Getting to Know You, Getting to Know All About You(r) Team
HSPF Team Updates

California

July 16, 2019
Team Mission

To increase student access to Medicaid services in California’s schools by encouraging more schools to become Medicaid providers, and expanding the practitioner types and reimbursable school-based services.
Team Goals

Goals:

• To implement State Plan Amendment (SPA) 15-021 and propose additional SPAs in concert with the team’s mission.

• To provide the necessary guidance and training for schools in preparation for SPA approval and implementation.

• Support partnerships among county mental health departments, school districts, charters schools, and county offices of education.

• Expand collaboration between California Department of Education, Department of Health Care Services, and stakeholders.
Progress Since December 2018

• California is currently working with the Centers for Medicare and Medicaid Services (CMS) to finalize language to prepare for the formal re-submission of SPA 15-021.

• Drafted and peer reviewed relevant policy documents and provider manuals in preparation of SPA 15-021 approval.

• Provided regional SPA trainings.

• Submitted SPA 19-0009 to add new comprehensive vision services on school sites.
Progress Since December 2018

• The California State Budget for FY 2019-20 will:
  • Provide $50 million for competitive grants to partnerships between county mental or behavioral health departments and school districts, charters schools and county offices of education.
  • Provide $500,000 to create a workgroup to increase the ability of schools to draw down federal funds for medically related services for students and improve transition of three-year olds with disabilities to schools.
  • Provide $1.7 million to the California Department of Education for suicide prevention.
Objectives

Short-term Objectives
• Finalize, re-submit, and receive federal approval of SPA 15-021.
• Conduct technical trainings in relation to SPA 15-021.
• Update the LEA Provider manual and publish pertinent policy documents.

Long-term Objectives
• Oversee smooth transition of SPA 15-021 implementation.
• Provide technical assistance and guidance to LEAs.
• Proactive collaboration among the California Department of Health Care Services, the California Department of Education and stakeholders.
<table>
<thead>
<tr>
<th>Barriers</th>
<th>Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Getting the message out to LEAs regarding SPA 15-021 requirements and the implementation of the Random Moment Time Survey (RMTS) methodology.</td>
<td>• Collaboratively working with stakeholders to plan, address, and coordinate information, education and resources to build the capacity of schools participating in School-Based Medicaid programs.</td>
</tr>
<tr>
<td>• Ensuring high participation is maintained and encouraging opportunities for other school-based services.</td>
<td>• Providing trainings, informational documents, and on-site technical assistance to answer questions with regard to the SPA and RMTS.</td>
</tr>
<tr>
<td>• Clearing LEA access to working with county managed care plans and county mental health plans, as each county has its own requirements and practices.</td>
<td>• Providing information regarding managed care and mental health plan collaboration, and encouraging county managed care plans and mental health plans to provide information on developing collaboration with LEAs.</td>
</tr>
</tbody>
</table>
Technical Assistance Needs

- Resources to help improve collaborative agreements.
- Resources to assist and support state agencies responsible for administering health and education programs through public schools.
- Information relating to evidence-based practices for administering health and education programs.
- Federal resources for working within the regulatory confines of HIPAA and FERPA.
Additional Updates

Assembly Bill (AB) 2083

• State, county, and local partners have convened to better serve children and youth who are receiving services from multiple public programs. Our goal: our programs must meet the needs of the children and youth we serve.

• Our Systems of Care work has been accelerated by the implementation of AB 2083, which requires each county to develop an MOU outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma.
Additional Updates

Assembly Bill (AB) 2083, con’t

• In order to assist counties with the development of their MOUs, a state interagency team is developing a County MOU Toolkit intended to act as guidance for local partners.

