Introduction

School Nurse Task Force  
April 2016

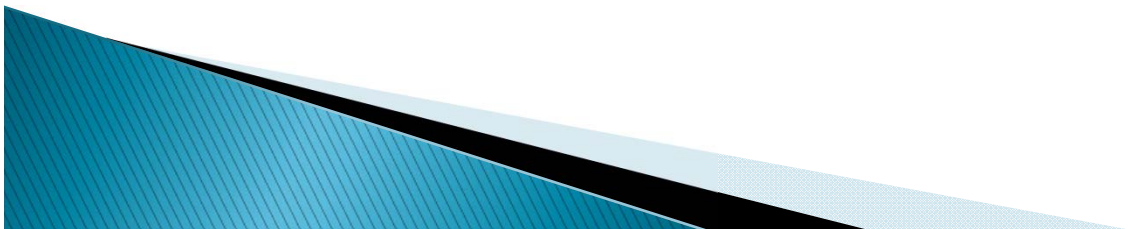
- ▶ Federal IDEA requirement
- ▶ State requirements (OAR 581-015-2530)
- ▶ Medicaid Administrative Services
- ▶ Medicaid: School Health Services
- ▶ Case Study



Ely Sanders, MPA  
Sexual Health and School Health Specialist  
Oregon Department of Education  
Office of Learning | Student Services Unit

# Legal: Individuals with Disabilities Education Act (IDEA)

- ▶ Ensures all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living. (§300.1)



# Legal: OAR 581-015-2530

- ▶ A school district program may use the State's Medicaid or other public benefits or insurance programs . . . required under IDEA and permitted under the public benefits or insurance program. . .
- ▶ [For] services required to provide a free appropriate public education (FAPE)





# OAR 581-015-2530 (cont)

- ▶ Prior to accessing a child's or parent's public benefits or insurance for the first time, the school district, must obtain written, parental consent (annually there after)
- ▶ School health services are no cost to parent. (copays. . .)
- ▶ Parent has right to withdraw consent at anytime.



# Medicaid Billing

- ▶ **Medicaid Administrative Claiming**
  - Outreach activities designed to ensure that children in schools and the community have access to Medicaid programs and services.
- ▶ **School Health Services**
  - Services authorized under Oregon's approved Medicaid State Plans that also are considered special education, related services, or early intervention services.



# Medicaid Administrative Claiming (MAC)

- ▶ Random time study of claimable administrative activities provided by school district.
- ▶ OHA has contracts with 8 ESDs (school District subcontract with ESDs)
- ▶ 65 School Districts/ESD participate
  - In Oregon: 196 School Districts/11 ESDs



