SBWC: Finance and Sustainability Workgroup

September 17, 2020 Meeting

Minutes

Attendees: Tyneisha Jabbar-Bey, Dwayne Parker, Leah Woodall, Jon Cooper, Connie Feeley, Yvette Santiago, Kathryn Fiddler, Denise Watson.

As agreed during previous meeting Finance and Sustainability Workgroup worked in two small groups.

- Group 1: Current State in Delaware and Problems/Priorities in Delaware
- Group 2: Innovations and Budget Considerations

Group 1: Current State in Delaware and Problems/Priorities in Delaware

Leah Woodall facilitated Group 1 discussion and went over the following research Questions

1. What are the startup costs/startup line items for SBWCs? How does that vary by school level?

   Connie Feeley mentioned they have the following personnel costs:
   - 2 NP
   - 1 Pediatrician in Elementary
   - Medical director overseas high school level.
   - A family doctor that see patients part time.
   - Dietitian 1 day a week at high schools.
   - Front desk FT administrative assistant. .5 admin assistant.
   - IT support is covered by indirect costs.
   - Billing covered by indirect cost.

Leah asked if there are chaperones? Connie mentioned that teachers make sure kids do not walk without an adult.

Telehealth? Do you have a person sitting with clinicians on the calls? Just patients. Connie Feeley mentioned they have a patient navigator. ChristianaCare partners with CHW. Kathryn Fiddler mentioned they have no way to scale down telehealth used to be able to do nutritionist appointments.

2. What are the operating costs/operating line items for SBWCs?
   Equipment: Computers needed what is the real cost: each provider has a computer on their desk, remote equipment provided to providers to take home. When they are at schools, they use the computer equipment at school. One color printer all providers B&W. 1 scanner at the administrative Assistants desk 1,000 a provider times 4-5 high 10,000 per computers.

1 time every 3-5 years. Denise mentioned Medical equipment is huge. Med refrigerator 5,000 must have for vaccines. Medical beds, desks, sink, bathroom needed. Dorm refrigerators to keep specimens in 1 refrigerator each has 3 refrigerators, medication, food and specimens.

Credentialing: A lot of time is dedicated to credentialing for example Denise mentioned that in her organization HR is dedicated for credentialing including follow up.

Lab specimens: Connie indicated that her school centers send them to health center with a cooler and her elementary SBWCs use Christiana.

Construction: Denise indicated that construction is needed in all public schools. Cost for the building is high Eisenberg 500K to convert a classroom to a medical suite with reception area, consultation room, all public schools' expenditures unless they allow medical sponsors procure their own construction.

Some districts kicked money to outfit spaces to put them in workable order. Sometime pay for electricians and plumbers. Some schools were built with the school and that is the best way to go. The newer schools may have it in their plan. Warner was not even fit for Covid and staff uses the bathroom. Warner was built with a renovation. Cost to get the school 60,000 to 100,000 to school that is minimally changing due to the needs.

Leah asked if there was a way of cutting on cost for example the use of staff between sites?

Denise has a different set up for staffing. Mental health staff is the most expensive part of her personnel budget. Her organization has the following:

- 1 Case Manager and 2 Therapists for each school
- A half time physician and NP or a PA. It depends the population of the school sometimes they need a full time sometimes a part time. Leah asked if there are needs to expand sites, Denise indicated the space is really limited and space is needed. Connie Feeley shared the same feeling.

Outreach expenses: Supplies

3. Are you able to get reimbursement for nutritionist appointments using telehealth? How does that vary by school level?

   Reimbursement is provided to the location where the provider is located.

4. What costs/line items must be considered when expanding SBWCs? Is there something that is different from Elementary and high school in terms of cost?
   Elementary you serve family and high school is more individual care. Need additional staff to provide family therapy, CHW needed, education and linking them to care. Especially inter-city schools. HS are more independent, and nurses teach them how to take care of

them. Title X pays for birth control. Denise mentioned vaccines are very expensive. If they are uninsured and undocumented can use the state supply.

5. What services can be covered through reimbursement vs. public funding vs. interagency partnerships vs. public-private partnerships?
   Medicaid is the easiest to work with. Commercial carriers do not pay for the services and pay minimal amounts for the services. Leah asked about a sample of a type of service that sports physicals are not covered by Commercial, reproductive health, immunizations, MH seems to be the easiest to pay the provider, but reimbursement is slow. Nurse sick visits clear cut but low. If there is a deductible the provider does not get paid until deductible is met.

6. How do states work with federal guidelines in terms of reimbursement?
   If code would change to allow copay there would be a huge challenge to recoup the money and it would affect kids in high need.

7. How can telehealth be used to enhance SBWC sustainability?
   Mental health taking off some sites are doing well. Medical is different as some of the visits need a physical exam. Reproductive health some of them getting better. Good thing about Covid was to force providers to start telehealth.