• The intent is to build upon the current Continuum of Care Reform implementation effort by developing a coordinated, timely, and trauma-informed system-of-care approach.
Team Members

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HSPF Team Updates

Colorado

July 16, 2019
Mission:

• All Colorado youth are healthy and will reach their full potential.
Team Goals

Goals:

• By October 2020 implement an updated State Plan Amendment to expand School Health Services to include Free Care Services

• Continue to identify data sources in the state that support the work we are doing and explore further data sharing option between schools and community agencies
Progress Since December 2018

- Technical Assistance was granted on cross-sector data sharing in April
- May 2019 the TA wrapped up and final products delivered to CO
  - [CO Legal Guide](#)
  - [CO Quick Reference](#)
- Free Care Analysis completed Phase 3
  - [Pilot program](#) showing expanded providers and services
Objectives

Short-term Objectives

• Best practices for data sharing document roll out
• Buy in for data sharing best practices
• Start work on School Health Services SPA to incorporate Free Care

Long-term Objectives

• Full roll out and buy in for data sharing best practices
• School Health Services updated SPA approved
• School Health Services fully implemented expanded program
<table>
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<th>Mitigation Strategies</th>
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</thead>
<tbody>
<tr>
<td>• Data sharing buy in from districts and other potential users</td>
<td>• Support from outside organizations including Attorney Generals Office, and other community groups</td>
</tr>
<tr>
<td>• SPA approval process for free care expansion</td>
<td>• Pre submission conversations with CMS</td>
</tr>
<tr>
<td>• Free care expansion to include School Psychologist</td>
<td>• Learn from other states and what has worked</td>
</tr>
<tr>
<td>• Buy in from districts on free care expansion and successful roll out</td>
<td>• Collaboration with agencies and community groups</td>
</tr>
<tr>
<td></td>
<td>• Training and communication starting now</td>
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Technical Assistance Needs

• Continued technical assistance regarding the data sharing best practices
  • How to roll out?
  • Videos?
  • Trainings?
Behavioral Health Updates
New Colorado Laws

- **HB19-1120** allows minors 12 years or older to seek outpatient mental health services with or without the consent of their parents, with some exceptions.

- **HB19-1076** adds e-cigarettes and similar devices to the Colorado Clean Indoor Air Act, thus prohibiting their use in areas where cigarettes, cigars, and other products are already prohibited.

- **HB19-1017** creates a pilot program to employ school mental health workers at the ratio of 1:250 recommended by the National Association of Social Workers in up to 10 elementary or K-5 schools that have high poverty and high need students.
Behavioral Health Updates
New Colorado Laws

- **SB19-010** expands eligible uses for and allocates an additional $3 million to the Behavioral Health Care Professional Matching Grant Program. The funds may now be used for additional behavioral health care services, including contracts with community partners and the use of telehealth. With the additional funds, the total appropriation for the program will be $14.9 and 5 FTE in FY 2019-20.

- **HB19-1203** creates a grant program for schools to hire a school nurse. Priority status is given to rural and title one schools, though all schools can apply. If a rural area school cannot recruit a nurse, they may contract with a local medical provider to provide nursing services to students in the school.
Behavioral Health Updates
New Colorado Rules

• “Rules for the Administration of Medication” 1 CCR 301-68
  Includes rules related to.....

  ➢ HB 16-1373 – Jack’s Law – Allows primary caregiver to administer medical marijuana on school grounds
  ➢ HB 18-1286 – Quentin’s Law – Addresses the administration of medical marijuana to students by school personnel
Additional Updates-(Colorado Alliance For School Health)

• The Colorado Alliance for School Health (Alliance) is a collaborative of nine education and healthcare organizations, including members of the Colorado Health Students Promising Futures Collaborative.

• The Alliance works together to transform how healthcare and education partner to create sustainable systems and health equity in Colorado schools.

• The intent of the Call to Action is to define and elevate the importance of school health services and set a learning agenda for health and education to work together to meet student health needs while improving academic achievement. Full Call to Action coallianceforschoolhealth.org/advocacy
Team Members

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- **Judy Weaver**, School Medicaid Consultant
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HSPF Team Updates

District of Columbia

July 16, 2019
Team Mission

Mission:

• To enhance coordination of on-site school health services for Medicaid-enrolled children between the District’s education and health agencies.
Team Goals

Goals:

• By FY 2020, to increase the percentage of Medicaid-enrolled children with moderate/urgent dental needs who visit their dentist within 1 month after being seen by the school-based oral health program by 2 percentage points.