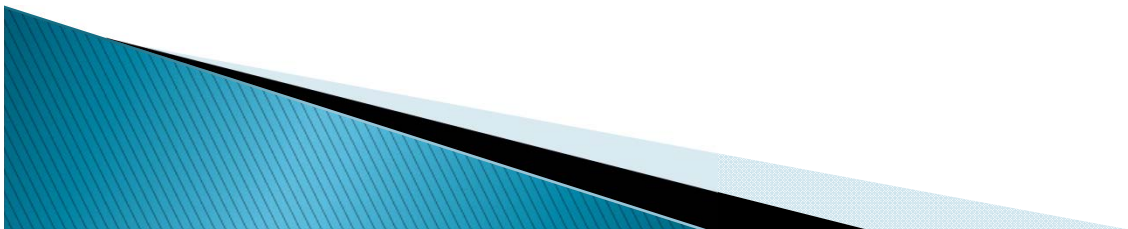
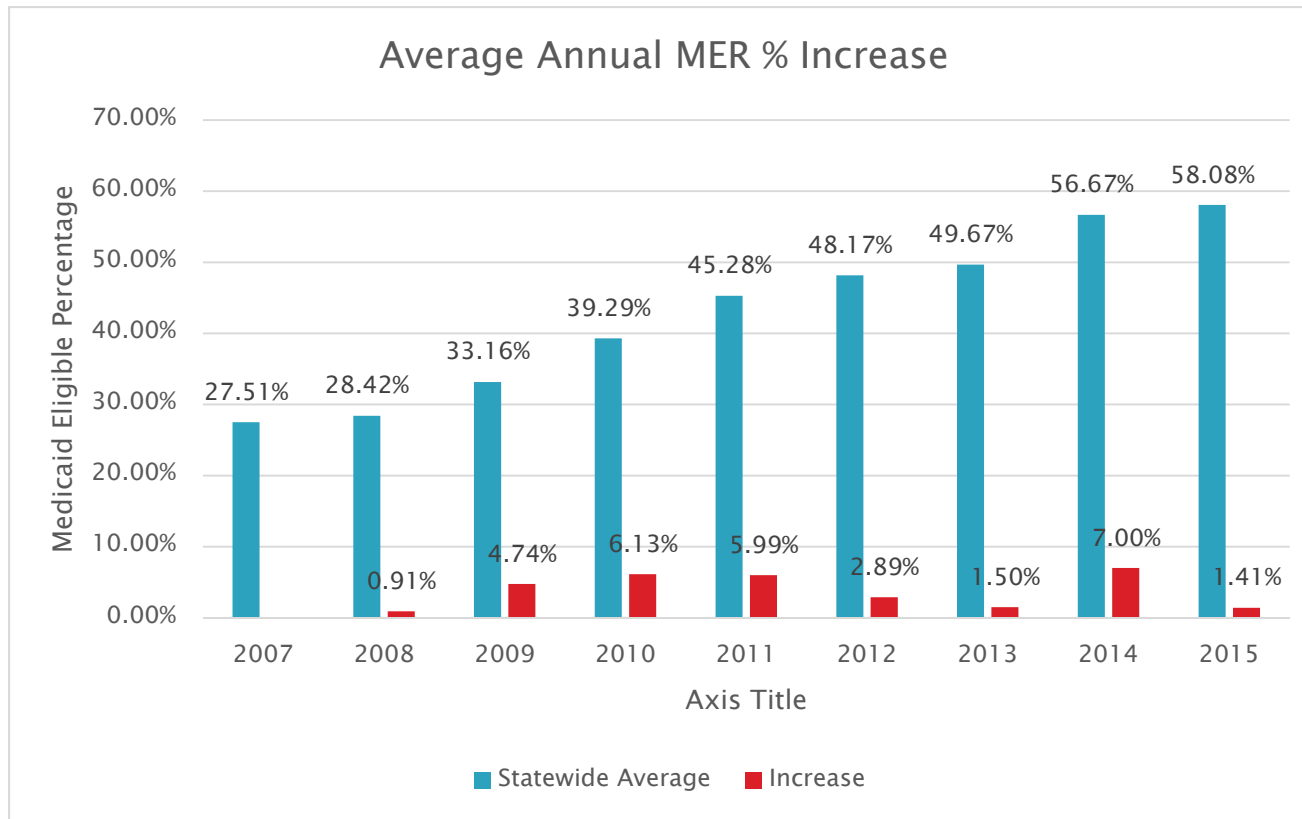


