Maryland

DEPARTMENT OF HEALTH
Robert R. Neall, Secretary
STATE DEPARTMENT OF EDUCATION
Dr. Karen Salmon, State Superintendent of Schools

January 28, 2020

The Honorable Larry Hogan
State House
100 State Circle
Annapolis, MD 21401

The Honorable Bill Ferguson
H-107, State House
100 State Circle
Annapolis, MD 21401

The Honorable Adrienne Jones
H-101, State House
100 State Circle
Annapolis, MD 21401

Re: MSAR #12180 School-Based Health Centers Report Required by Chapter 771 of 2019

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Please find enclosed a legislative report on a plan to build a sustainable sponsorship model by expanding the types of organizations that can sponsor school based health centers mandated by Section 18 of Chapter 771 (SB1030), The Blueprint for Maryland's Future, enacted in the 2019 legislative session. This report contains recommendations for criteria and definition of a sponsoring agency/entity, a plan for building a sustainable sponsorship model, and outlines the Maryland Department of Health and the Maryland State Department of Education's extensive stakeholder engagement process used to create the recommendations as required by SB1030.

Thank you for your consideration of this information. If you have questions or need more information on the subjects included in this report, please contact me or my Deputy Secretary of Operations Gregg Todd at 410-767-4557 or gregg.todd@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

Karen B. Salmon, Ph.D.
State Superintendent of Schools

c: The Honorable Paul Pinsky
The Honorable Anne Kaiser
The Honorable Guy Guzzone
The Honorable Maggie McIntosh
Sarah Albert (DLS Library – 5 copies)

Plan to Build a Sustainable Partnership Model

By Expanding The Type of Organizations That Can Sponsor School Based Health Centers - Findings

Prepared by

The Maryland Department of Health and

The Maryland State Department of Education

January 28, 2020

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I. Background

Senate Bill 1030 (2019), *The Blueprint for Maryland's Future*, codified as Chapter 771 of the Education Article, contains certain provisions related to education programs in public schools meeting certain criteria. Among the provisions is the establishment of community schools that will be provided additional student supports, including enhanced infrastructure for school health services. The bill requires the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) to "consult with the Council on Advancement of School Based Health Centers (CASBHC) and other interested stakeholders on a plan to build a sustainable sponsorship model by expanding the type of organizations that can sponsor school based health centers." Further, it requires that on or before November 1, 2019, the MDH and the MSDE shall report the findings and recommendations to the Governor and the General Assembly.

This report contains the findings and recommendations of the process implemented by the MDH and the MSDE to gain input from the Council on the Advancement of School Based Health Centers and other stakeholders.

II. Introduction

School Based Health Centers

School Based Health Centers (SBHCs) are health centers, located in a school or on a school campus, which provide onsite comprehensive preventive and primary health services. Services may also include mental health, oral health, ancillary, and supportive services. The SBHCs may be staffed by one or more of the following health professionals: a primary care provider, such as a pediatrician; nurse practitioner or physician assistant; a registered nurse (RN) and/or a licensed practical nurse (LPN); a medical office assistant (MOA) or medical assistant (MA); a billing or clerical staff member; a mental health provider, such as a psychiatrist, psychologist, social worker, or other therapist; a substance abuse counselor; a dentist and/or dental hygienist; a health educator; and/or a nutritionist or registered dietitian. The SBHC supplements the required program of school health services delivered to all students in the school by the school nurse. School nurses provide acute care for injuries and illnesses, care for chronic health conditions under the supervision of a physician, conduct screening for health problems, and maintain up-to-date health and immunization records. School nurses do not diagnose or treat illness. They refer children for appropriate medical care. If a school based health center is available in a school or on a school campus and the student is enrolled in the SBHC program, the school nurse may refer the student to the SBHC for medical care. The SBHCs provide care during the school day and help prevent missed instruction time due to illness or other health concerns. The SBHCs do not provide around-the-clock care or emergency coverage. All children enrolled in the SBHC program should also have a primary care provider in the community who oversees their care. The SBHCs may assist parents to locate a convenient pediatrician and secure health insurance coverage.