• By FY 2020, to increase the percentage of Medicaid-enrolled children attending DCPS/KIPP DC schools who received a well-child visit, dental visit, and submitted their required health forms by 2 percentage points.
Progress Since December 2018

School-Based Oral Health Program

• Finalized MCO notification form
• MCO’s and FFS Medicaid started receiving the faxed forms in June 2019.
• Intervention outcomes TBD.
School Health MOA Implementation

- Developing a standardized data-sharing process between:
  - KIPP DC – OSSE – DC Health – DHCF
  - DCPS – DC Health – DHCF
- Re-convening of quarterly meetings
- Draft protocol for MCO providers who want to provide services on school campus
- Renewing DCPS Data Sharing Agreement (expires 12/2019).
Objectives

Short-term Objectives
• Finalize & follow standardized data-sharing process between agencies
• Automate data bumps
• Signed renewed DCPS datasharing agreement
• Assess SBOHP MCO notification process & outcomes

Long-term Objectives
• School Health Data Dashboard
Technical Assistance Needs

- CMS requirement that ordering & referring providers for IEP-related services be enrolled in DC Medicaid – how are other state Medicaid agencies addressing this?
Additional Updates

• Looking into possibly exploring coverage/coordination of ASD services between education and health
Team Members

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• Heidi Schumacher, Team Member, OSSE, Heidi.Schumacher@dc.gov
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• Monica Lesperance, Team Member, DC Special Ed Coop, mlesperance@specialedcoop.org
Team Mission

Mission:
Leverage Medicaid programs to improve health care access and chronic disease management for thousands of low-income children across the state and better integrate school health services into larger health delivery system reform efforts.
Team Goals

2019 Goals:

• Engage Illinois Department of Health and Family Services (HFS) around Free Care and other ways to leverage Medicaid to support school health services

• Submit State Plan Amendment (SPA) to CMS

• Complete statewide school readiness assessment and data analysis of Medicaid enrolled students

• Develop set of recommendations for successful SPA implementation (e.g., complementary policies, school capacity building programs, state funding requests)

• Expand HSPF team to additional schools and partners
Progress Since December 2018

• Political landscape changed: new administration and HFS leadership has opened up opportunity to pursue SPA
• Convened four meetings of partners and advocates to develop approach and draft SPA recommendations
• Scheduled initial meeting with HFS (July); proposed recommendations and background information submitted
• Began presenting on Free Care to various statewide school health organizations and providing information and materials for stakeholders to disseminate
Objectives

Short-term Objectives

• Begin engagement with HFS
• Submit SPA to CMS
• Complete statewide school readiness assessment and data analysis
• Expand engagement efforts to additional stakeholders statewide
• Engage legislators and elected officials

Long-term Objectives

• Obtain approval of SPA from CMS
• Update billing guides and related policy and guidelines documents
• Develop comprehensive implementation recommendations, including any legislative/funding requests
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<tr>
<th><strong>Barriers</strong></th>
<th><strong>Mitigation Strategies</strong></th>
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</thead>
<tbody>
<tr>
<td>• HFS response remains an uncertainty</td>
<td>• Adjust advocacy strategy based on initial meeting with HFS (i.e. move to statewide</td>
</tr>
<tr>
<td></td>
<td>campaign and/or legislative approach if HFS declines to move forward)</td>
</tr>
<tr>
<td>• CMS response remains an uncertainty; only one state in region has</td>
<td>• Continue to engage other states on lessons learned and be prepared to address common</td>
</tr>
<tr>
<td>submitted SPA</td>
<td>themes surfacing nationally (e.g. RMTS)</td>
</tr>
<tr>
<td>• Measuring district capacity and student need; prioritizing potential</td>
<td>• Conduct statewide school readiness assessment and data analysis to develop a targeted</td>
</tr>
<tr>
<td>resource allocation</td>
<td>development strategy</td>
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</tbody>
</table>
Technical Assistance Needs

• Recommendations on school readiness assessments and capacity building programs/approaches
Team Members

- **Carmelita Afflalo**
  Medicaid Director, Chicago Public Schools, clafflalo@cps.edu

- **Stephanie Altman**
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HSPF Team Updates

Michigan

July 16, 2019
Team Mission and Achieving the Mission

Mission:

• Through the expansion of Michigan’s School Based Services via the Caring for Students (C4S) program, we will increase behavioral health and nursing services to all students.
Team Mission and Achieving the Mission

Achieving the Mission

• Leadership
• Collaboration
• Integration
• Promotion
• Legislation
Team Goals

Goals:

• Implementation of C4S
  • Center for Medicare and Medicaid Services (CMS) approval of the State Plan Amendment
  • Promulgation of Policy
  • Develop Training Guides
Progress Since December 2018

• December 27, 2018 - C4S plan submitted to CMS

• Jan 2019 to Present – Michigan Department of Health and Human Services (MDHHS) participated in CMS conference calls for additional information
  • Request for additional information from CMS regarding school psychologist credentials – March 27, 2019. CMS supported our request to add school psychologists as rehabilitative specialists.