# Medicaid Administrative Claiming (MAC)

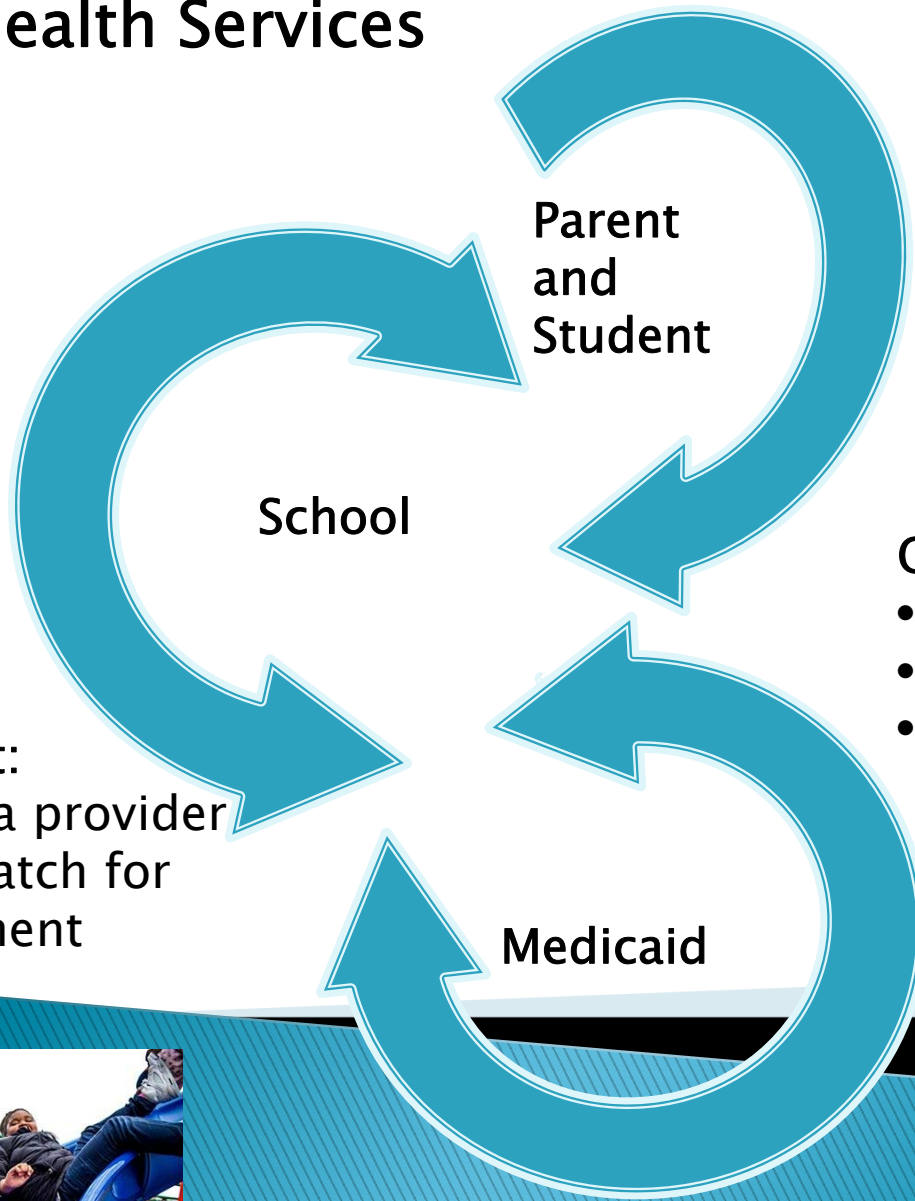
- ▶ No direct service reimbursement
- ▶ Cost share 50/50 match
- ▶ Risk of not being cost effective
- ▶ OHA requires annual report on use of funds for health and social service projects.



# Medicaid Eligible Children



# School Health Services



## Parent:

- Must sign consent

## Oregon OHA

- Pass through federal \$\$
- Coordinates Billing
- Provides oversight and technical assistance.

## School District:

- May bill as a provider
- Requires match for reimbursement





# School Health Services

- ▶ 63 School/ESD Districts bill (2014–15)
  - In Oregon: 196 School Districts/11 ESDs
- ▶ Reimburses IDEA Direct health services to Medicaid eligible students. (OT, PT, SLP, N...)
- ▶ Match rate determined by Federal Medical Assistance Percentage (FMAP) rate.
  - Current match (OHP) at 35.5% (School District pays)
  - Changes every October
- ▶ Reimbursement is cost based and individual to each school district and ESD
- ▶ No annual report on use of funds



# School Health Services (cont)

- ▶ Fee for service and billed directly to state Medicaid or contracted billing agent (ESD, Private)
- ▶ Does not include SBHC
- ▶ Top3 services schools bill for
  - Speech
  - Nursing
  - Transportation
- ▶ No clear requirement for use of match.