In 2004, one out of every 11 Maryland children under age 18 had no health insurance and one out of every four Maryland children under age 18 lived in poverty (Kids Count, Annie E. Casey Foundation Maryland data profile, 2019). Uninsured, undocumented, and poor children have less access to health care and often have more chronic health problems than other children. The SBHCs are available to all children including the poor and the uninsured. Modern parents are busy working and may also be responsible for taking care of other children. It can be expensive and inconvenient to take a child to the doctor for a minor health concern. Many rural Maryland counties have few pediatricians or other child health professionals, thus, services provided in schools are especially important. In recent years, the number of children with chronic conditions such as asthma, diabetes, and obesity, has increased. Children with these conditions may benefit from daily monitoring and treatment in the school setting.

The SBHCs were started in Maryland in 1985 to increase children's access to health care. The SBHCs have proven effective in diagnosing and treating illness, managing chronic health conditions, and increasing school attendance for children at risk of missing school due to health issues.

There are currently 84 SBHCs located in 12 of Maryland's 24 local school systems. During the 2017 – 2018 school year, 40,551 students were enrolled in 86 SBHCs. The SBHCs provided services to 15,081 of these students over the course of 52,254 visits. More than two-thirds of the visits were for somatic health care, nearly one-third for behavioral health, and other services including dental care, substance use, and case management. Funding from the Maryland General Assembly to the MSDE for the SBHCs has remained at a consistent level over the past few years and no headquarters funds have been allocated.

School Based Health Center Sponsorship

The current School Based Health Center Standards state that the sponsoring agency is the entity responsible for medical records, reimbursement, and maintaining an MOU/written agreement with the school system to provide one or more of the following: funding, staffing, medical oversight, and liability insurance. The sponsoring agency must have a memorandum of understanding with other agencies or medical practices and they are responsible for developing the center's policies and overseeing quality improvement measures. A SBHC may have more than one sponsor, but at least one of the sponsors must meet the definition of a clinical director or clinical consultant (i.e. physician or nurse practitioner with appropriate credentials for providing services to the population being served).

The SBHCs typically are not revenue-generating endeavors. Historically, SBHCs have been funded from multiple sources, including State and federal grants, contributions from local government and community partners, private contributions from businesses and corporations, Medicaid, and fee-for-service revenues. The SBHCs established by federally qualified health centers (FQHCs) receive higher Medicaid reimbursement rates, can access federal grants, and receive discounted drug prices. Without FQHC participation, many SBHCs must rely on

community sponsorships and private grants, which do not ensure sustainability. Reimbursement from Medicaid cannot cover the costs of implementing and maintaining SBHCs. The ability to maintain SBHCs at a high and consistent level will be discussed later in this report.

In response to the legislation, the purpose of this report is to create a plan to refine and expand the definition of a SBHC sponsor by expanding the types of organizations approved to sponsor SBHCs. The plan is designed to further the mission of SBHCs to meet the needs of communities within an expanded sponsorship framework.

III. Method of Stakeholder Engagement

Senate Bill 1030 requires the MDH and the MSDE to consult with the CASBHC and other interested stakeholders on a plan to build a sustainable sponsorship model by expanding the type of organizations that can sponsor school based health centers. The MDH Public Health Services, Office of Population Health Improvement and the Office of Health Care Finance (Medicaid), and the MSDE Division of Student Support, Academic Enrichment, and Educational Policy met to review current SBHC sponsorship status and approval processes to identify overarching principles of SBHC sponsorship. To guide the process of expanding the types of organizations that can sponsor a SBHC, the MDH and the MSDE identified overarching principles necessary to ensure expanded sponsorship and sustainable sponsorship models maintain SBHC's stature as entities serving some of the most needy students and families while also recognizing the potential for evolution of SBHC sponsorship into the private health care sector.