• C4S work groups meet monthly to assist in reviewing and refining program components
  • Timelines set to accomplish our goals
Short Term Objectives

• Program implementation
• Clarification on legislation regarding C4S revenue.
• Promote targeted information sharing
  • Webinars
  • Conferences
  • Site visits
Short Term Objectives

- Understanding the integration of C4S and School Based Services
  - Community Mental Health
  - Nursing Services
  - School Systems

- General Education staff awareness of Medicaid requirements
  - Plan of care and medical necessity
Long Term Objectives

- All ISDs maximize C4S opportunities
- Leadership (MDHHS, Michigan Department of Education (MDE)), ISDs, State Organizations) to accomplish common understandings and interpretations of implementation strategies
- Solid Tiered system of care to efficiently Provide, Track and Report Services
<table>
<thead>
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<th>Mitigation Strategies</th>
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</thead>
<tbody>
<tr>
<td>• Confusion on integration of SBS and C4S at ISD level</td>
<td>• Training and promotion</td>
</tr>
<tr>
<td>• 31N new state aid budget language</td>
<td>• Amend/Clarify the language</td>
</tr>
<tr>
<td>• Workforce availability and student access to services</td>
<td>• Partner with universities to promote and recruit building a workforce in areas of need</td>
</tr>
</tbody>
</table>
Technical Assistance Needs

• How to increase workforce in areas of need?
• Continue to collaborate with Healthy Students Promising Futures and National Alliance for Medicaid in Education
Team Members

• Kevin Bauer – Policy Specialist, MDHHS, bauerk2@michigan.gov
• Steve Berg – Dir of Special Ed., Macomb ISD, sberg@misd.net
• Mike Leathead – Behavioral Health Cons., MDE, leatheadm@michigan.gov
• Debra Marshall – Supervisor, Genesee ISD, dmarshal@geneseeisd.org
• Kathleen Merry – Executive Director, Wayne RESA, merryk@resa.net
HSPF Team Updates

Nebraska

July 16, 2019
Team Mission

Mission:

• The mission of HSPF is to increase access to Medicaid services in schools and promote safe and supportive school environments.

• Nebraska’s mission is to promote a safe and supportive school environment by increasing awareness of trauma and its impact on a child’s brain development, learning, and behavior.
Team Goals

Goals:

• Create training and education to teach school staff how to identify and help children who have trauma

• Provide schools with the training and support they need to help trauma-affected children so they stay in school and get the services they need
Progress Since December 2018

• Medicaid mapped tele-behavioral health resources across the state and will provide this tool to school districts as a resource.
  
  • Medicaid has multiple partners and entities already engaged across all behavioral health regions.
  • Multiple settings and environments are currently being utilized for services.
  • Increased interest exists among numerous system partners to participate in the growth of tele-behavioral health.
Progress Since December 2018 (cont.)

• Health and Well-Being in Schools: Trauma Informed Care six hour training by Pamela Black, National Consultant for Trauma Sensitive Schools, on May 30, 2019, in Lincoln, NE

• Nearly 80 participants from schools and various other organizations across the state
• Excellent participation and feedback
• One of the learning collaborative schools is reaching out to Pam Black to assist with district training for schools in Western Nebraska.
Objectives

Short-term Objectives
• Research TIC Training of the Trainer (ToT) programs for possible implementation

Long-term Objectives
• Establish a sustainable training program capable of providing on-going education on TIC to school staff across Nebraska
<table>
<thead>
<tr>
<th>Barriers</th>
<th>Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rural – lack of resources</td>
<td>• Share information on tele-health resources with the schools</td>
</tr>
<tr>
<td>• Financial support – none exists currently</td>
<td>• Apply for grant money to assist school districts with training expenses</td>
</tr>
<tr>
<td>• Administrative buy in – from the local school boards</td>
<td>• Meet with members of the Nebraska Association of School Boards (NASB)</td>
</tr>
</tbody>
</table>
Technical Assistance Needs

