

# TASK FORCE ON SCHOOL NURSING

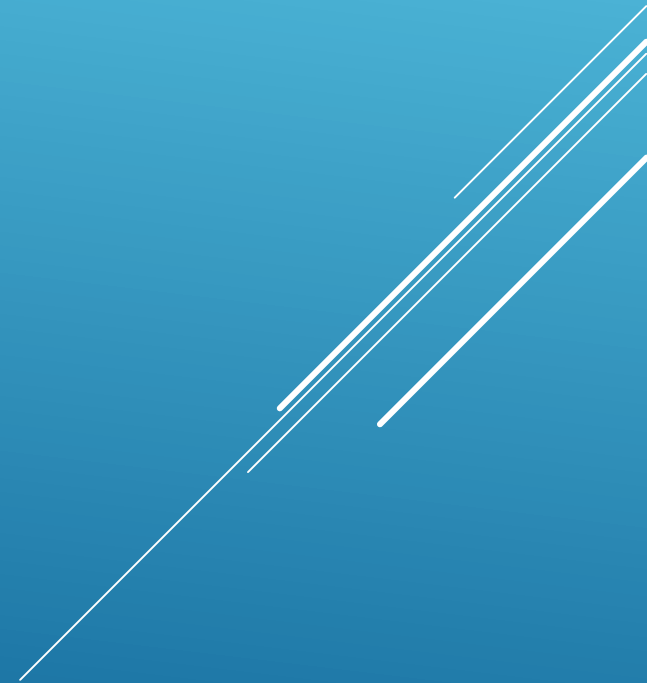
July 8<sup>th</sup>

12:30-3:30

Portland State Office Building

Room 1A

# WELCOME AND INTRODUCTIONS



- ▶ Approve June minutes
- ▶ August meeting date
- ▶ Parking
- ▶ ODE update

HOUSEKEEPING



- ▶ Identified Funding Ideas

- ▶ Poverty money
- ▶ Medicaid ✓
  - ▶ MAC
  - ▶ Direct billing
  - ▶ Free Care rule
- ▶ Private Insurance
- ▶ Coordinated Care Organizations
- ▶ Community Benefit money
- ▶ Marijuana tax money
- ▶ Soda Tax
- ▶ Oregon Health Authority ✓

- ▶ Identified Support items (which could lead to cost savings and potential new streams of funding)

- ▶ New model – SN/SBHC, LHA/SBHC, other
- ▶ Technology access – EHR/EMR
- ▶ FERPA/HIPAA – changes to allow for efficient coordination of care between health and education
- ▶ Policy change allowing an independent RN to bill for services (with applicable criteria)
- ▶ Tele-health/-nursing
- ▶ Identify and eliminate duplicate services

# BIKE RACK SUMMARY

# Commercial Insurance Coverage of School Nursing Services

Division of Financial Regulation

# Commercial Insurance Basics

- Markets
  - Individual
  - Small group
  - Large group
    - Self insured
    - Fully insured
  - Other
- Plan Types
  - Health Maintenance Organization (HMO)
  - Preferred Provider Organization (PPO)
  - Exclusive Provider Organization (EPO)
  - Point of Service (POS)

# Commercial Insurance Basics (cont.)

- State and Federal Regulations
  - Oregon Insurance Code and Administrative Rules
  - Patient Protection and Affordable Care Act (PPACA)
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Employee Retirement Income and Security Act (ERISA)
  - Mental Health Parity and Addiction Equality Act (MHPAEA)
  - Various federal regulations (example: Title 45 of the Code of Federal Regulations)
  - Other regulatory bodies
    - Department of Labor
    - United State Preventive Services Task Force
    - Centers for Medicare and Medicaid Services (CMS)
- Miscellaneous
  - Rate and plan filings
    - Individual and small group filings due nine months before plan start date