The MDH and the MSDE considered several factors related to options for expanding the types of sponsors of school based health centers. The method for stakeholder input aimed to communicate these factors to stakeholders for their consideration and to convey the agency commitment to the:

1. Possibility of a wide diversity of sponsorship types and models;
2. Need for innovative sponsorship and health care delivery and financing models; and the
3. Need to allow flexibility in sponsor types over time as health care delivery and financing evolves.

Additionally, the MDH and the MSDE considered current principles of sponsorship that aim to provide services to at-risk and needy students and families regardless of ability to pay because SBHCs serve as essential safety net providers. This aspect of SBHC programs is important to be maintained as expansion of sponsor types is considered and implemented. Therefore, the State agencies proposed a sponsorship model expansion framework that would allow a broad range of sponsor types to be included and that aligns with foundational public health principles and characteristics of SBHCs within communities.

The sponsorship framework proposed to stakeholders contained statements of:

1. The value of and need for, standards and overarching principles of sponsorship to assure SBHCs meet the identified health care access needs of schools and/or communities;
2. The need for SBHCs to serve as safety net providers for a student population and community. This means sponsors should provide or support SBHCs that serve all enrolled students in a school and an option to provide service to a community;
3. The requirement of a sponsor to directly or through a contract/business agreement to have the capacity to meet certain standards pertaining to quality of care, ability to meet the needs of the school/community and adhere to the requirements of the State agency approval, oversight, and monitoring processes;
4. The requirement of a SBHC to work collaboratively with community health care providers and payers to promote continuity and coordination of care; and
5. The ability of a sponsor to implement innovative models of care to address financial challenges of sponsorship including ability to obtain a diversity of funding types independent of State grant funds.

When considering sustainable sponsorship models, the MDH and the MSDE recognize that financial sustainability is not likely through reimbursement alone. A sustainable sponsorship model needs to include a diversity of sponsor types and encourage multiple flexible financing models. The School Based Health Alliance describes SBHC sustainability to include a sound business model.[1] This model describes sustainability to include funding from a diversity of sources and not from billing and reimbursement alone. The MDH and the MSDE are not aware of any programs nationally that are fully self-sustaining SBHCs without supplemental grant funding. In fact, the School Based Health Alliance business model includes funding from "Medicaid, other third-party insurance, and patient fees; in-kind contributions of staff and resources; and local, State, federal, foundation, and corporate funding leading to a sustainable SBHC."[2] Therefore, a sustainable sponsorship model must include mechanisms to obtain funding from a variety of sources and through diverse and innovative funding arrangements. Additional sustainability strategies should be considered to achieve expanded funding mechanisms.

Additional factors required for sustainable SBHCs include strong partnerships among a variety of local and other partners. In Maryland, the MDH and the MSDE proposed partnership considerations within the framework that include:

1. Local school system and community support and buy-in;
2. Community health care provider collaboration, coordination, and support;
3. Hospital Emergency Department and clinic involvement;
4. Coordination with other local safety net providers; and

[1] https://www.sbh4all.org/resources/sbhc-sustainability/
[2] https://www.sbh4all.org/resources/sbhc-sustainability/

5. Alignment with alternative and innovative health care financing models.

After considering options for sponsor types and the factors and principles of sustainability, the MDH and the MSDE developed a set of draft recommendations regarding a plan to develop a sustainable sponsorship model by expanding types of sponsors. The MDH and the MSDE developed a tool to solicit stakeholder input and feedback on a set of proposed principles and recommendations. Using the tool, the MDH and the MSDE convened a meeting with the CASBHC to review and modify the tool and recommendations. The final feedback tool is in Appendix A.