• Assistance in locating potential Training of the Trainer (ToT) programs geared toward TIC and TIC-Schools

• Funding suggestions as a large portion of our state is rural and lacks the funds to cover the costs associated with trainings
Team Members

- Angela Parrish, Behavioral Health Program Coordinator, Medicaid & Long-Term Care, angela.parrish@nebraska.gov
- Joey Adler, Director of Strategic Engagement, Holland Children’s Institute, joey@childrensmovement.com
- Kim McClintick, RN, School Health Nurse Coordinator, Children’s Hospital & Medical Center, kmcclintick@childrensomaha.org
- Cole Johnson, Program and Data Support Specialist, Nebraska Department of Education, cole.johnson@nebraska.gov
Team Members (cont.)

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Team Members (cont.)

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• **Carol Tucker**, RN, State Nurse Consultant, Nebraska DHHS, carol.tucker@nebraska.gov

• **Holly Dingman**, Manager, Children’s Center for the Child & Community, hdingman@childrensomaha.org

• **Catherine Heck**, RN, School Nurse, Omaha Public Schools, catherine.heck@ops.org
HSPF Team Updates

Nevada
July 16, 2019
Team Mission

Mission:
To create a collaborative environment within our state to support the health care and education outcomes for Nevada’s children.
Team Goals

Goals:

• Establish all structure needed (State Plan Amendment (SPA), Policy, Billing Guide) for Local Education Agencies (LEAs) to bill for additional services by 1/1/2020.

• LEAs billing for at least two new services within six (6) months of policy implementation.

• Increase the number of LEAs billing by 20% in the next year.
Progress Since December 2018

• School Based Health Policy team increased from one staff to three staff members

• SPA presented at public workshop
  • Great attendance at the workshop (27 in person and at least 11 on the phone)
  • Positive feedback from stakeholder(s)

• SPA going to public hearing 7/30/19

• Formed stakeholder workgroups to address more complicated questions of expansion

• Increased school based provider meetings from quarterly to monthly
Objectives

Short-term Objectives

• Obtain approval from CMS on SPA language.
• Create policy language for how LEAs will bill for services not in an IEP.
• Create a billing guide for LEAs to follow.

Long-term Objectives

• Add a Quality Assurance (QA) process to School Based Child Health Services (SBCHS) to ensure compliance and avoid audit findings.
• Work with Nevada Department of Education (NDE) to track outcomes and directly link results of expansion.
<table>
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<tr>
<td>• How to avoid duplication of services in the schools and community</td>
<td>• Using case management/care coordination to increase communication and develop</td>
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<tr>
<td>settings.</td>
<td>comprehensive care plans. Research other states for best practices.</td>
</tr>
<tr>
<td>• Ensuring that policies do not violate Ordering, Prescribing, and</td>
<td>• Reached out to CMS for additional advisement and working with Nevada Medicaid</td>
</tr>
<tr>
<td>Referring (OPR) requirements.</td>
<td>provider enrollment.</td>
</tr>
<tr>
<td>• Nevada Law stating that Personal Care Services (PCS) can only be</td>
<td>• Work with state and community stakeholders to problem solve.</td>
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<td>provided in the home.</td>
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<tr>
<td>• Defining provider qualifications for school specific positions (School</td>
<td>• Showing equivalence with community provider qualifications (School Psychologist to</td>
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<td>Psychologist, School Counselors).</td>
<td>LCSW) and working with the Behavioral Health unit to make comparable qualifications</td>
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<td>and researching other states for best practices.</td>
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Technical Assistance Needs

• OPR
• Duplication of Services
• Individual Health Plan (IHP) language
Additional Updates

• Continued collaboration with NDE which includes weekly meetings
• Developed a detailed Onboarding Guide
• Traveling in person to meet with school districts to discuss hopes and concerns.
Team Members

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• Julie Lindesmith, MPH, Social Services Program Specialist/DHCFP,
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Progress in New Hampshire: RSA 135-F

• In 2015, the NH Hampshire legislature passed RSA 135-F.