# Commercial Insurance Basics (cont.)

- Fee For Service Model
- Metal Levels (individual and small group)
  - Bronze
  - Silver
  - Gold
  - Platinum
- Cost Share Structure
  - Maximum Out-of-Pocket (MOOP)
    - 2017: \$7,150/\$14,300
  - Deductible
  - Copayments/coinsurance
  - In-network vs. out-of-network coverage
- Benefit Structure
  - Essential Health Benefits (EHB)
  - Covered services
  - Exclusions



# Considerations

- Provider contracting
  - Not all insurers contract with all providers
  - Oregon isn't an "any willing provider state"
  - Negotiated payments
- Credentialing
  - Insurers may develop different requirements
  - Unlicensed staff
- Billing
  - Coding requirements
  - Claim administration
- Patient privacy
  - Collection, transmission, and storage of health information

# Considerations (cont.)

- Medical necessity
  - Services must be medically necessary and otherwise covered
  - School requirements vs. medical necessity
- Exclusions
  - Instructional or educational programs
  - Activities of daily living
  - Private nursing services
- Mandates
  - New state mandated coverage requirements after December 31, 2011
- Services (generally)
  - Length of appointment
  - Multiple patients with different insurers
  - Multiple medical needs
  - Educational vs. medical

# Questions

Tashia Sample

Senior Policy Analyst, Division of Financial Regulation

Department of Consumer and Business Services

[tashia.m.sample@oregon.gov](mailto:tashia.m.sample@oregon.gov)

503-947-7210 (office)


971-283-0102 (cell)

# CCO Opportunities for School Nurses: Credentialing, Alternative Payment Methodology, and Community Benefit

Jeremiah Rigsby


Senior Manager, State/Federal Regulatory Affairs




**CareOregon Advantage**

- Approximately 12,000 members
- 44% of members under the age of 65
- 83% in metro area



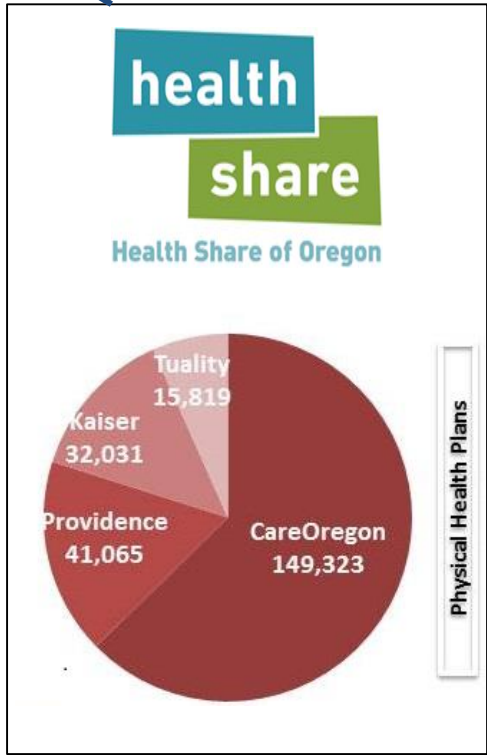
**Columbia Pacific CCO**

- Columbia, Tillamook, Clatsop Counties
- 29,000 members
- 80% in PCPCH



**Jackson Care Connect**

- Jackson county
- 30,000 members
- 70% in PCPCH



# Primary Care Provider Network

All CareOregon members are assigned a primary care provider (PCP) to manage medical needs.

CareOregon contracts with the following PCPs and Specialists:

- Audiologists
- Behavioral Health Specialists
- Certified Nurse Midwife
- Clinical Pharmacist
- Doctor of Dental Surgery
- Doctor of Dental Medicine
- Denturist
- Doctor of Medicine
- Doctor of Naturopathy
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Dental Practitioners
- Licensed Acupuncturist
- Licensed Electorologist
- Nurse Practitioner
- Occupational Therapist
- Physician Assistant
- Speech Therapist
- Physical Therapist