Over 15 stakeholder groups or individuals, including professional associations, school health personnel, managed care organizations, Maryland commissions, local health departments and others, were sent the recommendation tool to complete. All groups and individuals responded. The respondents included:

1. Local Health Departments
2. Public school nurses
3. Maryland Association of School Based Health Centers (MASBHC)
4. Local School Health Councils
5. Health Services and Cost Review Commission
6. Amerigroup Community Care
7. Jai Medical Systems
8. MedStar Family Choice
9. Maryland Physicians Care
10. Maryland Health Care Commission
11. Health Services Cost Review Commission
12. Medical Doctors
13. Council for the Advancement of School Based Health Centers
14. Public School Superintendent Association of Maryland (PSSAM)
15. The Center for Health and Health Care in Schools
16. The Maryland Hospital Association

Responses were collated and the recommendations were modified based on stakeholder input.

IV. Findings

Each section of the tool yielded themes related to the proposed recommendations to build a sustainable sponsorship model by expanding the type of organizations that can sponsor a school based health center. Generally, stakeholders concurred with the principles and recommendations put forth by the MDH and the MSDE. The sections below contain the themes from the stakeholder feedback for each item in the feedback and recommendations tool.

A. Sponsoring Entity Definition: How should a sponsoring entity be defined?

1. Stakeholders agree that conceptually, SBHCs should serve as safety net providers within a community or school. They should meet the philosophical principles of the definition of a safety net provider without being constrained by specific national or agency definitions of a safety net provider.

2. Despite concern over profit motives of private for-profit entities and competition among local provider groups, stakeholders believe it to be beneficial for SBHCs to be sponsored by any entity willing to have the SBHC serve as a safety net provider by meeting certain criteria related to service to all students regardless of ability to pay.

3. Stakeholders acknowledge that for-profit entities wishing to sponsor a SBHC must meet the sponsorship standards and have the capability to provide uncompensated care or that alternative financing mechanisms need to be put in place to provide compensation thorough mechanisms other than billing and reimbursement. Suggestions included an "uncompensated care fund" and State or other grants.

B. Operationalizing the definition of a sponsor: How should a sponsoring agency be defined?

1. Sponsors should be able to bill, provide services free of charge, comply with MA rules, but also be able to have multiple funding sources if uncompensated care is required.

2. Sustainability of SBHCs will be dependent on adequate funding or other resources including innovative reimbursement models to pay for otherwise uncompensated care.

3. SBHC sponsors should provide a range of services to serve the community in addition to the student population. Services and populations served should be based on data to support the needs of the community.

4. SBHC sponsors must provide care in coordination with community providers. This should include information sharing and the ability to link students to care.

C. Sponsoring Agency Roles: What are the roles/responsibilities of the sponsoring agency?

1. Sponsors should manage all requirements of clinical care provision including compliance, quality and safety, State guidance, rules and regulations and coordination of care with assigned PCPs, and health insurance providers. Management includes, but is not limited to billing, oversight of clinicians, staff,

needs assessments, referral, and outreach to the community, or has an agreement with an agent that fulfills the requirements.

2. Sponsor roles and responsibilities should include measuring outcomes in a consistent and scientific manner, including a data analyst to collect and analyze outcomes. Data should also be reported through any State or local data reporting mechanisms.

3. Sponsoring entities should coordinate their efforts with the community including local health departments, Local Health Improvement Coalitions. In addition, sponsoring entities should be required to follow up with any identified primary care physician, coordinate and collaborate with State agencies and Medicaid Managed Care Organizations (MCOs), and any applicable community agency as necessary to provide quality care.

D. Sustainability Definition: What does sustainability encompass?

1. Sustainability encompasses sustaining the level of care for growing populations in need and the ability of the jurisdiction to support referrals that arise from SBHCs.

2. Sustainability does not necessarily mean a SBHC is sustainable solely from reimbursement.

E. Specific types of sponsors: What types of sponsoring entities would you recommend?

1. An entity that meets certain criteria or standards regardless of the type of entity.

2. An entity able and willing to implement a program to meet the needs of students and maintain the historic function of SBHCs as safety-net providers. This includes for-profit health organizations that are willing to provide uncompensated care if necessary.

