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# **Winter 2023 SBHC Coordinators Meeting**

**February 8, 2023**



# Agenda

1:00-1:05 PM	Welcome & Agenda
1:05-2:00 PM	SPO Updates
2:00-2:10 PM	<b>BREAK</b>
2:10-2:25 PM	Oregon Oral Health Program
2:25-2:35 PM	Early and Periodic Screening, Diagnostic and Treatment
2:35-2:50 PM	Oregon School-Based Health Alliance
2:50-3:00 PM	Q&A/Closing

# Housekeeping

- Update your Zoom name so people know who you are!
- Please write questions and comments in chat box.
- We will pause periodically to read through the chat to ensure everyone has access to that information.
- Please take care of yourself during the meeting! Cameras on or off, eat, move around, and stretch.
- Meeting is being recorded and will be posted to our website in the coming weeks: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

# STATE PROGRAM OFFICE UPDATES

# SBHC State Program Office Team



**Rosalyn Liu**

(she/her)

Adolescent & School  
Health Manager



**Kate O'Donnell**

(she/her)

SBHC Program  
Coordinator



**Cuong Phan**

(he/his)

Administrative  
Specialist



**Mikah Rotman**

(they/he)

School Mental Health  
Specialist



**Melanie Potter**

(she/her)

School Health  
Program Specialist



**Stefanie Murray**

(she/her)

School Linked  
Program Coordinator

# SBHC State Program Office Team



**Sarah Knipper**  
(she/her)  
School Health  
Epidemiologist



**Loretta Gallant**  
(she/her)  
Research Analyst



**Kavita Gavand**  
(she/her)  
Research Analyst



**Rebecca Jacobs**  
(she/her)  
Public Health Nurse



**Karen Vian**  
(she/her)  
Public Health Nurse

# SPO FUNDING

## “Extra” SBHC funding

- Funding survey sent Fall 2022
- Responses from 34 (out of 37) SBHC “systems”
- Current funding (2021-2023 biennium):
  - **All** systems expect to spend down base funding (\$60,000/year)
  - **Most** systems (96%) expect to spend down MHEG (amount varies)
- “Extra” funding:
  - **Most** systems (97%) thought they could spend down an additional \$5,000-\$10,000 in funding
  - Most frequent funding usage included: clinical supplies, conference registration, outreach/events, and SBHC staff time



# “Extra” SBHC funding

- Clear need for additional SBHC funding to support sites
- After going through budget reconciliation, SPO **does not** have enough extra funding to send to sites.
- Plan for 2023-2025 biennium (July 1, 2023-June 30, 2025):
  - Frontload any anticipated surplus in initial awards to cover things sites requested (supplies, etc.), reduce need for amendments.
  - May limit some SPO flexibility in bringing new SBHCs into funding formula

# SBHC budget and legislative session

- SBHC Budget
  - Base and Mental Health Expansion Grant
  - Stable with no request for cut scenarios... yet
  - Legislative bill - SB 549
    - Increase Base grant awards to minimum of \$66,000/year per site (OHA)
    - Planning grants for SN and SBHC (OHA)
    - School-based MH grants (OHA)
    - Grants for trauma-informed approaches (ODE)
    - Grants for wrap-around service delivery hubs (ODE)

# SBHC budget and legislative session

- Legislature convenes --> January 17
  - Public hearings on bills
- Governor's Recommended Budget (GRB) --> January 30
  - [https://www.oregon.gov/das/financial/documents/2023-25\\_gb.pdf](https://www.oregon.gov/das/financial/documents/2023-25_gb.pdf)
- OHA Agency Overview – Budget Hearing- March
- Co-Chairs Budget --> April-May
- Constitutional Sine Die --> June 25
- **Legislatively Adopted Budget (LAB)** --> July 1, 2013

# CERTIFICATION

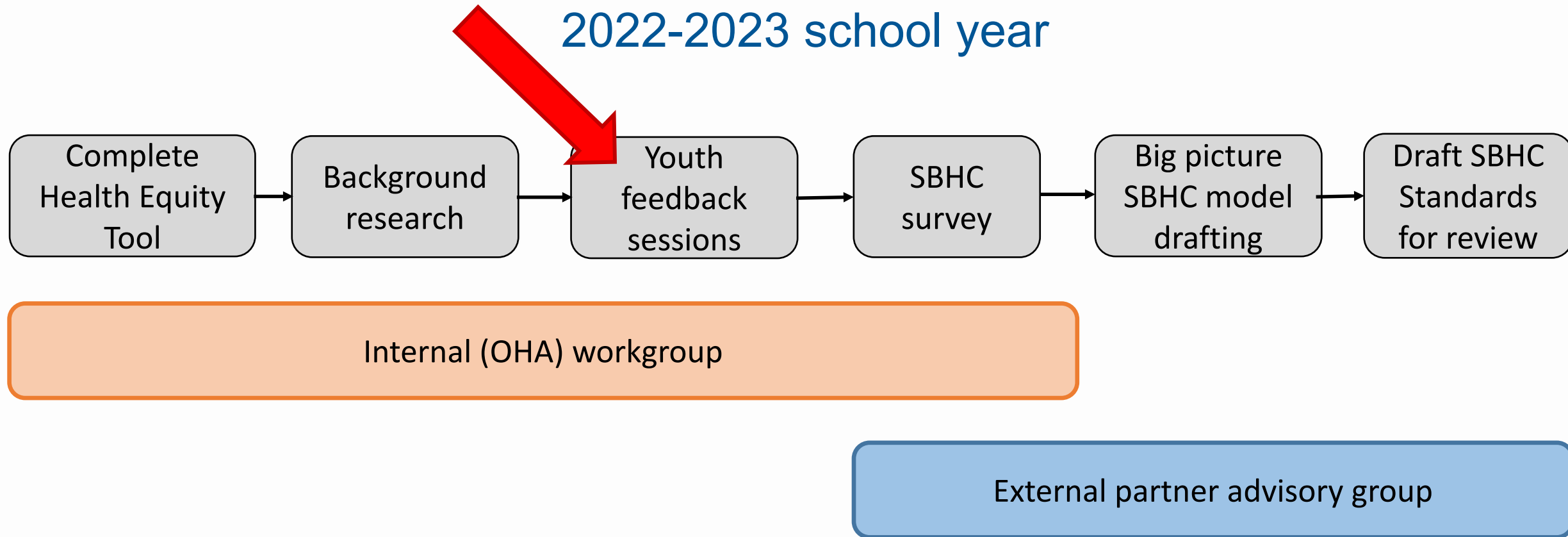
# Standards for Certification Review

## Youth listening sessions

- Engaging Oregon youth ages 15-21 who currently attend a school with an SBHC
- Listening sessions will happen in March
- Topics:
  - Healthcare/SBHC experiences & challenges
  - Suggestions for SBHC improvement



# SBHC Standards Review (a visual)



# SBHC eligibility policy refresher

- Standards for Certification (pg. 14):
  - All students in the school are eligible for SBHC services
  - SBHCs must follow Oregon minor consent statues ORS 109.640, ORS 109.675, and ORS 109.610
- Some SBHCs require an additional layer of consent:
  - “Opt-in”: policies require a parent/guardian to consent for a minor to be eligible to access services at the SBHC, regardless of minor’s ability to self-consent under Oregon minor consent law.
  - “Opt-out”: policies allow a parent/guardian to revoke a minor’s eligibility to access services at the SBHC, regardless of the minor’s ability to self-consent under Oregon minor consent law.