# A few PCP Responsibilities

- Provide accessible outpatient care within 4 weeks for routine visits
- Provide accessible outpatient care within 24 hours for any member with an urgent problem
- Provide access to telephone advice for member questions 24 hours per day
- Arrange and authorize specialty consultation with a network consultant within 24 hours for any member with an urgent problem requiring such consultation
- Arrange for hospitalization in a network institution when required (and post-discharge care coordination)
- Evidence of current professional liability insurance coverage in the amount of no less than \$1 million per incident, \$3 million aggregate, or equivalent protection

# Organization Credentialing

CareOregon credentials institutional providers or supplier such as hospitals, skilled nursing facilities, home care agencies, behavioral services, clinical laboratories, rural health centers and FQHCs

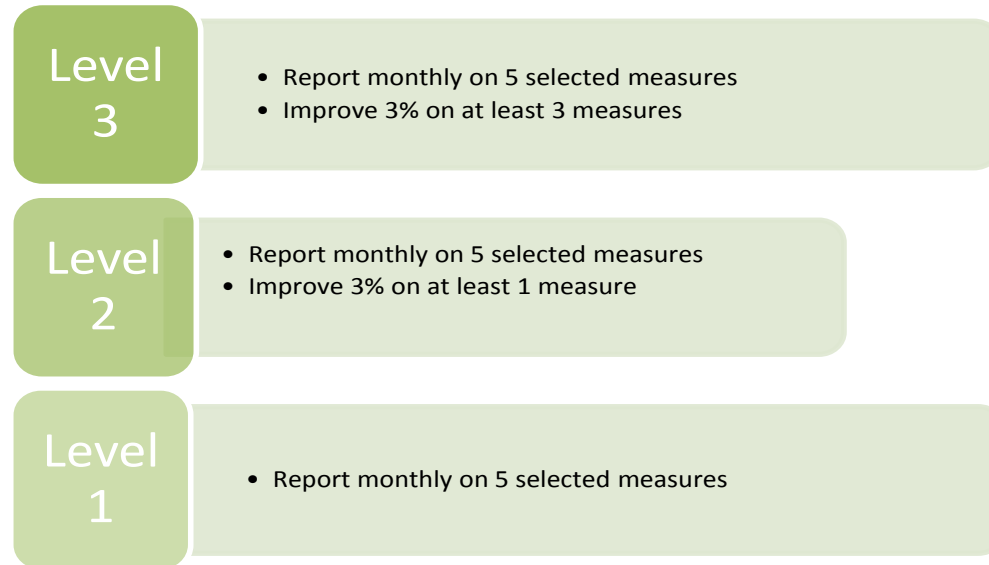


# Alternative Payment Methodology Example

## Eligibility

All clinics that are assigned CareOregon members and are certified at any Tier in Oregon PCPCH Program.

## Model



In general, the Levels will be paid at the following levels (**these will be risk-adjusted by clinic**):

Level 1: \$4 pmpm  
Level 2: \$8 pmpm  
Level 3: \$12 pmpm

# Community Benefit Program

CareOregon accepts Development Investment, Capacity Investment and Sponsorship requests from non-profit organization with programs or services within Oregon. Areas of focus include:

- Childhood Development
- Member and Community Empowerment
- Supporting Community Health Improvement Plans
- Social Determinants

- ▶ What is your recommendation for a *sustainable funding source for school health services that could be used to fund.....?*
  - ▶ 5 minutes per Task Force member

## TASK FORCE RECOMMENDATION HOMEWORK

- ▶ Open to members of the Task Force

GOOD OF THE ORDER

PUBLIC COMMENT PERIOD



- ▶ Next meeting – August 12<sup>th</sup> in Salem

THANK YOU!

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## NURSE TO STUDENT RATIO

### QUESTION PRESENTED

I. Whether the Department of Education has any enforcement authority for the requirement that each school district shall ensure nurse-student ratios for medically complex, medically fragile, and nursing dependent students.

### BRIEF ANSWER

I. The Department of Education has enforcement of the nurse to student ratio under Division 22.

### RULE & STATUTE

Within Division 22, Health Services, the Administrative Rule states, "The school district shall maintain a prevention oriented health services program for all students which provides: Services for students who are medically fragile or have special health care needs." OR. ADMIN. R. 581-022-0705(1)(d). (1996).