V. Building a Sustainable Sponsorship Model

According to the School Based Health Alliance, sustainable school based health centers have some common characteristics. These include developing strong collaborative partnerships with school and community stakeholders, creating sound business models that rely on stable and predictable funding sources, and provision of high-quality services based on an assessment of needs. Clear operating agreements and shared clinic-school goals are essential to the development of sustainable SBHCs. Diversified funding and high-quality services require strong data collection on student outcomes and the delivery of care to students in need. In Maryland,

the school nurse is the care coordinator who acts as the liaison between the school health services program and the SBHC.

Strong partnerships with engaged and accountable personnel are needed for support the acquisition of needed resources for sustainable SBHCs. School based staff, students and families, local health care providers, and sponsoring organization collaboration lead to strong systems of support for students. Proven business and financial plans create successful business strategies. These plans include items such as operations and management strategies, personnel and resources, as well as marketing strategies and financial components. Identifying clinical and business quality indicators, data, and reporting serve to enhance high quality practice.

Several sustainability issues exist in SBHCs in Maryland and across the nation. Misaligned missions may cause communication and operational issues. Many SBHCs are developed based on public health models aimed at improving child health outcomes. Hospital systems operate as businesses that, for many reasons, need to meet a bottom line. While some hospitals have a service mission, many are under pressure to produce revenue. SBHCs are generally not revenue generating and are costly ventures especially if long-term savings associated with student health and academic improvements are not considered. Third-party payers, such as Medicaid, require providers to meet specific conditions for participation to bill for services.

Data sharing is another hurdle to sustainable SBHCs. Sharing health and educational data across systems and providers is essential for planning, monitoring, and care coordination. While many SBHCs use electronic health records, differing software systems bring an additional set of challenges. Providers across systems may have problems sharing information. For example, students returning to school following a health crisis may not have discharge plans that are shared with the school nurse but are shared with the primary care physician (PCP). Rules and regulations regarding information sharing about an educational record and a health record are directed by legal dictates of either the Family Educational Rights and Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA).

Differences in organizational cultures add further challenges to sustainability. Each unique institutional culture has its own rules, policies, and procedures. Learning to navigate the distinct cultures in education and health takes time and patience. Mutual respect must be built, as does trust. Community based practitioners need to see SBHCs as supplemental to their services and not as supplanting services. Multi-sector collaborations can serve to build bridges across institutions and reduce fragmented or duplicated care for students.

Research on the cost-effectiveness of SBHCs is in its infancy. Since costs vary widely, based on school infrastructure, local costs, the type of services being offered, and the frequency of services, it is difficult to identify the cost of implementing or maintaining SBHCs. Little research exists on cost savings, benefit-cost analyses, or return on investment of SBHCs. Funding for SBHCs requires stable funding sources with effective business models. Braiding of funds helps

school systems fund SBHCs but that approach relies on sponsors and governmental agencies who have the funds to invest in SBHCs.

Community buy-in also affects sustainability. Having a community that views the SBHC as an important and desirable source of care is vital to the success of the SBHC. Being able to provide services in school reduces parental anxiety about having to leave work and having their children miss instructional time. Many families have a sense of trust with the school environment and feel comfortable coming into the SBHC. Publicizing the SBHC as a service within the school enhances the long-term sustainability of the Center.

Sustainable SBHCs require commitment from many sources including schools, communities, funding sources, sponsoring agencies, local health care providers, and families. Without all the essential components, SBHCs cannot function as strong providers of health care designed to meet the needs of students.