# SHS: Parents

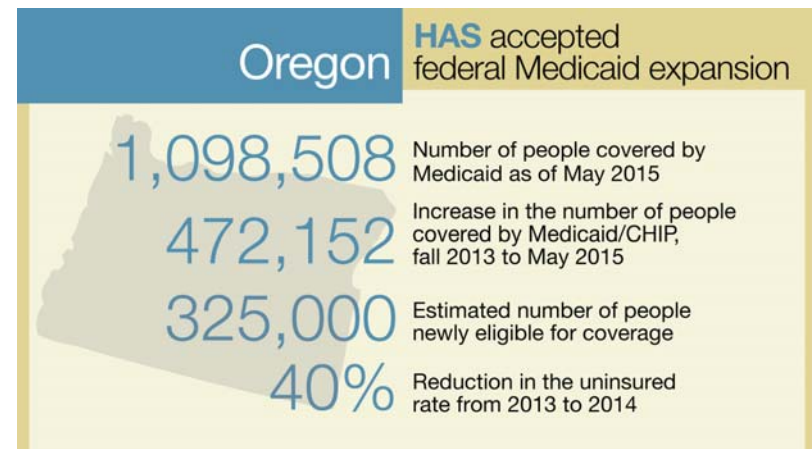
- ▶ Schools can only bill if IDEA consent is signed by parent.
- ▶ Participate in student's coordinated health education services (IEP, 504, IFSP)
- ▶ Facilitate and provide consent for communication between Doctor and school.
- ▶ Partner with school for their child's education safety, health, and welfare in education setting.