# SBHC eligibility survey

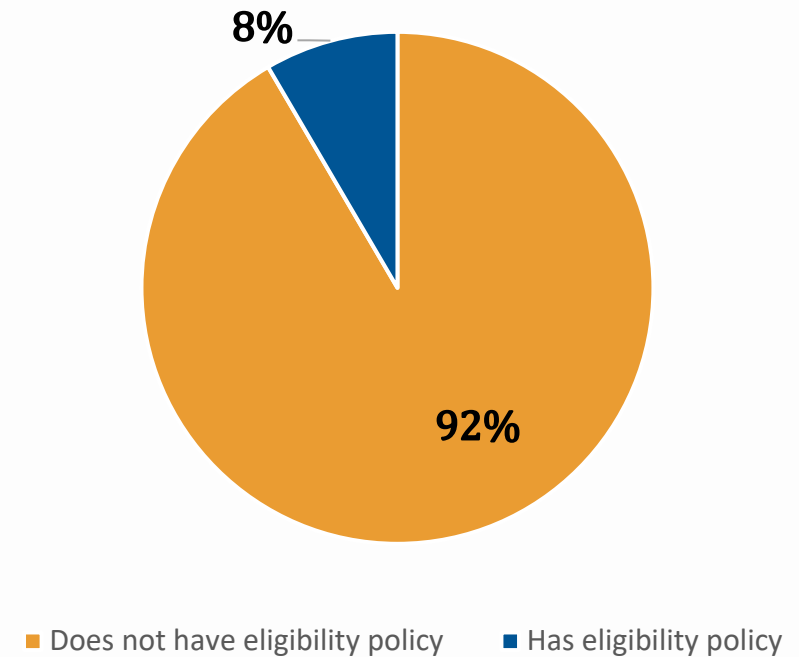
- Fall 2022
- Goal to give a sense of SBHC eligibility policy landscape.
- Survey asked about:
  - What eligibility policies/practices SBHCs have in place
    - Opt-in
    - Opt-out
  - Any exemptions to eligibility policy
  - Application of eligibility policy to different SBHC partner agencies



# SBHC eligibility survey

- Responses from all state certified SBHCs, plus two open (but not yet certified) SBHCs (n=83)
- 76 SBHCs (92%) do not have eligibility policies
- 7 SBHCs (8%) do have eligibility policies
  - 5 SBHCs have “Opt-out” policies in place
  - 2 SBHCs have “Opt-in” policies in place
    - One for specific services
    - One due to unique nature of school setting

SBHC "eligibility" policy status as of November 2022, n=83 SBHCs




# SBHC eligibility survey


- “We used to have this Opt-In and Opt-out for a number of years and this year we have made a move in conjunction with the school district awareness, to follow the law as an organization.”
- “We make every effort to get parent/guardian consent, because this helps us continue to have a trusting relationship with our community. BUT, if we are unable to get parental consent OR circumstances make it difficult (or undesirable from the student's perspective) to obtain, we certainly do allow students [...] to consent to their own health care.”
- “We wish that the SPO would take a firmer stance on not allowing school boards to dictate about eligibility policies. Oregon minor laws should take precedent. We feel our hands are tied.”

# SBHC eligibility policy

- SPO released a memo to clarify program's current stance on this practice:
  - “SPO will continue to allow the practice of Opt-in and Opt-out policies under the current version of the SBHC Standards for Certification”
  - SPO *does not recommend* these policies because of the barriers they present to youth accessing SBHC services.



PUBLIC HEALTH DIVISION  
Adolescent, Genetics and Reproductive Health Section  
Kate Brown, Governor



800 NE Oregon St., Suite 805  
Portland, OR 97232  
Voice: (971) 673-0871  
FAX: (971) 673-0250

**MEMO**

Date: October 24, 2022

To: All certified school-based health centers (SBHCs)

From: Rosalyn Liu, Adolescent and School Health Manager;  
School-Based Health Center State Program Office (SPO)

Re: SBHC consent and eligibility for services policies

This memo is intended to provide additional guidance to certified School-Based Health Centers (SBHCs) on SPO expectations regarding minor access to SBHC services. The memo seeks to clarify language in the current [SBHC Standards for Certification](#) around consent for services and the implications for what are commonly called “Opt-in” and “Opt-out” policies.

SBHCs are medical clinics on school grounds that offer a full range of physical, behavioral and preventive health services in a convenient, youth-centered environment. SBHCs serve a critical role in increasing access to quality comprehensive and coordinated primary care for children and adolescents. By providing convenient and confidential care in a familiar setting with supportive staff, SBHCs reduce barriers to care for adolescents, particularly in the areas of sexual and reproductive health, substance use, and mental health issues.<sup>1</sup>

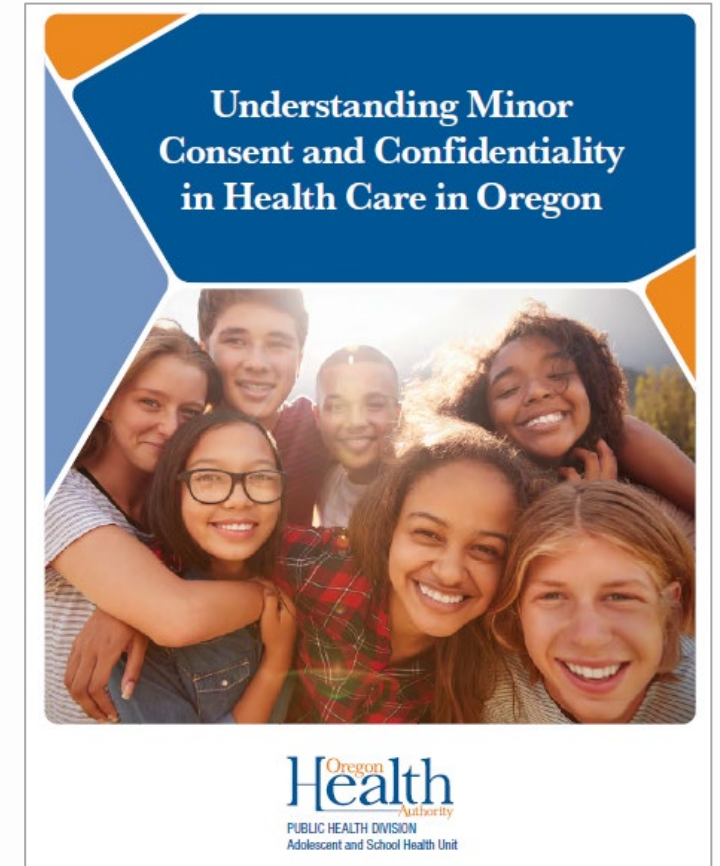
Current [SBHC Standards for Certification](#) state “all students in the school are eligible for services” (page 14). Standards also require all Oregon certified SBHCs follow Oregon minor consent statutes, specifically ORS 109.640, ORS 109.675, and ORS 109.610.

The SPO understands certified SBHCs may also be operating under additional policies regarding SBHC access and consent based on their medical

<sup>1</sup> Kjolhede C, Lee AC; Council on School Health. School-Based Health Centers and Pediatric Practice. *Pediatrics*. 2021;148(4):e2021053758

# New OHA resource on minor consent and confidentiality

- Summarizes state statutes, federal laws and regulations.
- Topics include consent for specific health care services, confidentiality and privacy, and disclosure and information sharing.
- Geared towards providers in clinical setting
- All SBHCs will receive 4 paper copies (2 English, 2 Spanish)



# SBHC condom access

- OHA HIV, STD and Viral Hepatitis program
- Interest in partnering with SBHCs to increase condom access
- Wanting to understand if/what need is at SBHCs



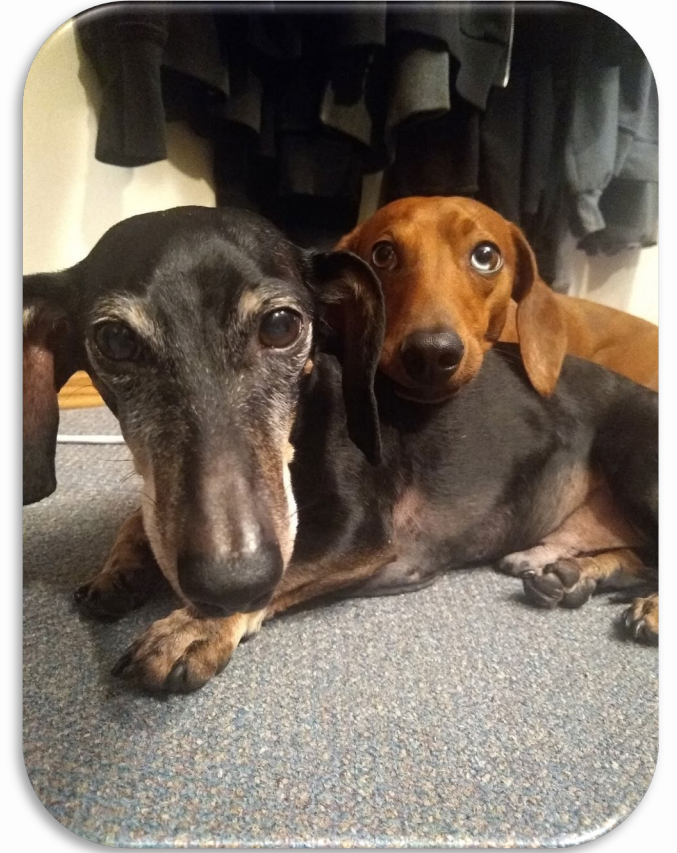
## Survey time!!