VI. Recommendations

Based on the themes above, the following recommendations are proposed for building a sustainable sponsorship model by expanding the types of entities that can sponsor a school-based health center:

A. SBHC sponsors should adhere to a set of organizational and service delivery principles including but not limited to capacity and ability to:

1. Serve all students without regard to ability to pay, insurance status, insurance eligibility, previously established patient-provider relationship with the student, or site of usual source of care;

2. Provide a broad range of services (e.g., well child exams, vaccinations, screenings) and be able to be the usual source of care (a medical home) for students without a provider (e.g., 24-hour care/referral, etc.);

3. Coordinate care with the student's primary care provider, provider of record, or usual health care provider. This must include sharing of the medical record especially through an electronic medical record;

4. Promote continuity, promoting wellness and engaging patients in chronic care management in collaboration with the student's community providers and the local department of health when needed;

5. Be financially solvent and organizationally strong;

6. Be flexible and able to evolve in the face of changes in health care systems;

7. Identify the needs of diverse student populations and collect data for quality measurement, tracking of service delivery, and reporting related to any State reporting requirements; and

8. Be the provider of record (be a medical home as a satellite of a larger practice (e.g., FQHC, outpatient clinic, etc.) for a student without a PCP or medical home or be able to connect the student to a usual source of care.

B. SBHC sponsorship should foster innovation in program design and service delivery in the community through methods such as:

1. Service to a broader community beyond the school building (e.g., siblings, community members) and offer a broader range of services (e.g., on-site immunizations);

2. Use of telehealth and other collaborative service delivery methods;

3. Sponsorship alignment with transformative health care delivery system in Maryland; and

4. Promotion of program policy that is nimble enough to be able to respond to a changing health care landscape and emerging health care delivery trends and innovation.

C. Innovative funding mechanisms and financial aspects of sponsorship should be developed and expanded through mechanisms such as:

1. Establishing partnerships between a sponsoring entity and an entity that can bill if they are not able to bill for services or collect reimbursements;

2. Developing a process to support sponsoring entities to be able to provide uncompensated care while maintaining business financial solvency;

3. Investigating sources beyond traditional fee for services billing, potentially including, but not limited to, investment of public dollars, grants and contracts, philanthropy, and hospital community benefit;

4. Sustaining SBHCs by integrating them into existing healthcare infrastructures such as school health services programs; and

5. Evaluating current MSDE SBHC grant processes to allow funding of new SBHCs, shifting current grantees to different financing models, or to provide funding based on criteria such as the documented needs of students and the community.

D. Sponsorship policy and standards should allow for inclusion of a wide variety of specific sponsor types and mechanisms to facilitate sponsorship by specific entities likely to meet other criteria for a SBHC.

1. Authorize a collaborative sponsorship model, such as clinical/medical sponsor and administrative/financial sponsor, to promote a diversity of sponsorship opportunities for clinical providers and other community or business entities to sponsor a SBHC; and

2. Set sponsorship principles and standards to promote and maximize a diversity of new sponsoring entity types. New sponsorship types (as identified by stakeholders) may include but are not limited to the following types to the extent practicable in keeping with sponsorship principles. Some of these sponsor types may require business agreements with provider entities that are eligible to enroll with and bill Medicaid:

    - Hospitals/medical centers
    - FQHC look-alikes[3]
    - Private Pediatric Physician groups/networks
    - (Community) Health Systems
    - Care Transformation Organizations
    - Private non-profit community-based organizations and others (e.g., regional partnerships, population health focused organizations, sports teams)
    - Accountable Care Organizations
    - Health plans (through their foundations)
    - Managed Care Organizations
    - Local school systems

VII. Next Steps/Plan

[3] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes/index.html

Senate Bill 1030 requires the MDH and the MSDE to develop a plan to create a sustainable sponsorship model by expanding the types of entities that can sponsor a SBHC. The MDH and the MSDE believe it is imperative that SBHC sponsors adhere to certain principles and standards that outweigh a list of specific sponsorship types. This approach will foster innovation and flexibility in sponsorship models and business agreements between entities of varying business and community interests in the expansion of SBHCs in Maryland.

The stakeholder engagement process conducted to generate the information in this report resulted in a general consensus among stakeholders that general principles are important and that many different sponsor types may reasonably be able to comply with new standards. However, certain specific considerations and challenges remain, specifically how/if to best incorporate for-profit practices and organizations into a sponsorship model that requires/necessitates a safety net provider framework. The plan centers around: standards for sponsorship (including acknowledging supports needed by entities currently interested in sponsorship), SBHC financing including funding for service delivery innovation; data for program monitoring and evaluation; and partnerships.