The standard for this rule is set out in ORS 336.201 that states,

"Each school district shall ensure that the district has access to a sufficient level of nursing services to provide:

- (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 school nurse, or one licensed practical nurse under the supervision of a registered nurse or school nurse, for each nursing-dependent student." OR. REV. STAT § 336.201 (2009).

### ENFORCEMENT

The ODE may enforce the nurse to student ratio in school districts through the statute authority of ORS 327.102 and ORS 327.103. ORS 327.103 states, "All school districts are presumed to maintain a standard school district until the school district has been found to be

deficient by the Superintendent of Public Instruction, pursuant to standards and rules of the State Board of Education.” OR. REV. STAT § 336.201 (2009).

If a parent wants to raise a complaint, they must first file it with the school district in accordance with OAR 581-022-1941. Then, if the parent or guardian wishes, they may file an appeal in accordance with OAR 581-022-1940.



*Yousef Awwad*

## TASK FORCE ON SCHOOL NURSING RECOMMENDATION WORKSHEET

The Task Force has done a lot of work in a short amount of time examining potential healthcare funding sources to pay for school nursing services. While there is more to explore, the Task Force needs to begin preparing a report that is due no later than September 15<sup>th</sup>. This report could include a summary of our activities and may include recommendations for legislation. This worksheet is meant to start that process.

Based on the knowledge you have at this point, come to the July meeting prepared to share 1 recommendation to secure sustainable funding that could be included in our September report. You will have approximately 5 minutes to share your recommendation and explain why you think it is a viable option for focus area #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 services described in ORS 336.201.*

At the end of the July meeting and during the August meeting, the Task Force will discuss these ideas and develop a consensus on what should be included in the report that is due to the legislature no later than September 15<sup>th</sup>. Please use the following form to generate and share your idea at the July 8<sup>th</sup> Task Force meeting. Staff will collect these forms for the Task Force records.

Your name: Yousef Awwad

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

Legislatures appropriate specific funding in addition to the formula funding to fund school nursing needs. Options to generate additional sources could be levying additional dollars from vehicle registrations or special fees charged to medical institution's license renewal and permits.

~~3.3 million vehicles in Oregon as of 2015~~  
3.3 million vehicles in Oregon as of 2015  
@ \$5 / vehicle = \$16,500,000

nursing services described in ORS 336.201?

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

It is important to create a permanent funding stream that is specific for both school health screening and to support students that is not a part of other appropriations to protect this source of funding and keep the funding focused to achieve its objective.

It's permanent funding.

Strengths of your recommendation:

Barriers for your recommendation:

Finding the additional resources to appropriate.

Your name: ODE

What is your recommendation for a sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201?

Based on what has been presented to the State Task Force on School Nursing, ODE recommends changes in state policy to increase financial support for health services by expanding district participation in federal Medicaid reimbursement for health services. This may include:

- State level workgroup or task force (continuation of this task force) to develop plan to increase participation in federal Medicaid reimbursement programs available to states.
- Legislation to increase state supports at ODE and OHA to provide guidance and PD to districts.
- Legislation to require local school board policy and/or expectation that districts participate in the federal Medicaid reimbursement program as allowed by the Oregon Medicaid state plan, including Free Care.
- Legislation or agency guidance on district use of Medicaid funds
- Legislation that provides, for a limited duration, state matching funds for to support the initial stages of district Medicaid reimbursement process to encourage district participation and leverage future federal dollars.
- Update state Medicaid plan to include new free care rule. This may give schools ability to access Medicaid for medically eligible services provided to any Medicaid eligible student as long as all other Medicaid requirements are met.

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

Recommendation increases federal funding for health services that is not tied, long term, to state budget/funding.