# GRANT UPDATES

# Mental Health Expansion Grant

## SPO MHEG Workgroup

- Seven meetings since May 2022
- Grant requirements and funding for both Capacity Grant and Youth-Led Project Grant
- Role of workgroup is to make recommendations
- SPO still needs feedback from broader SBHC community





# Mental Health Expansion Grant

## Tiered Funding Model *\*Only if additional funding\**

- \$175,000 for the first site
- For a system with two sites, they will get \$175,000 for the first site **plus** \$125,000 for their second site
- For a system with three or more, they will get the initial \$175,000 for the first site, \$125,000 for their second site, **plus** \$50,000 for each additional site



# Mental Health Expansion Grant

## 2023-2025 Proposed Funding *\*with current budget\**

- Bumpers – current award will be adjusted based on if it is greater than or less than what the award would be using tiered model
  - If current system award is under tiered funding amount system will get a 10% award increase to current award next biennium.
  - If current system award is greater than tiered funding amount system will get a 10% decrease to current award next biennium.
- Closes gap in funding for current grantees while minimizing cuts
- **No new funding** for sites that do not already receive MHEG

# Mental Health Expansion Grant

## Modifications to Capacity Grant Requirements

- Clarification on existing requirements
- Fine tuning language around health equity and youth centered clinical care
- More flexibility with staffing types

## Modifications to Youth-Led Project Grant

- Assess interest from current grantees to determine next steps



# Mental Health Expansion Grant

Check for email sent February 2nd

- Includes a survey to get feedback from the SBHC community
- Please respond by **Friday February 17<sup>th</sup>**

SPO will be hosting a Q&A

- Tuesday February 14<sup>th</sup> 10 at AM
- Zoom link in survey email



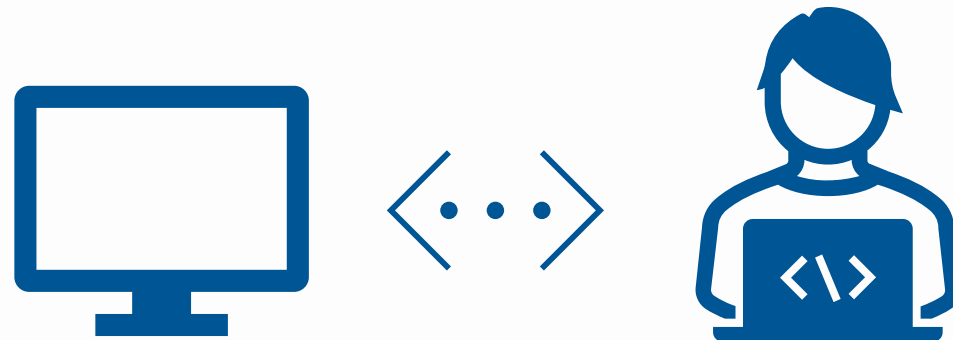
# Mobile and Telehealth

- Mobile grantees are:
  - Continuing with their needs assessment
  - Working on agreements between clinic and host school districts
  - Planning on service provision
  - Providing feedback on potential Operating Criteria for the 2023-25 biennium (which includes hours of service provision, requirements for equipment/infrastructure, and types of services provided)



# Mobile and Telehealth

- Telehealth grantees are:
  - Continuing with their needs assessment
  - Troubleshooting IT challenges with their school districts
  - Planning on service provision or beginning to provide services



# TRAINING & TECHNICAL ASSISTANCE

# Communications & Messaging Strategy Training

- Learn how to navigate conversations about topics perceived to be controversial
- Develop effective messaging and response strategies
- Date: **April 20<sup>th</sup> from 10:30am-12:00pm**
- Audience: Providers, SBHC Coordinators/Staff
- Zoom registration information will be sent out in March – Please save the date





# Open Forums

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Billing Open Forum
  - Date: **March 15<sup>th</sup> from 2-3pm**
  - Audience: Providers
  - Zoom registration coming soon!
- LGBTQ2SIA+ Student Supports Open Forum
  - Date: TBD
  - Audience: Folks working directly with youth





# Data Trainings

- Key Performance Measures Webinar
  - Date: **May 2<sup>nd</sup> from 2-3pm**
  - Audience: Providers, SBHC Coordinators, data folks
- Operational Profile Training
  - Date: **August 22<sup>nd</sup> from 2-3:30pm**
  - Audience: Anyone who provides information for the OP



# More training opportunities!

- Spring SBHC Coordinators Meeting
  - Date: **May 10<sup>th</sup> from 1-3pm**
  - Audience: All of you!
- Additional training opportunities are in the bi-monthly Oregon SBHC SPO Newsletter
  - Subscribe here: <https://tinyurl.com/23d9vcwa>
  - Audience: Your broader SBHC team



# The Road Ahead >>>>>>>

SPO team is meeting to begin planning training and technical assistance opportunities for the 2023-2025 biennium

1. Assess top priority areas
2. Identify mechanisms to address priority areas
3. Develop timeline strategy
4. Move to action & share the plan!



# SBHC DATA

# SBHC Utilization Snapshot: 2018-2022



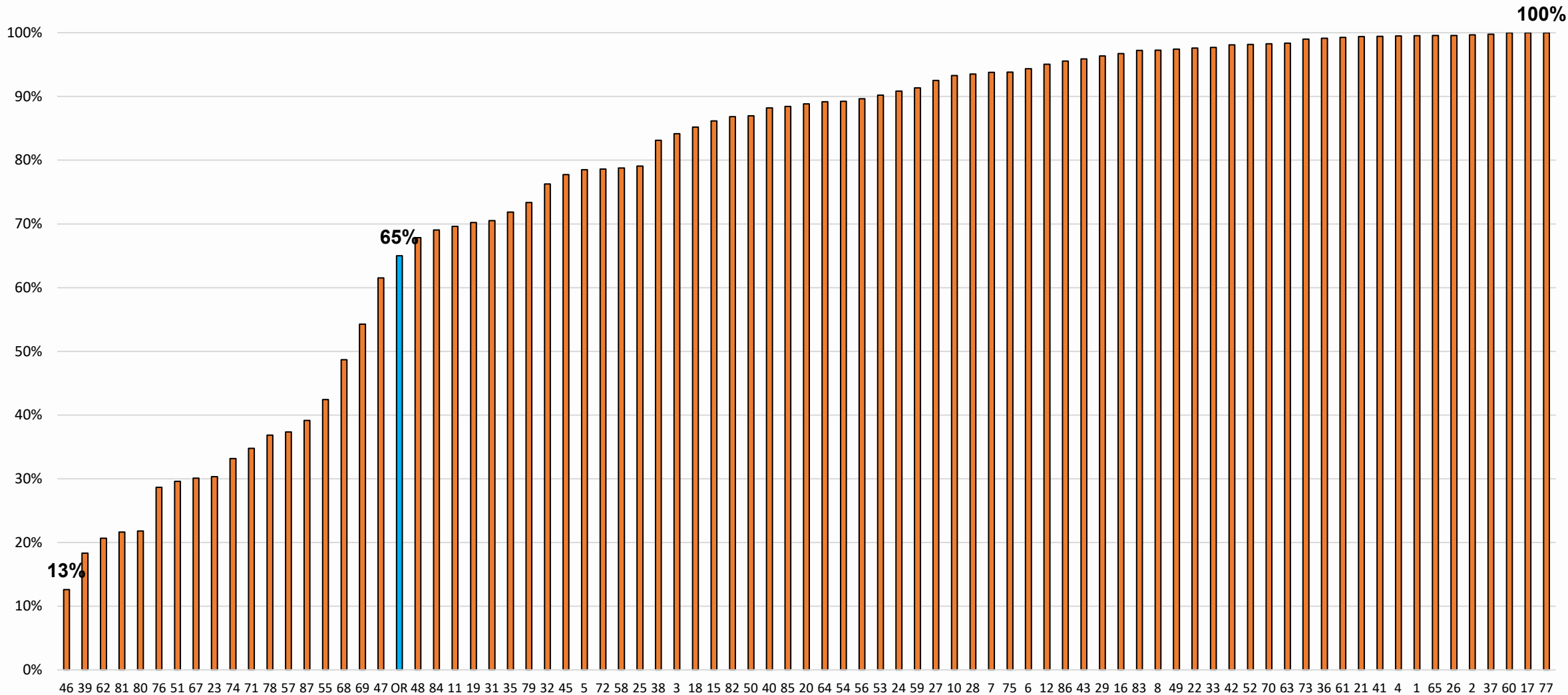
- Three-year changes in :
  - School-aged clients (5-21 yrs)
  - Total well care visits (5-21 yrs)
  - Immunizations (9-21 yrs)
- 2020-2021 data was excluded
  - Schools closures
  - Incomplete data received from lot of SBHCs
- Data shows changes at SBHC level