• RSA 135-F requires the NH DOE & NH DHHS to work together to develop an integrated and comprehensive service delivery system for children with behavioral health needs, using the System of Care framework.

• Medicaid plays an incredibly important role in improving children’s access to a coordinated and comprehensive System of Care.
Progress in New Hampshire: MTSS-B

• RSA 135-F requires the “[d]evelopment of a multi-tiered system of supports in New Hampshire schools.”

• Many NH school districts are now using an evidenced-based prevention framework to support the behavioral health and wellness of all students, called “MTSS-B” or Multi-Tiered System of Supports for Behavioral Health and Wellness.

• The NH DOE’s Bureau of Student Wellness serves as the primary driver of the MTSS-B framework at the state-level.
Progress in New Hampshire: MTSS-B

- The MTSS-B framework offers school districts a coordinated strategic approach that consists of 1) a school wide system of evidence-based behavioral practices for all students, 2) a targeted system of practices for youth who need additional support, and 3) a tertiary system of intensive and individualized interventions for students with the greatest behavioral needs, including the provision of wraparound coordination.

- Wrapping coordination is an integral part of a comprehensive System of Care because it has been proven to keep kids in school and in their communities and reduce the need for hospitalizations and other out of home placements.

- There are currently seven (7) school districts who employ wraparound coordinators to provide wraparound coordination to their students.
Progress in New Hampshire: Senate Bill 235

- In 2017, the NH Legislature passed Senate Bill 235 in 2017 to expand New Hampshire’s Medicaid to Schools program.
- SB 235 removed limitations to NH’s Medicaid to Schools program and expanded federal Medicaid reimbursement to schools to cover medical, substance use disorder, and mental health services that many schools are already providing.
- SB 235 also supported integration within the emerging System of Care required by RSA 135-F and opened up the opportunity for schools to provide wraparound coordination to children with significant behavioral health needs.
Progress in New Hampshire: Senate Bill 235

• Implementation of Senate Bill 235 has been delayed for a variety of reasons.

• In July, 2018 NH received approval for a 1915(i) State Plan Amendment that included coverage for a youth-and family driven wraparound approach of intensive care coordination for children and youth with complex behavioral health challenges and their families.

• Emergency administrative rules issued August, 2018.

• NH DHHS is working with the federal government to obtain further guidance on implementation before final rules are promulgated.
Progress Since December 2018

• With the support of the New Hampshire Charitable Foundation, the New Hampshire State Team grew to include 10 members, all with diverse experience in the work from across the state.
<table>
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<tr>
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<td>• Federal vs. state rules - confusing federal guidance on inclusion of certain services in the Medicaid to Schools administration rule</td>
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<tr>
<td>• Oversight/Communication</td>
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<tr>
<td>• Third Party Liability</td>
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<tr>
<td>• Duplicity of Services</td>
<td></td>
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<tr>
<td>• Staffing shortages</td>
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</tbody>
</table>
Team Members

- Christine Brennan, Deputy Commissioner, NH DOE
- Melissa Lee, School Wellness/MTSS-B Consultant, Bureau of Student Wellness, NH DOE
- Heather Gage, Director, Division of Educational Improvement, NH DOE
- Ann Landry, Associate Commissioner of Population Health, NH DHHS
- Henry Lipman, Medicaid Director, NH DHHS
- Byry Kennedy, Legal Counsel, NH DHHS
- Becky Whitley, Policy Director, NH Children’s Behavioral Health Collaborative
- Gretchen Roussin-Drost, Medicaid Coordinator, Rochester SAU
- Mary Steady, Director of Office of Student Services, Manchester SAU
- Barbara Gagne, Coordinator of Medicaid to Schools Program, Manchester SAU
- Traci Fowler, Senior Program Officer, New Hampshire Charitable Foundation
HSPF Team Updates

Tennessee

July 16, 2019

Healthy Students, Promising Futures Learning Collaborative
Team Mission

Mission:

• To increase Tennessee school districts’ access to health services through Medicaid services to promote the health care of students and a healthy and safe school environment.
Team Goals

Goals:

• By June 2020, increase the number of school districts pursuing or obtaining Medicaid reimbursement for medically necessary health related services by 50% as measured by list of districts with Medicaid ID numbers.