Oregon school districts, on average, are not capitalizing on the opportunity to leverage Medicaid funds to pay for required student health services. However, there are examples of districts doing this well. In addition, there are examples of billing systems in use that could be further utilized at the state level. (Examples: MESD, OHA, ECISE billing platforms.) Increase revenue from Medicaid may not impact other school funding. With changes to the Free Care rule, and updates to state Medicaid plan, districts may be able to bill for health services provided to all Medicaid eligible students and not just those who are identified as IDEA. This will significantly increase number of eligible students, billable services, and net funds reimbursed, even after the federal matching requirement is met. New billable services could include screenings, chronic disease management, immunizations, acute care, mental health, and others.

Strengths of your recommendation:

Barriers for your recommendation:

Systems (ODE, OHA, Local District) will need to be geared up to support increased billing. State will need to provide guidance on how and what Medicaid dollars can be used for (i.e. Health related services.) Additional concern is employee and union pushback due to increase job/documentation requirements. This may be mediated with additional future school nurse FTE as a result of increase Medicaid funding. Some local school boards may philosophically oppose an increase in Medicaid participation.

Your name: Nina Fekaris

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

One million dollars, in 2017 to increase to five million dollars by 2020, of dedicated general fund dollars to be given to ODE for support of school nursing services cross the state. Support of school nursing services includes; personnel to assist with increased Medicaid billing, grants for underserved school districts, acquisition of Title 4 dollars from ESSA, building the infrastructure to support school nurses, and supporting the Whole Child, Whole School, Whole Community model.

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

The state currently supports OHA in the division of school and adolescent health using general fund dollars. To build a healthier Oregon, money needs to be dedicated to ODE to support the health and life-long health behavior of our children, and school nursing is a critical link in this process. Dedicated general fund dollars will be a consistent source of revenue for us to achieve this goal. In addition, with increased staffing at ODE there is an opportunity to take advantage of federal grants and programs that will directly or indirectly support school nursing services, such as the 1305 monies, and the new Title 4 and possibly Title 1 dollars that are currently being talked about in Congress.

Strengths: 1) There is already precedent in the state to fund programs like this using general fund dollars. 2) OHA supports the medical model of increasing access to medical care in the schools, and ODE has been charged with supporting all students with health screenings and ensuring all the health needs are meet in a safe manner which is consistent with the law. To fulfill this charge, ODE supports the school nursing model where care coordination is provided for all students. 3) School nursing is already imbedded within ODE and the majority of school nurses are employed by school districts.

Strengths of your recommendation:

Barriers for your recommendation:

Barriers: 1) Legislative support for dollars coming out of the general fund to support school nursing services.

Your name: Rebecca Austen

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

I'm not at all certain how to do this but I would think with the Affordable Care Act pushing preventative care as a way to reduce health care costs that there must be a way to invest more in our kids. Could it be part of the CMS Waiver and school nurses could bill for their services? CCOs could contribute, this could work as they too may reap savings from intervening early. There is also a health component for Early Learning Hubs and maybe we could leverage some dollars there to help fund this project. I also think that there will be money coming into communities from tax exempt hospitals to meet their community benefit requirement by the IRS. It would have to be patchwork initially, garner the dollars where we could to support the ideal. I think also stressing healthy foods in schools and trauma-informed care would truly be preventative care.

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

Billing is not ideal but it could help establish the types of care that is given to establish a capitation rate at some point. Investing in prevention is our best bet. I think so much of public health care has gone uncompensated for so long that it really is time to fix that problem. The community benefit idea also has some merit, so working with hospital administrators would be crucial. Providing health care for kids has always been a winner in Oregon.

Strengths: Getting CCOs involved, they have all the health care dollars, leveraging community benefit dollars from hospitals and billing all have strong potential. Policy could be written so inequities do not occur across State.

Strengths of your recommendation:

Barriers for your recommendation:



Barriers: Health care industry is change weary. CCOs are not all that excited to contribute to overall population health, mainly want to reach members. Maybe focus on free lunch schools to launch a CCO investment.