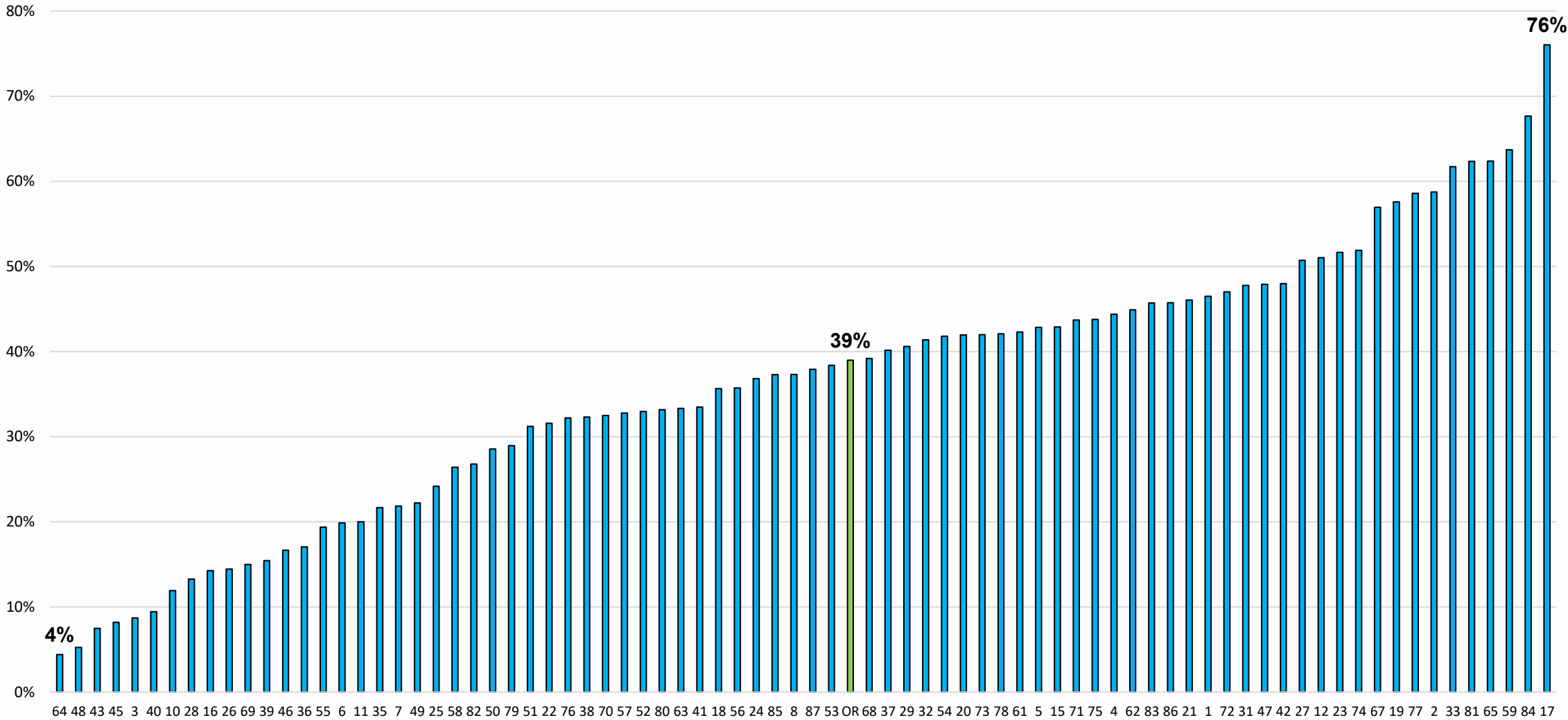
# SBHC Utilization: What Is It?

- Site-Level Data
  - Unblinded data from 2018-2022
  - Graphs of:
    - 2018-19 Data
    - 2019-20 Data
    - 2021-22 Data
  - Raw data in table with your SBHC ID
- Why does my data look so different from my KPMs?
  - Chart audit sample vs. full encounter data review
  - Only counts well visits/ immunizations at SBHCs

% of SBHC Clients that were School-Aged (5-21): 2021-22

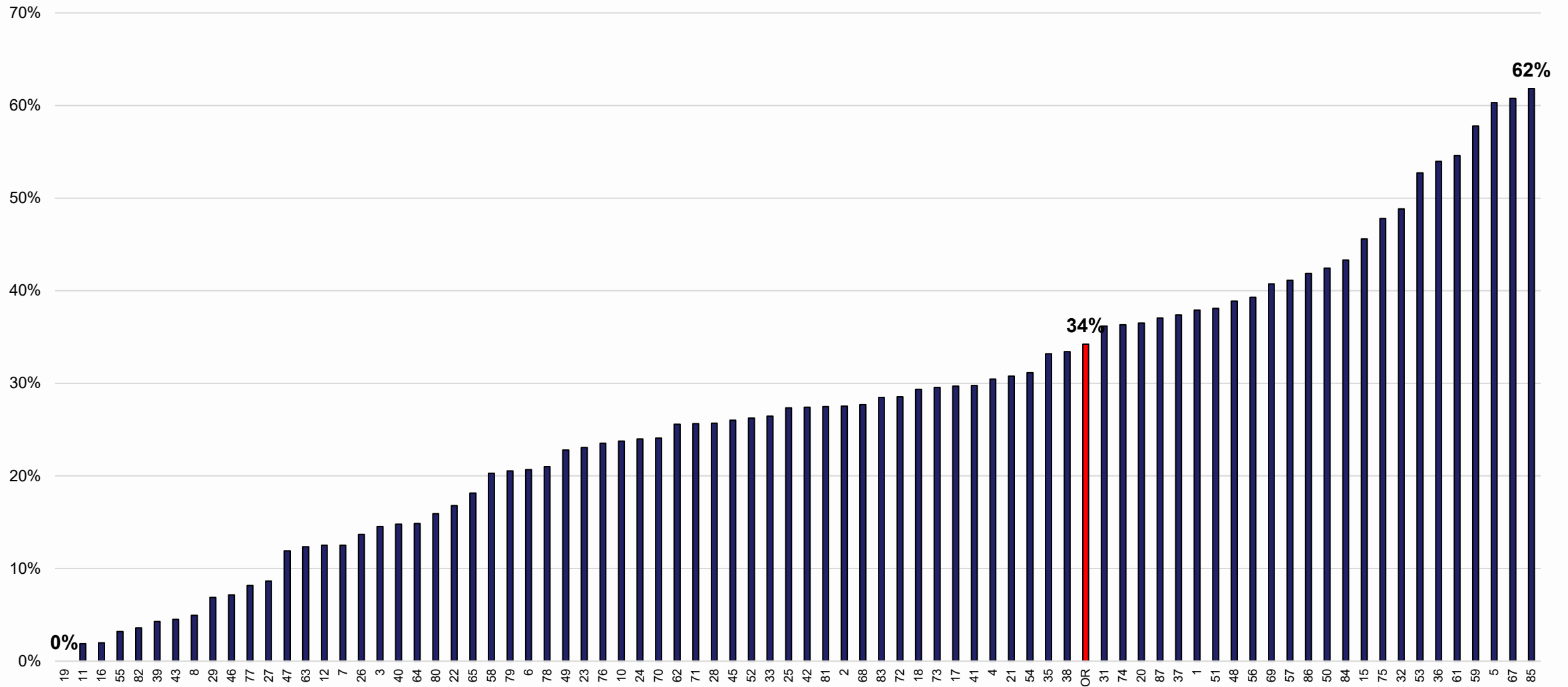


% of 5-21 year-old SBHC Clients Receiving a Comprehensive Well Visit, by SBHC: **2021-22**