• By June 2020, implement Medicaid reimbursement in 100% of Metro Nashville Public Schools (MNPS) using school system personnel throughout the school year beginning in August 2019 as measured by MNPS health services data.
Progress Since December 2018

• There were 80,661 TennCare students treated with school based services in 2018 (over $43 million), which is over twice as much in 2016.

• In Metro Nashville Public Schools:
  • Nurse practitioner (NP) was credentialed by 2/3 MCOs
  • Assessments were completed on all new students
  • All students transferred to MNPS NP from the contracted NP
  • Reporting issues from electronic health record was resolved
Objectives

Short-term Objectives

• Expand relationships and capacity to sustain work accomplished by the task force.
• Identify best practices and share throughout the state to replicate these practices.

Long-term Objectives

• Track number of districts credentialed and contracted as providers with MCOs
• Track number of TennCare students whose medically necessary related health services are provided for by MCOs
<table>
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<tr>
<th>Barriers</th>
<th>Mitigation Strategies</th>
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</thead>
<tbody>
<tr>
<td>• Administrative process</td>
<td>• Identification of best practices</td>
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<tr>
<td>• Limited experience in complete implementation (solely by school district)</td>
<td>• Utilize knowledge from partial implementation and this collaborative to create process improvements for the upcoming school year</td>
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<td>• Wait time for credentialing providers</td>
<td>• Strengthen engagement of MCOs</td>
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<td>• New administration</td>
<td>• Communicating successes and data collection/sharing</td>
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Technical Assistance Needs

• Support and resources for school systems who desire to fully implement Medicaid reimbursement on their own
Educating the whole child is a meaningful part of education’s statewide strategic plan. Plans to infuse resources and supports throughout the school community will ensure that Tennessee creates structures and trainings to support all students and to bring families into that work.
Team Members

• Lori Paisley, Tennessee Department of Education, Lori.Paisley@tn.gov
• Lisa Nistler, Metro Nashville Public Health Department, Lisa.Nistler@Nashville.gov
• Keith Gaither, TennCare, Keith.Gaither@tn.gov
• Molly Sudderth, Nashville Health, msudderth@nashvillehealth.org
HSPF Team Updates

Virginia

July 16, 2019
Progress Since December 2018

• Recently, Virginia’s school services work has focused largely on implementing changes to comply with the federal requirement to include the NPI for ORP providers on all claims.

• DMAS is updating the Local Education Agency Medicaid provider manual and has held work sessions with LEA providers to gather input on proposed changes.

• Virginia’s team is working to improve communication and collaboration through monthly meetings of DOE, DMAS, and cost settlement contractor.
Objectives

Short-term Objectives

• Operationalizing ORP enrollment for LEA providers; establishing policies and procedures, training
• Updating LEA provider manual
• Laying groundwork to expand school services beyond IEP

Long-term Objectives

• Ensure that policy expertise on Medicaid-funded school services is built into VA’s behavioral health redesign interagency project – including potential of free care pathway for expanding behavioral health services in schools
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<td>• It has been a time of tremendous change in Virginia Medicaid.</td>
<td>• Progress toward larger goals -- such as moving forward on a “Free Care” SPA for expansion of school services outside of the IEP -- has been challenging.</td>
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<tr>
<td>• The agency is implementing Medicaid expansion for 400,000 newly eligible adults, planning for the transition to a new Medicaid Enterprise System, and launching a new managed care program.</td>
<td>• Our recent focus has been on improving processes, policies, and communications to ensure a strong foundation for future Medicaid school services initiatives.</td>
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<td>• There have also been several transitions in agency leadership and key staff.</td>
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</table>
Technical Assistance Needs

• Virginia continues to closely follow developments in states that have moved forward with free care SPAs and/or expanding Medicaid-funded school services outside the IEP. We are particularly interested in behavioral health initiatives.