Your name: Margo Lalich

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What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

1. Lower hanging fruit – Mandate Medicaid billing and require it to be dedicated to the delivery of health services by nurses practicing in the school setting
2. Expanded Medicaid billing for eligible services not associated with IEPs/IFSPs/504s
4. Inclusion of eligible services under the Free Care rule
3. A portion of health system revenue allocated to CCOs be redistributed to school nursing related services with funding formula similar to PH grant programs ( based allocation then per student). SBHCs receive a fixed allocation annually once they've been established.

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

1. Because it already exists and is not being capitalized or allocated appropriately
2. This is being worked on my Linda and a topic of conversation at the NAME conference in September
3. Because this is already being done in Oregon and the majority of care being provided by nurses is billable and reimbursable in any other health care setting
4. This is long term and may take up to 3-5 years which could then replace 3

1. Is obvious, districts need to be supported and the needs to be a mandated allocation of the resources to the delivery of health services
2. Because we're not billable for as much as we can
3. It's already being done so we're not inventing a new formula, but we are re-allocating resources.
4. It's inevitable, but will take some more time and one person at the state level can not figure this out.

Strengths of your recommendation:

Barriers for your recommendation:

Politics, competing interests, inability to consider the data is telling Oregon about who is doing what in the school setting.

## TASK FORCE ON SCHOOL NURSING RECOMMENDATION WORKSHEET

Your name: Tom Sincic

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

Utilize hospital community benefit charity care dollars to help fund school nurses in the community. This would enable hospitals to help provide more preventative care to their patients and show a commitment to the overall community.

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

To maintain their tax-exempt status, hospitals must devote a percentage of their profits to community benefit programs. In the past this has largely been providing free or reduced cost care to low-income patients. As long as Oregonians of all incomes continue to be insured at higher rates through the Oregon Health Plan or private plans, hospitals will spend less treating patients who do not have health care. This means there is a relatively stable funding source for charity care. However, the current definition of community benefit would need to be changed to include programs like school nursing.

Strengths of your recommendation:

To remain tax-exempt, hospitals must devote a certain amount of their profits to charity care. However, hospital charity care in Oregon has decreased by about \$600 billion from 2013 to 2015, while hospital profits have gone up about \$10 million in the same time period. Meanwhile, many hospitals are now counting major remodels of their facilities as a community benefit.

Barriers for your recommendation:

The current definition of hospital community benefit would need to be changed to include programs like school nursing. Good relationships would need to be fostered with hospitals to ensure that they would allocate this funding to school nurses and not a number of other programs. Metrics would likely need to be put in place to prove that these dollars make a measurable effect on community health.

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

Recommendation: Partner with CCOs in communities with higher Medicaid enrollment to hire dedicated school nurses.

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

CCOs have a stake in promoting health early, which ultimately will likely have an effective on keeping the cost of Medicaid health care low. If school nurses were a more integral part of CCO care, then this could be a sustainable funding source in communities where there is a high number of Medicaid enrolled children.

Strengths of your recommendation:

This option would allow CCOs to provide more preventative care to children, ultimately making their clients healthier in the long-run.

Barriers for your recommendation:

In order to accomplish this, there would need to be more education to CCOs about the importance of school nurses and overall health. Robust conversations about why CCOs should make an investment in school nurses – as opposed to a number of other health promotion programs – would be necessary.

Metrics would likely need to be put in place to prove that these dollars are making a measurable effect on the community.

# TASK FORCE ON SCHOOL NURSING RECOMMENDATION WORKSHEET

Your name: Tom Sincic

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

A portion of marijuana tax dollars should be assigned to school nurses.

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

Marijuana use is here to stay and is regarded as new money.

This tax is already in place and so legislature has authority to make the assignment of dollars. Other programs are interested in this money but school nurses are the ideal selling point as the place where health and education meet. Also if identified for other educational purposes- school nurse work could be funded down that pathway as an option.

Strengths of your recommendation:

Barriers for your recommendation:

Other competing interests.