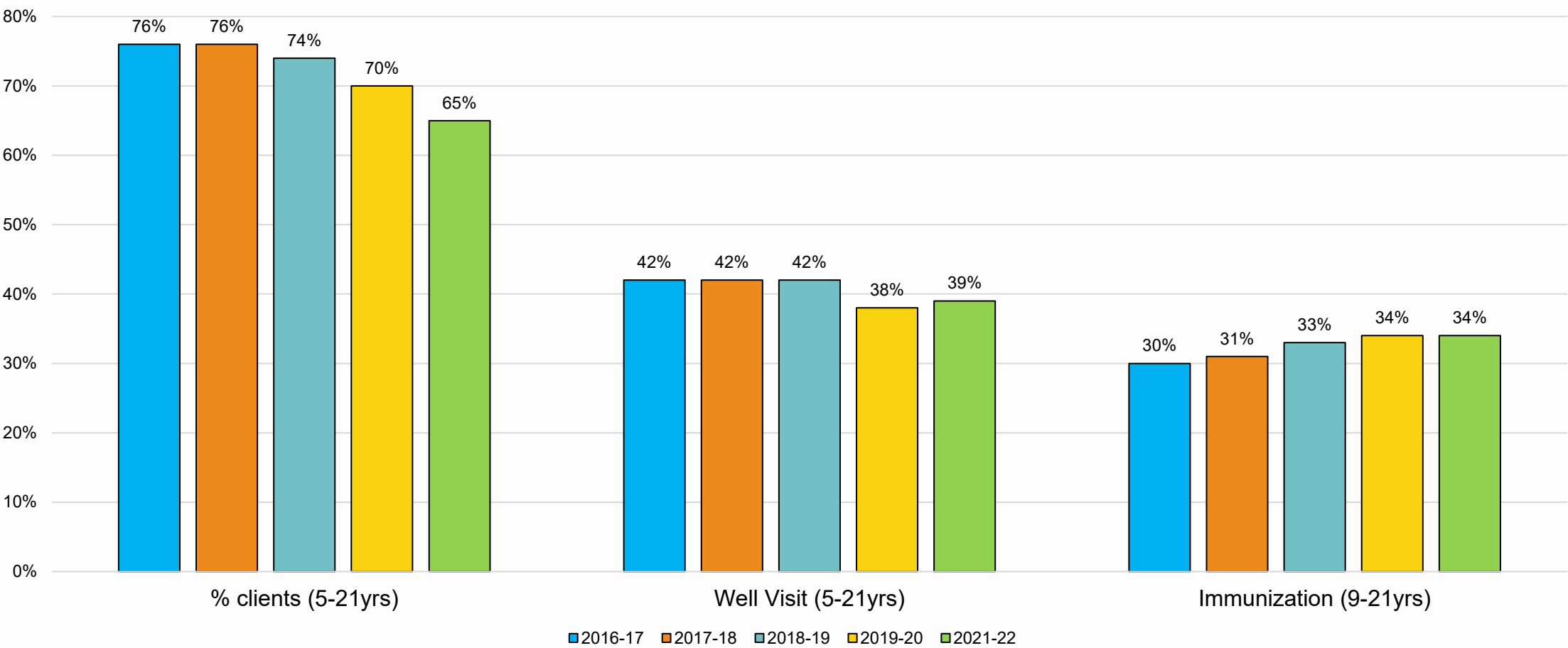


## % of 9-21 year-old SBHC Clients Receiving an Immunization, by SBHC: 2021-22



# Statewide Trends in Utilization

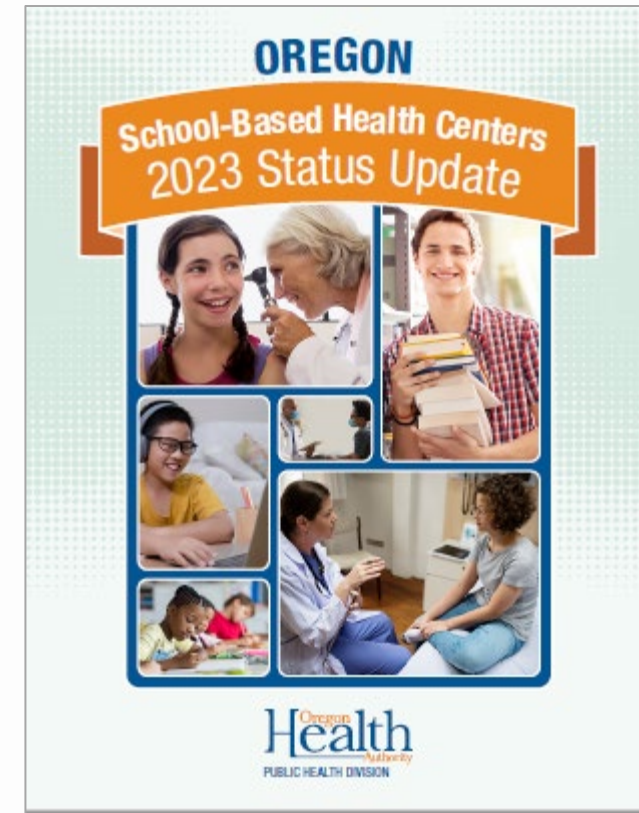
SBHC Utilization Trends: 2016-2022





# Coming soon: 2023 SBHC Status Update

- High level summary of SBHC data from 2021-2022 service year
- Deep into publication design
- Hoping to have final version by early March 2023
- Will print PAPER copies again this year and send to all SBHCs and SHSPG planning sites



# A&SH STATEWIDE YOUTH ADVISORY COUNCIL

# YAC Equity Statement

- “As the OHA Youth Advisory Council, we make youth-informed decisions that value human life: diversity, safety, stability, quality of life, and the rights of every human being. We aim to improve the COVID-19 recovery of communities across the entirety of Oregon by creating and accounting for meaningful outcomes from our \$1 million budget proposal.”
- Subcommittees

# Funding Priorities

Oregon Health Authority and the YAC will distribute capacity grants to school districts and community-based organizations to support an equitable recovery in Oregon.

\$1,000,000 of CDC Covid 19 Recovery Funds that focus on personnel or support for personnel

## Funding Priorities:

Cultural and Community Engagement

Food, Housing and Income Support

Mental Health Support Grant



# QUESTIONS?





# BREAK!

# OHA ORAL HEALTH PROGRAM

# Varnishing?

**Karen Phillips**

OHA School Oral Health Program Coordinator



# Comprehensive Pediatric Health Care Minimum Requirements:

## Oral Health Services

### Onsite

- Visual inspection of teeth and gums
- Preventive oral health education and counseling
- Fluoride supplement prescription

### Onsite or referral

- Comprehensive oral health evaluation and treatment  
Referral

# **Adolescent Oral Health**

Unique Challenges and Opportunities

# Adolescent Oral Health

- Caries rates remain high
  - ❑ Immature permanent enamel
  - ❑ Increase in susceptible tooth surfaces
  - ❑ Independence in seeking or avoiding care
  - ❑ Oral hygiene may be a low priority
  - ❑ Possible poor nutritional habits

# Adolescent Oral Health

- Higher rates of gingivitis
  - ❑ Increase in sex hormones
  - ❑ Orthodontia
  - ❑ Oral hygiene may be a low priority

# OR SHS 2020

## E-cigarettes or Vaping

Table 59. 30-day use of e-cigarettes

		State 2020		
		6th	8th	11th
During the past 30 days, on how many days did you use e-cigarettes or other vaping products, Juul? (Respondents indicating 1 or more days)		1.7	5.1	11.9

Table 60. Ease of access to e-cigarettes or other vaping products

		State 2020		
		8th		11th
If you wanted to get an e-cig or other vaping device, how easy would it be?	Sort of easy/Very easy		22.7	47.9
	Sort of hard/Very hard		77.3	52.1



# OR 2020 SHS Marijuana Use

Table 63. How marijuana was used

	State 2020	
	8th	11th
During the past 30 days, if you used marijuana, how did you use it?		
Smoked it (in a joint, bong, pipe, blunt)	80.0	74.5
Vaporized it (e.g., vapor pen)	43.3	47.8
Ate it (in brownies, cakes, cookies, candy)	31.7	33.1
Drank it (tea, cola, alcohol)	4.9	6.7
Dabbed it	32.8	28.1
Used in some other way	3.6	3.6

These percents are out of the students who reported using marijuana in the past 30 days.