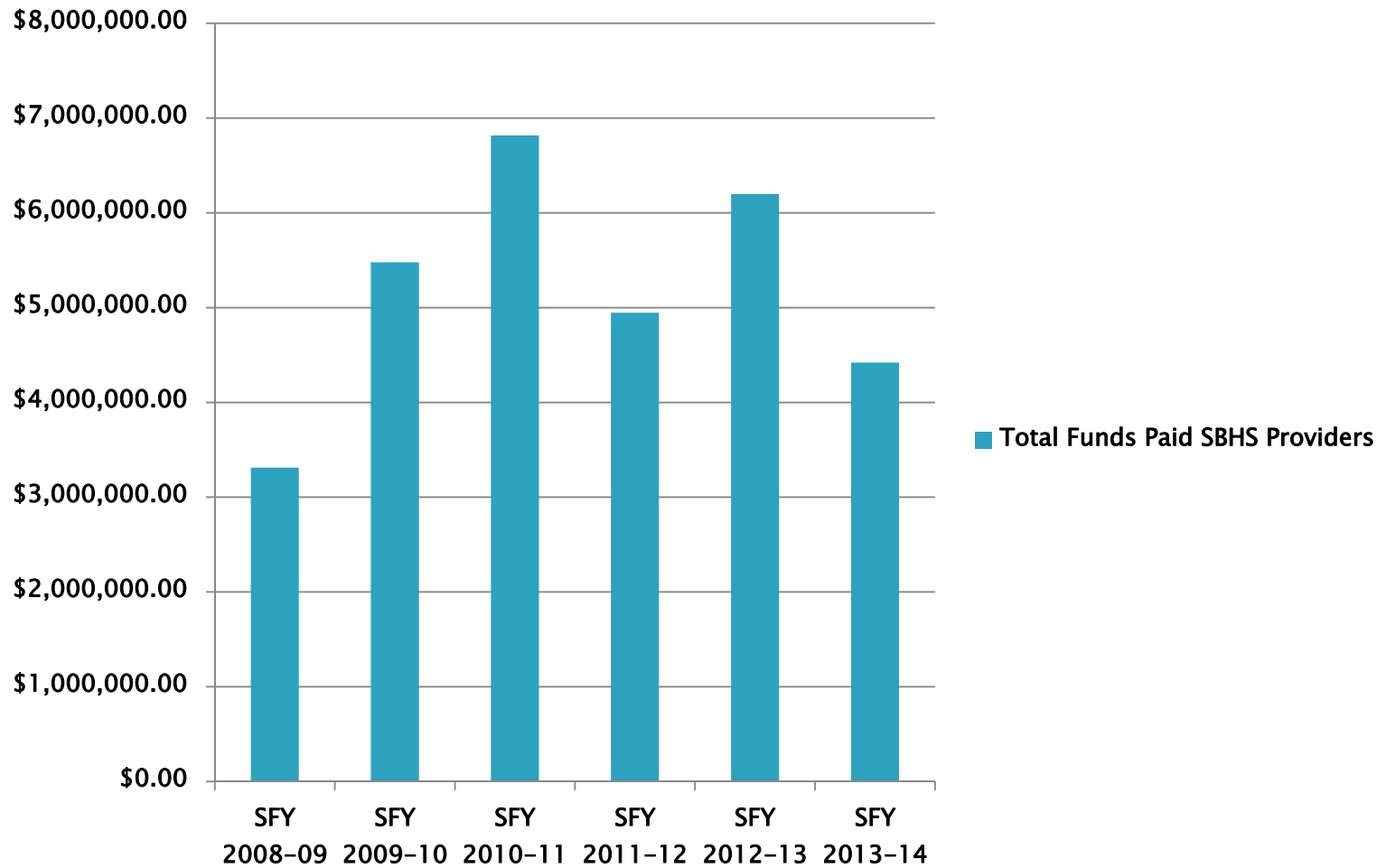


# Medicaid SHS State Plan

- ▶ Approved by the Centers for Medicare and Medicaid Services (CMS)
- ▶ School services eligible for reimbursement under plan
- ▶ Based on IDEA services
- ▶ Medicaid First Payer
  - 1903c of SSA
  - 34cfr300.154  
(Education's requirement for MOU between ODE and OHA)



# Total Funds Paid SHS Providers



# Top Health Services (2014)

Svc Category	Sum of Paid Amount	Recipient Count
Psych	\$11,672.00	166
Speech	\$2,637,029.51	56,144
OT	\$294,284.79	5,911
PT	\$417,802.01	6,407
RN	\$2,172,829.71	7,660
LPN	\$192,712.78	385
Trans	\$180,029.27	2,438
Audiology	\$6,322.17	176
<b>Total</b>	<b>5,912,682.24</b>	



# SHS Billing Variety (2014)

School District	Total Students	Billed Students	Total Billed	\$ per student
Tillamook	1961		\$112,573	\$57.4
Centennial	6177		\$38,295	\$6.2
Creswell	1,269		\$86,058	\$67.9
Portland Public	46,581		\$116,705	\$2.5
Silver Falls	3728		\$336,120	\$90.2
Santiam	2369		\$19,156	\$8.1
Vale School District	888		\$66,391	\$74.8





# Case Study: School District A

- ▶ Student Body=3700
- ▶ Identifying student as Medicaid/IDEA eligible
  - Services identified and supported on IEP
- ▶ Communication/Orders from primary care provider
- ▶ Identify/train school staff to provide (delegated) health services
- ▶ Develop monitoring/data tracking process



# Case Study: School District A (cont.)

- ▶ 15 highest need students (Est)
- ▶ Identify and allocate FTE for interface with State Medicaid.
- ▶ Establish State funds match account
- ▶ Maintain documentation
- ▶ Committee governed use of funds. (Health related)



# Case Study: School District A Outcome (2014)

- ▶ 15 (est) Highest need students
- ▶ Claimed Nursing, Transportation, and Delegated Services
- ▶ Claimed \$300,000 (SBHS) and \$210,000 (MAC)
  - 2.5 School Nurse FTE,
  - Additional Health assistance FTE
  - PD for Health Services staff
  - Health supplies (AED, Epi Pens, stop watches.
  - First Aid (gloves, ice packs. . .)
  - First Aid Kits every classroom/AED  
for all buildings



# Challenges and concerns

- ▶ Increased school staff time required for billing and documentation
- ▶ Fear of federal audit/findings
- ▶ “Not worth it” (cost benefit)
- ▶ Parent consent (relates to school use of money)
- ▶ Shortage of dedicated billing, and health services professionals
- ▶ High case loads for school nurses and other medically licensed staff.





# Opportunities To Consider

- ▶ Supports to schools?
- ▶ Legislatively mandated billing requirement for all IDEA required services covered by state plan?
- ▶ State pays required match?
- ▶ State system for School District billing?
- ▶ Legislate requirement for use of Medicaid funds?
- ▶ OHA's Free Web Portal for billing Medicaid
  - Has limitations (Best for small schools, not data system)