# TASK FORCE ON SCHOOL NURSING RECOMMENDATION WORKSHEET

Your name: Tom Sincic

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

## Policy or Administrative Rule Items:

- Eliminate FERPA barrier
- Remove school nurses from education funding stream and put them in the health care funding stream.

Policy that makes services provided by qualified Nurse to be reimburseable/billable if it would that same service provided by MD/DO/NP or other health or mental health professional would be reimburseable/billable. Policy that states that Nurses doing work that would be billable/reimburseable if provided in a hospital, clinical situation or home care situation would be billable/reimburseable if provided at school.

- Policy to reduce administrative/clerical burden for such items as immunization record keeping so time available to work at top of license and focus on leading school wellness work.
- Policy to tie school nurses into to the school-based system both where there is a presence in a school and remotely to reduce unnecessary administrative work across these publicly funded systems

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

There are already dollars available in the CCO world, excess charitable dollars of not for profits and eventual savings when we move to a single payer system. In the age of health care transformation sensible policy initiatives are a must to bring school nurses into the process. This could include items like nutrition and lifestyle counseling or management sleep problems or anxiety or etc. This could also include group and classroom work, immunizations, pregnancy tests, STD screenings with remote visual technology link to PCP/School Based Clinic for items like ear pain, sore throat and rashes..

These are common sense policies that are based on allowing nurses to work to the top of their license.

This would increase access to services for those who need the services. The nurses could be a more integrated part of the health delivery system that would include earlier intervention and prevention services. It also connects school nurses with health care transformation and outcome measures.

Health care delivered by an RN where kids are makes sense

If these services are needed and already listed as reimbursable it means that the services should already be budgeted for. Having school nurses in the health funding stream allows easy connection with CCO community dollars, excess not for profit hospital dollars and insurance dollars. This would allow health care dollars instead of educational dollars to flow to school nursing services.

Strengths of your recommendation:

Barriers for your recommendation:

Some would argue that this will increase health care costs as payment are going out.

Need to make sure training and necessary certification and quality control to provide services are complete.

# TASK FORCE ON SCHOOL NURSING RECOMMENDATION WORKSHEET

Your name: Tom Sincic

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

Tax on soda including everyone dispensed by a soda fountain--perhaps along equivalency of alcohol or tobacco tax.

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

It would be a new source of funding and soda consumption even if it dropped would not disappear. This would easily get the dollars and more

It is easy to recognize it for the damage it is doing to health and therefore taxing it makes sense. Easy tie in to an health related program. School Nurses would be very popular tie in. We can get initial legislative support to move the discussion as this has been visited before. Philadelphia has broken ground by passing a significant soda tax. If given a chance and the right messaging Oregonians would vote for it.

Strengths of your recommendation:

Barriers for your recommendation:

High legislative bar and likely need vote of the people. Many nay sayers would start by saying it is too difficult to achieve so need to convince even those that like the idea that we need to think big and think "possible".

## TASK FORCE ON SCHOOL NURSING RECOMMENDATION WORKSHEET

Your name: Tom Sincic

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school*

First, seek funding for a needs/cost analysis of technological updates necessary to bring school nurses into the shared EHR/EMR from both legislature and private sector including consultation hot line to support and telehealth technology.

Next, seek funding from private sector to bring initial technological updates necessary to bring school nurses into the shared EHR/EMR.

Consider Intel and/or HP which both have large Oregon presence and have them supply it through grants. Perhaps even Epic which is trying to widen its product market. Who else?

*nursing services described in ORS 336.201?*

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

In order to make sustainable funding a reality school nurses need to be tied into health care transformation and that means the right technology. This is necessary for continuity of care, efficiency of care, avoidance of duplication/triplication, billing, data tracking and likely more. Go to

Because efficiency is a part of being recognized as being effective. When School Nurses are seen as effective with measurable results, ongoing support is more likely. This will save nurses time and possibly allow other levels of staffing such as LPN's to take part of the load which reduces costs making in more sustainable. This would allow screening results when done put into the single EHR/EMR so Primary Care Provider has them and can do necessary follow up unless of course the follow up is by the school nurse is reimbursed.