# OR 2020 SHS

## Soda Consumption

		6th	8th	11th
85	During the past 7 days how many times did you drink soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop)			
	0 times in past 7 days	35.7	35.2	38.8
	1 to 3 times in past 7 days	45.5	44.8	40.9
	4 to 6 times in past 7 days	6.5	9.7	10.5
	1 time per day	6.3	5.2	5.2
	2 times per day	3.3	2.9	2.4
	3 times per day	1.2	1.0	0.9
86	During the past 7 days, how many times did you drink other sugar-sweetened beverages such as Kool Aid and lemonade, sweet tea, flavored milk, and sports or energy drinks such as Gatorade and Red Bull? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.			
	0 times in past 7 days	34.1	30.3	33.1
	1 to 3 times in past 7 days	40.9	44.0	40.2
	4 to 6 times in past 7 days	11.0	14.0	15.5
	1 time per day	7.4	5.6	5.9
	2 times per day	3.5	3.4	3.2
	3 times per day	1.4	1.3	1.0
	4 or more times per day	1.7	1.5	1.1

# Opportunities

- Check teeth and gums at adolescent well child visits
- Apply fluoride varnish
- Bill for oral health services
- Refer for regular dental check-up and/or dental treatment
- Encourage participation in school dental sealant programs (check with the school or OHA)

# Opportunities

- Dual messaging
  - ❑ Nutrition (SSB and sugar)
  - ❑ HPV (Oral Pharyngeal Cancer increase, dentists can give vaccines)
  - ❑ Self-esteem (oral hygiene, clean breath)
- Discuss the use of any form of tobacco
- Discuss sugar sweetened beverage and sugar consumption

# Applying Fluoride Varnish



- Supplies
  - Gloves
  - Fluoride varnish
  - Gauze
- Application
  - Dry top teeth
  - Apply fluoride varnish
  - Dry bottom teeth
  - Apply fluoride varnish
  - Avoid spitting
  - Can wipe off tongue and oral mucosa with a paper towel or gauze.



# Oral Health – SBHC Reimbursement



SBHCs may be **losing revenue** by not billing for varnish and oral health exams



Example: HealthShare **reimburses \$54** for both services for CPT 99188 and D0191 with the oral exam completed by a primary care provider.

Varnish supplies cost approximately \$2.50 per unit, therefore **ROI** is almost **2000%**

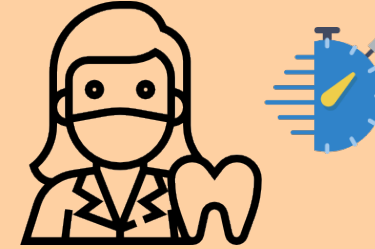


Professional application of fluoride varnish **prevents 37% of decay** in primary teeth<sup>1</sup>

# Oral Health – SBHC Data



Oregon ranks **48<sup>th</sup>** in the country with only **22%** of the population having access to community fluoridated water which puts most **Oregon Youth in the high risk** category

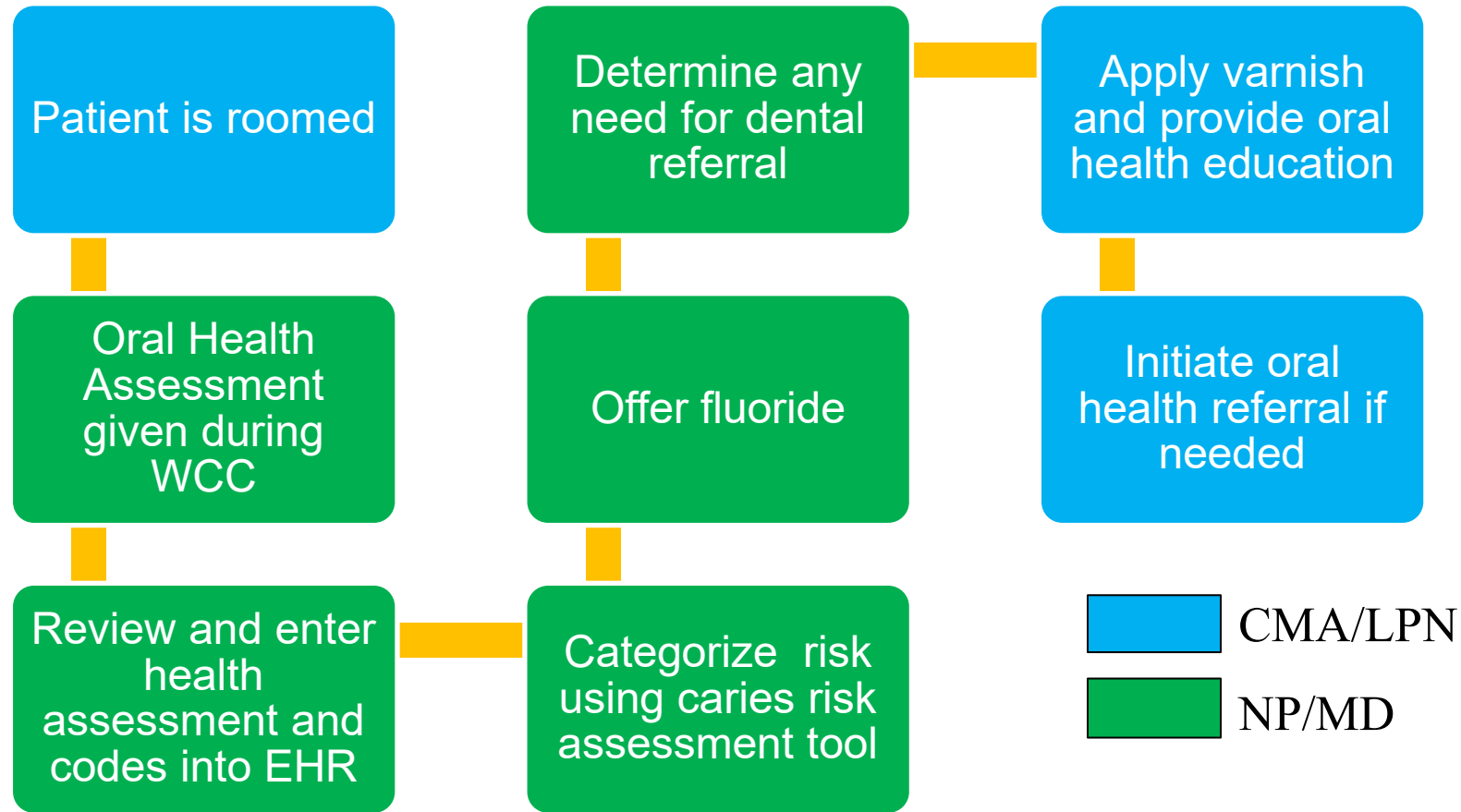


Varnish application can be provided by an MA and takes about **1 minute**



An online training is required by **First Tooth** or **Smiles For Life** to provide varnish services.

# Example Workflow for Integration of Oral Health Assessment at WCC





# Questions?

Thank you

Karen Phillips, MPH, RDH, EPP

OHA School Oral Health Programs Coordinator

[karen.phillips@dhsoha.state.or.us](mailto:karen.phillips@dhsoha.state.or.us)

971-412-0531

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# EPSDT Provider Education

Early and Periodic Screening,  
Diagnostic & Treatment Program (EPSDT) Overview  
SBHC Coordinators' meeting

February 8, 2023



# OHA clinician leadership and EPSDT team

**Jessica Ickes, EPSDT/Children's Policy Analyst**

**Laura Sisulak, Health Policy Analyst**

*Not presenting, but on the team:*

Margaret Cary, MD, MPH, OHP Fee For Service Clinical Director

Dana Hargunani, MD, MPA, OHA Chief Medical Officer

Dawn Mautner, MD, MS, Medicaid Medical Director

Liz Stuart, Project Manager

# Objectives for the session

Providers, partners and advocates will:

- Understand the change to EPSDT policy, effective January 1, 2023
- Understand what has changed, and what hasn't, with respect to historically non-covered services for children
- Know where to access detailed guidance and submit questions

**What is changing with EPSDT?**

# First...what is EPSDT?

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid or the Oregon Health Plan (OHP).
- States must follow a periodicity schedule for children's services. Oregon follows the [Bright Futures periodicity schedule](#).
- States are required to provide comprehensive services and **furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions**, based on certain federal guidelines.
- **In Oregon, EPSDT constitutes the child and youth benefit within the Oregon Health Plan.** It is not necessary to enroll in a separate program to access these benefits.

[Oregon.gov/EPSDT](https://Oregon.gov/EPSDT)

# Who qualifies for EPSDT services?

- Oregon Health Plan (OHP) members under age 21 (members transition to adult coverage on their 21<sup>st</sup> birthday).
- In the future, youth with special health care needs (YSHCN) will be eligible until their 26<sup>th</sup> birthday.
  - This coverage expansion will not be implemented before July, 2024.
  - This coverage expansion was approved by the Federal government as part of Oregon's 2022-2027 Medicaid 1115 waiver.