8. What opportunities exist to diversify SBWC funding?
   Denise Watson leverages grants in order to continue offering services. They have a couple of grants where they get reimbursement when they submit claim form for kids that do not have any insurance or if they have a high deductible. Telehealth pays where the provider is located.

   Commercial carriers could provide funding based on clients from them that use the school centers.

   Average cost to annually to operate the cost would be: 300,000 to 400,000 to run it due to personnel expenses being high. Licensed therapists are 6 figures. Medical provider and Licenses and support staff 200,000 with salary and benefits. NP get as much as providers now.

9. What financing/service delivery models exist to support sustainability through care coordination? What are the infrastructure/data needs to support more diversified, sustainable funding?

Group 2: Current State in Delaware and Problems/Priorities in Delaware

1. What are the startup costs/startup line items for SBWCs? How does that vary by school level?
   MCO side won't have the information

To set up a rate providers have to submit a document called a cost report-a document that explains the projected amount they think will be incurred-don't pay for startup costs but do pay for: Tyneisha sending document
Salaries of healthcare staff
Facility costs (rent, utilities, etc.)
Auto populated
Questions about wide range of startup costs-population and size of school?

2. What are the operating costs/operating line items for SBWCs? How does that vary by school level?
   Wide range/variance

   175,000 from state for operating costs-big question is what are the actual operating costs versus the contract amount that centers are getting from the state? What is the difference between the 175,000 and true costs to operate? This is a question for hospital sponsors.

3. What costs/line items must be considered when expanding SBWCs?
   Employee costs are the biggest so depends on what is meant by expansion-what kind of employee is needed?

   Therapists are often filled up and may have limited ability to provide services.

   In some cases, expanding just means expanding the hours-depending on need and structure -expanding structure within an existing center.

   New would be covered by startup and operating for a new center.

4. What services are able to be covered through reimbursement vs. public funding vs. interagency partnerships vs. public-private partnerships?
   This is a big question-Is this question specific enough?

   Reimbursement?-private versus Medicaid, versus interagency partnership

   What does public funding mean? If Medicaid there are so many rules.

   Can't just throw extra money there with Medicaid reimbursement-a lot of rules around funding if a Medicaid client.

   Let's break question down-which services could be provided in that setting-

   In order for us to address this the most effective way to go at this question we need to identify a menu of services that is agreed upon-defined list of services-imagine a table with services in one column with columns going forward that break down public/private partnership

   Services are based upon the providers specialty too-the providers in the SBWC

Back it up further and start with the provider-table is in a given center-you have certain providers-NP, LCSW, etc. Provider in your capacity as a NP, LCSW, etc. employed by medical sponsor but the reimbursement will be tied to you as a registered provider in the SBWC. A table like this could be very instructive for this process. Based on typical staffing model for a SBWC.

Maybe instead we should go by category of service because a provider may be providing multiple services

Category of service should be column A with different charts by provider

Column B may be reimbursement, but this will differ with a private payor

Tyneisha will provide a list of services for us to pick from.

We all need an understanding of what services we are talking about-finance and sustainability is about dollars and cents-cold hard acts-if you want to do these services then this is what it costs-need the bottom line.

If that is the service, we are providing then this is what it costs to provide it.

And the delta between what is costs and what is currently provided to cover the costs. And what is the value-what are the outcomes?

Tyneiesha will share services as a standard of services that could be done-like a starting template-then we can whittle down the list

Tyniesha's list is very medical terminology-so may need to think about how to communicate this

5. How do states work with federal guidelines in terms of reimbursement?
   What does the term state mean? DPH?

   We need more help in defining question to understand

   This is really referring to what other states are doing based on the literature

The Finance and Sustainability group agreed to work with the Data and Best Practices workgroup to find out about the correlation of the wellness center with decreased Behavioral Health services and attendance, standardized testing at minimum. For example, Denise keeps a lot of the data through collaboration to get IEPs, attendance records, and has a data person to supplement and show evidence to get funding to fill in the gaps and the wholes. This data person is a paid position and has multiple responsibilities

Tyneisha from Medicaid will share a document showing services at SBWC providers. To get numbers that can be used by the workgroup to form a draft budget or worksheet.

The Finance and Sustainability workgroup members agreed they need the following:

- Reimbursement clarification
- What services are reimbursable.
- Is there a Global rate?
- Information whether CHWs would be reimbursable
- Value based bundled rate.

Medicaid covers the same services, but some plans may cover different amounts based on the benefit each client has. Based on the chat Aetna covers a bundle with CPT code 99499-32

Denise indicated that creating a matrix is very complicated due to the different types of benefits and coverage.

Meeting was adjourned at 2:30pm