• We are interested in the latest updates on federal guidance and best practices, particularly regarding RMTS, cost settlement processes, and other aspects of school-based Medicaid reimbursement.
Team Members

• **Amy Edwards**, Medicaid Specialist, Virginia Dept of Education, amy.edwards@doe.virginia.gov

• **Hope Richardson**, Senior Policy Analyst, Virginia Dept of Medical Assistance Services, hope.richardson@dmas.virginia.gov

• **Rebecca Anderson**, Manager, Policy Research & Analysis, Dept of Medical Assistance Services, rebecca.anderson@dmas.virginia.gov

• **Jill Robinson**, Medicaid Coordinator, Virginia Beach Schools, jill.robinson2@vbschools.com
HSPF Team Updates

Washington State

July 16, 2019
Team Mission

Mission:

• WA Team’s mission for the HSPF is to increase access to Medicaid services, specifically for behavioral health, in schools and promote safe and supportive school environments.

• This is accomplished through collaboration and coordination among state agencies.
Team Goals

Goals:

• State agency collaboration, planning, and coordination to leverage legislative initiatives for health outcomes and health savings

• Comprehensive health services in schools and linkages with community healthcare providers for coordinated care and planning
Progress Since December 2018

• Help Me Grow — increase referrals to early intervention system, home visiting services, and other resources to address social determinants of health
• Washington Student Health Summit 2019 (hosted by WA SBHA)
  • 200 attendees!
• Clarification on how school districts can bill for services through MCOs
• Increased understanding to navigate MCO relationships and contracts
• Applied for the InCK (integrated care for kids) project
• Telehealth TA with Amanda Martin, NC Center for Health Innovation
• 1 more year of funding for pilots—secured Medicaid match funding
• National School-Based Health Care Convention—WA was represented by 60+ attendees
  • 30 participated in the Advocacy Day, meeting with ALL WA members of Congress
Objectives

Short-term Objectives
• Funding the legislation that would expand the regional behavioral health system navigators
• Increase number of schools participating in MAC and SBHS by presenting to regional special education directors

Long-term Objectives
• Eliminate the IGT process in the SBHS Program
• Regionalize contracts at the 9 Educational Service Districts with Managed Care to bill for students in the general education population, (rather than 295 school districts attempting to work with Managed Care).
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<td>• Complexity in communicating about Medicaid to decision makers/agency leaders—conflicting system values</td>
<td>• Ongoing relationships and partnerships (this just takes time!)</td>
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<tr>
<td>• Competing priorities, unfunded mandates</td>
<td>• Messaging to decision makers and advocacy groups</td>
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<td>• Connecting academic outcomes and health outcomes (particularly with ESSA &amp; Managed Care)</td>
<td>• Strengthening cross-system relationships to deepen the conversation to lead to understanding shared priorities</td>
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<tr>
<td>• Navigating Managed Care</td>
<td>• Conducting webinars to link MCOs with schools to increase understanding of system barriers</td>
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Technical Assistance Needs

• Continue Telehealth TA
• Trauma-Informed Policy Development and Implementation
• Developing a (WA specific) crosswalk document between education and healthcare systems, language, processes, definitions
• Communicating with schools about managed care, leveling expectations, payment models. Elevating examples that are working
Additional Updates

• 2019 Legislative Session—We are tired!
  • Turnover in legislative seats, Inslee running for POTUS, freshman leg introduced 1600+ bills
  • More children’s behavioral health bills than ever before!
  • Attempts for telehealth programs for schools (resulting in a pilot project)
  • Medicaid rate increases
  • Immunization bills (measles outbreak) removed personal exemption MMR for students, require childcare staff to prove immunization status
  • Huge investments in the state mental health system (acute care/forensic), infant mental health consultation
  • Bills passed without being funded, unfunded mandates. Agency deliverables without administrative funding or support.
Team Members

- **Camille Goldy**, Behavioral Health and Suicide Prevention Program Supervisor, Office of Superintendent of Public Instruction, camille.goldy@k12.wa.us

- **Shanna Muirhead**, School-Based Health Services Program Manager, Health Care Authority, shanna.muirhead@hca.wa.gov

- **Jennifer Helseth**, Health Systems Analyst, Department of Children, Youth, and Families, jennifer.helseth@dcyf.wa.gov

- **Sandy Lennon**, Executive Director, Washington School-Based Health Alliance, slennon@wasbha.org

- **Allison Templeton**, Adolescent Health, Department of Health, Allison.templeton@doh.wa.gov