**These policies apply to both Open Card (Fee for Service) and CCO enrolled members**

# Until 2023, one element of the EPSDT benefit was waived

- Most EPSDT services have been provided in Oregon for many years.
- Oregon's [2017-2022 1115 Medicaid waiver](#) and prior waivers allowed the state to *restrict coverage for treatment services identified during an EPSDT screening for individuals above age 1 to the extent that such services are not consistent with a prioritized list of conditions and treatments.*
- This means Oregon did not cover **treatment** services that were “below the line” on the [Prioritized List of Health Services](#) for kids between the ages of 1 and 21.



# What changed on January 1, 2023?

- No EPSDT requirements are now waived in Oregon.
- Under EPSDT, OHP covers **all medically necessary and medically appropriate services for enrolled children and youth until their 21st birthday**, regardless of:
  - The location of the diagnosis on the Prioritized List of Health Services
  - Whether it pairs, or is a non-pairing service
  - Whether it is a “non-covered” ancillary service
  - Whether it is covered under the Oregon’s Medicaid State Plan

# What is the Prioritized List?

- The [Prioritized List of Health Services](#) is a tool used to show which services are generally covered by the Oregon Health Plan.



- The [Health Evidence Review Commission \(HERC\)](#) uses medical evidence to provide guidance about coverage of services.
  - Historically, covered services appeared “above the line” on the Prioritized List, and services “below the line” were not covered by OHP.
  - **This is still true for adults (ages 21+) but not for children and youth.**

# CCO and Open Card implementation

## OHA and CCOs must both:

- Comply with the EPSDT policy change and coverage requirements, effective January 1, 2023
- Ensure that services to OHP members under age 21 are **not** denied without an individual review for medical necessity and medical appropriateness.
- Abide by a definition of medical necessity and medical appropriateness that is not more restrictive than that listed in [Oregon Administrative Rule 410-120-0000](#)
- Follow the [Bright Futures periodicity schedule](#).
- Follow guidance for the application of prior authorization to EPSDT services

## CCOs and OHA may differ in:

- Prior authorization procedures.
- Billing procedures

# The policy change does NOT mean all services are covered in all instances

- CCOs and OHA may use appropriate utilization management processes and require prior authorization for some services
- Covered services must have a billable code – CPT, HCPCS or ICD 10
- Services must be Medicaid coverable. One example that is not: purely cosmetic procedures.
- CCOs and OHA may utilize a preferred provider network.
- In order to bill for services, the provider must be a Medicaid-enrolled provider and have an NPI (National Provider Identifier)
- Medicaid is required to be a good steward of resources, and may only cover least costly alternatives

# Medically Necessary and Medically Appropriate

- Medically Necessary, Medically Appropriate and Dentally Appropriate are defined in [Oregon Administrative Rule 410-120-0000](#).
- States are required to provide comprehensive medically appropriate and medically necessary services needed to correct and **ameliorate** health condition
- This includes services which, based on the child's individual circumstances, adversely affect the child's ability **to grow, develop, or participate in school** ([Statement of Intent 4](#) on the Prioritized List).
- Documentation needed to demonstrate medical necessity and appropriateness are outlined in [OHA's EPSDT Provider Guide](#).

# Who is the Medical Management Review Committee?

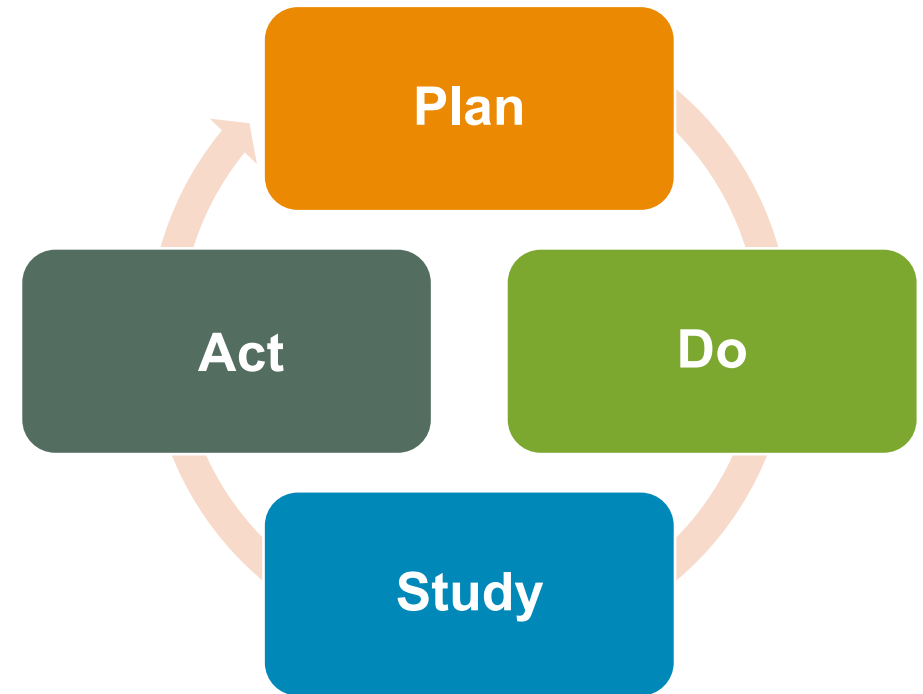
- There are nine Nurse Reviewers on the Medicaid Provider Clinical Support Unit.
- The four Doctors on MMC are:
  - **Ariel Smits, MD, MPH, MPhil**, Public Service Physician, Medical Director of the Health Evidence Review Commission (HERC): Board certified in Family Medicine.
  - **Dawn Mautner, Md, MS**, OHA Medicaid Medical Director: Board certified in Family Medicine.
  - **Jeff McWilliams, MD**, Medical Director – Kepro: Board certified in Medical Oncology, Hematology, Internal Medicine.
  - **Margaret Cary, MD, MPH**, OHP Fee for Service Clinical Director: Board Certified in General (Adult) and Child & Adolescent Psychiatry.

# EPSDT and school-based health services

- EPSDT does not change the hierarchy of who pays for services. If something is a Medicaid eligible services in schools, Medicaid pays for it.
- However, more treatment services may be deemed covered under EPSDT.
- [Statement of Intent 4](#) on the Prioritized List specifies that medical necessity includes services which, **based on the child's individual circumstances**, adversely affect the child's ability to grow, develop, **or participate in school**.
- If a service is requested that relates to an Individualized Education Plan (IEP), OHA will consider the IEP as part of the documentation for medical necessity and medical appropriateness. Sharing the IEP documentation or information requires parental approval.

# Pathway to implementation

- These requirements are effective January 1, 2023.
- Full implementation is expected by the end of Q1 2023.





# Where to find more information

OHA has developed the following materials to share information about this change:

- [EPSDT Guidance Document for CCOs](#)
- [EPSDT Policy Change Memo for OHP providers](#)
- [EPSDT Guidance for OHP Providers](#) (webinars available)
- [EPSDT Fact Sheet for OHP members](#) (available in 13 languages)

**[Oregon.gov/EPSTD](https://oregon.gov/EPSTD)**

All guidance documents and EPSDT communication materials will be available and updated on this page.

# Questions?

[EPSDT.Info@odhsoha.oregon.gov](mailto:EPSDT.Info@odhsoha.oregon.gov)

Dialogue with collaborators and partners, including families and members, helps us center equity. Thank you for your ongoing participation, and for providing us with the partnership and insights that help us better serve Oregon's communities.

**Thank you**

# **Additional Provider and Advocate Resources**

# Checklist: What should Providers do to prepare?

## All providers should:

- ✓ NOT assume historically non-covered services continue to be non-covered. They MUST be considered for each individual child/youth.
- ✓ Monitor claims/prior authorizations in Q1, 2023 and be prepared to re-submit if need be.
- ✓ Review [EPSDT Provider Guide](#) and [Member Fact Sheet](#)
- ✓ Sign up for [Provider Matters](#) and the Transformation Center Resources email (sign up here: <https://www.surveymonkey.com/r/OHATransformationCenterTA>) to receive information about upcoming EPSDT webinars for providers
- ✓ Bookmark this page: [Oregon.gov/EPSDT](https://www.oregon.gov/EPSDT)
- ✓ Contact our team with questions: [EPSDT.Info@odhsoha.oregon.gov](mailto:EPSDT.Info@odhsoha.oregon.gov)

# What should Providers do to prepare?

## Fee-for-Service providers should:

- ✓ Update contact info with Provider Enrollment at OHA to facilitate communication about post-service reviews
  - ✓ Provider Enrollment at 1-800-336-6016, Option #6 or [provider.enrollment@odhsoha.oregon.gov](mailto:provider.enrollment@odhsoha.oregon.gov)
- ✓ Ensure the ability to send secure email (resources in OHA's [EPSDT Provider Guide](#))

## CCO providers should:

- ✓ Consult the specific CCO for its procedures for billing, authorization, and reimbursement

**Member rights and what if a  
requested service is denied?**

# Service denials

- Any denial of coverage must be in writing. **Providers should not refuse to render or refer for care.**
- OHP members must be provided a written Notice of Action (for FFS) or Notice of Adverse Benefit Determination (for CCOs) when denying a service.
  - Notices must contain:
    - A statement of the intended action and effective date
    - The specific reasons and legal support for the action
    - An explanation of the individual's appeal and/or hearing rights, and
    - The member's rights to representation.