This is a start up cost that could be taken up by the tech companies who may have interest in getting there technology in the mixThe payers and everyone else recognizes that services should not be duplicated.

Strengths of your recommendation:

Barriers for your recommendation:

Willingness. A needs analysis and then grant writing. Need to approach tech partners.

Your name: Marian Blankenship

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201?*

In the near term – seek to maximize MAC billing, across all school districts. This could be done through requirement or by incentivizing, but either way – it seems important for the state to provide substantive technical assistance to help districts and schools be able to manage the administration.

A more comprehensive and longer-term approach would be to explore a framework that creates a stronger linkage between schools and the county public health departments and safety net system (FQHCs and SBHCs) – for example, could Districts contract with county health department and/or safety net, to provide school nurse oversight and administration?

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

I think it's difficult to know what either of these ideas would yield in terms of sustainability, given that my understanding is that the MAC \$ don't necessarily have to be devoted to investment in school nursing and given the dynamic nature of the healthcare marketplace in general.

That said, in terms of MAC billing – this funding stream is available today and being under-utilized.

Seeking Medicaid or commercial insurance reimbursement for billable services, would be made more feasible through engaging a healthcare delivery system that has the knowledge, capacity and infrastructure to undertake the administration of clinical oversight and reimbursement.

Strengths of your recommendation:

See above

PacificSource (and I imagine most health plans) already has contracts with every county public health department in the state – in all lines of business, and they are credentialed at the “facility level”.

Barriers for your recommendation:

Education and institutionalization of MAC billing as a practice.

Regional variation in resources and workforce.



## TASK FORCE ON SCHOOL NURSING RECOMMENDATION WORKSHEET

The Task Force has done a lot of work in a short amount of time examining potential healthcare funding sources to pay for school nursing services. While there is more to explore, the Task Force needs to begin preparing a report that is due no later than September 15<sup>th</sup>. This report could include a summary of our activities and may include recommendations for legislation. This worksheet is meant to start that process.

Based on the knowledge you have at this point, come to the July meeting prepared to share 1 recommendation to secure sustainable funding that could be included in our September report. You will have approximately 5 minutes to share your recommendation and explain why you think it is a viable option for focus area #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 services described in ORS 336.201.*

At the end of the July meeting and during the August meeting, the Task Force will discuss these ideas and develop a consensus on what should be included in the report that is due to the legislature no later than September 15<sup>th</sup>. Please use the following form to generate and share your idea at the July 8<sup>th</sup> Task Force meeting. Staff will collect these forms for the Task Force records.

Your name: Maureen Hinman

What is your recommendation for a *sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201?*

One of my recommendations is to develop legislation for funding to support maximizing school Medicaid billing statewide. This could happen a number of ways, like:

- a. A state agency, probably OHA (Health System Division), but maybe ODE, develops meaningful technical assistance, specifically: 1) hiring staff to make MAC billing as easy and efficient as possible, and 2) examining and identifying the best electronic system or systems for billing submissions. This system should also have good reporting capabilities to assist with statewide data collection where possible.
- b. The state agency could give regional assistance and contracts to ESDs, possibly CCOs, or even have MESD as the statewide contractor if they have the capacity to work statewide, or provide direct TA to schools or the current billing contractor.
- c. As we discuss this we should have an exploratory conversation about whether schools should be required to use this funding for school health services.

Why do you think this idea would be successful in creating a sustainable funding source for school nursing?

This is funding that is available now. No new funding sources need to be created and this funding source is not going away anytime soon.

Strengths of your recommendation:

Same as above.

Barriers for your recommendation:

It may be challenging to get schools past the ramp up period that will take staff time as they learn and hone the billing process, which include getting parents' consent. This could be a barrier to school participation.

This strategy alone will not be enough money to achieve a high level of school nurse services, and I believe we need to continue the task force to look at other strategies as well.