# What recourse do providers and members have?

- If a provider or member/guardian disagrees with a denial decision, they can appeal the decision.
  - Any denial notice should include instructions on how to appeal or request a hearing.
  - All OHP members have the right to a fair hearing for denials.
- If a provider submits additional clinical documentation, that will be reviewed as part of the appeal or hearing process.



# Ensuring patient access to services

If you have concerns with patient access to services, please reach out to one of the following contacts:

- OHP Client Services Unit 1-800-273-0557
  - Email: [OHP.ComplaintResolution@odhsoha.oregon.gov](mailto:OHP.ComplaintResolution@odhsoha.oregon.gov)
- OHA Ombuds Program [OHA.OmbudsOffice@odhsoha.oregon.gov](mailto:OHA.OmbudsOffice@odhsoha.oregon.gov)
  - Phone: 1-877-642-0450 (message line only)

# OREGON SCHOOL-BASED HEALTH ALLIANCE

**Our mission is to center  
youth through the expansion  
of school health services that  
shatter health and education  
disparities, honor youth  
identities and voices, and  
prioritize their wellness and  
joy.**



**OREGON**  

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**SCHOOL-BASED**  
**HEALTH ALLIANCE**



# LEGISLATIVE AGENDA

2023



# School Health Crisis Response Act

## **SB 549**

### **Provide Flexible Funding for School-Based Community Service Hubs**

- Creates opportunities for students and parents to identify needed changes and additions to school services and actively engage with the school community, including community partners (“Community Wraparound Supports”).
- Allow additional school districts, education service districts, and health and community partners to collaborate to implement a trauma informed school or community school model, based on the unique needs of each community. (\$6 million)

### **Fund School Health Supports Statewide**

- Provide grant opportunities for local communities to implement a school-based health center, school nurse model, or mental health model, according to their priority needs. (\$950,000)
- Inflationary increase of 10% to the school-based health center base rate, which has remained static for over a decade despite annual increases for CCOs and other health supports. (\$936,000)

### **Expand School-Based Mental Health Care**

- Increase the school-based mental health fund to provide additional mental health supports in schools either directly or through SBHCs. (\$6.75 million)
- Expand options for using the funding to accommodate workforce shortages and increase youth access to supportive adults from diverse backgrounds. (No cost)

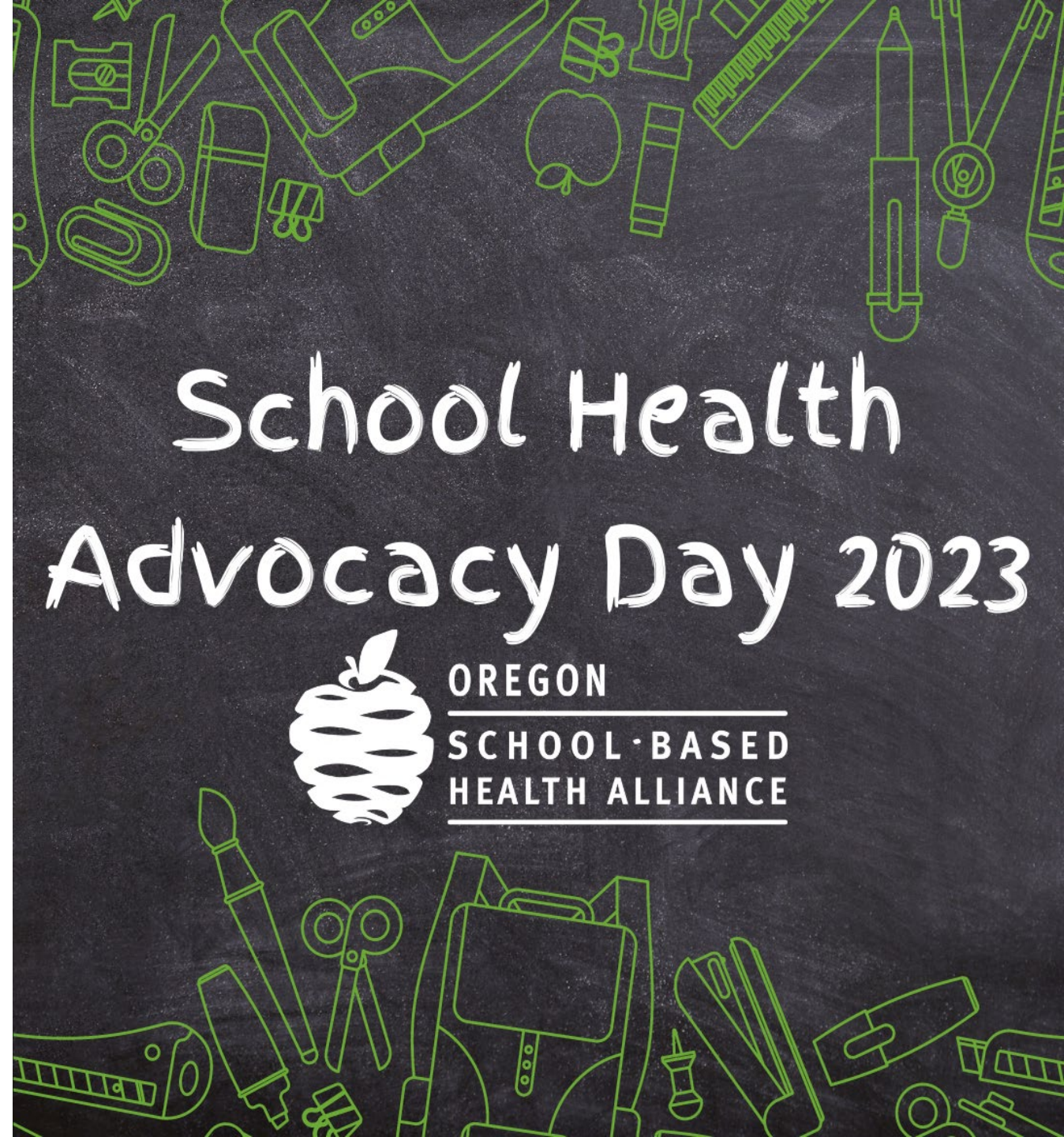
## **SB 552**

- Provide bonding for school-based health center capital construction including pre-built modular clinics, removing a huge barrier to implementation. (\$10 million)



# Advocacy Day

- February 28th over Zoom
- Morning session 10am -12pm with afternoon legislative sessions and optional events
- Registration is still open
- Email [asia@osbha.org](mailto:asia@osbha.org) with questions and for Advocacy Day prep materials



# Youth-Adult Partnership Conference

- April 27th-28th, 2023
- Youth and Community Organizers are welcome
- Bend, Oregon at the Unitarian Universalist Fellowship Conference Space
- Register on EventBrite
- Accepting Speaker Proposals, Sponsorships & Tabling Requests
- Email [patti@osbha.org](mailto:patti@osbha.org) or [conference@osbha.org](mailto:conference@osbha.org) with questions



## COMING TOGETHER IN COMMUNITY: A YOUTH-ADULT CONFERENCE

HOW ARE YOU ENGAGING WITH YOUTH? SHARE YOUR SKILLS TO COMMUNITY PARTNERS AT THE CONFERENCE!

**APRIL 27 & 28, 2023  
BEND, OR**



**OREGON  
SCHOOL-BASED  
HEALTH ALLIANCE**





# QUESTIONS?



# Closing

- Slides and recording will be posted on our website:  
[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

**SAVE THE DATE!**

**2023 Spring SBHC Coordinators Meeting:**  
– May 10, 2023, 1-3PM

# Contact Us

School-Based Health Center Program

Oregon Public Health Division

800 NE Oregon St., Ste. 805

Portland, OR 97232

P: 503-798-2852

[sbhc.program@odhsoha.state.or.us](mailto:sbhc.program@odhsoha.state.or.us)

[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)