The MDH and the MSDE propose the following plan for considering each of the recommendations within these broad categories:

A. Standards

1. Convene workgroup consisting, at a minimum, of the members of the CASBHC, SBHC advocacy organizations such as the Maryland Assembly on School Based Health Care, and potential sponsor types to finalize standards/principles for sponsorship;
2. The MDH and the MSDE staff work with the CASBHC to finalize and adopt new sponsorship standards and update current SBHC standards accordingly;
3. Comply with any legislation the General Assembly may pass to authorize the MDH and MSDE to implement regulations that clarify SBHCs program standards and sponsorship eligibility.

B. Funding and Innovation

4. Convene a workgroup of insurers and other funders with the Maryland Insurance Administration to develop strategies for SBHC funding and reimbursement within differing sponsorship models;
5. Develop grant program/process with current funding to incentivize innovation;
6. Partner with organizations/foundations, etc. to obtain additional funding for innovative models;
7. Expand opportunities for provision of school telehealth services;

8. Explore how other states have received the necessary federal approval and regulation changes to allow reimbursement for SBHC services provided by new sponsor types; and
9. Consider employing a consultant to research funding models and opportunities in Maryland based on new sponsorship entities.

C. Data

10. Maintain the CASBHC data group as a leader in proposing data collection strategies; and
11. Engage the MDH, MSDE, the Maryland Insurance Administration, and others (payers, etc.) to provide additional recommendations for outcomes-based data collection processes.

D. Partnerships

12. Engage local population health partners related to local/community data processes (Local Health Improvement Plans and Community Health Needs Assessments);
13. Convene meetings with different sponsor types to identify specific ways they may meet sponsorship standards and needed supports to do so; and
14. Engage CASBHC to engage member organizations and agencies to place finalizing and implementing a new sponsorship model on their agenda.

Appendix A

Stakeholder Feedback Worksheet

Senate Bill 1030
(Chapter 0771)
Blueprint for Maryland's Future
Sponsorship Considerations
Maryland Department of Health Maryland State Department of Education

In the 2018 legislative season Senate Bill 1030, (Chapter 0771) the Blueprint for Maryland's Future, also known as the *Kirwan Report* was passed into law. Section 18 of the law states:

- The Maryland Department of Health (MDH) and the State Department of Education (MSDE) are to consult with the Council on Advancement of School–Based Health Centers (CASBHC) and other interested stakeholders on a plan to build a sustainable sponsorship model by expanding the type of organizations that can sponsor school–based health centers; and

- On or before November 1, 2019, the Maryland Department of Health and the State Department of Education shall report their findings and recommendations under subsection (a) of this section to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly.

Note: Current SBHC standards allow three types of entities (clinic types) to sponsor a SBHC (i.e., Local Health Department, Federally Qualified Health Center, and General Clinic).

Representatives from the MDH and the MSDE discussed this legislative mandate and identified the following key considerations:

- How should a sponsor/sponsoring entity be defined?
- What are the roles and responsibilities of the sponsoring entity?
- What does sustainability encompass?
- How should sponsorship and SBHC implementation and sustainability challenges be addressed?

Recommendations were constructed and shared and can be found in the attached worksheets.

Your group of interested stakeholders has been identified as essential to this process. We are asking that you review the following recommendations regarding sponsorship and respond to the guide questions in the rest of the document. You should submit your stakeholder responses as one document that incorporates the thoughts of your entire group. Please submit the completed worksheet to: jennifer.barnhart1@maryland.gov by **August 30, 2019**.

Senate Bill 1030
(Chapter 0771)
Blueprint for Maryland's Future
Sponsorship Considerations
Maryland Department of Health Maryland State Department of Education

A. Sponsoring Entity Definition How should a sponsor/sponsoring entity be defined?	**Discussion Questions**	**Responses to Questions**
RECOMMENDATIONS		
Sponsoring entities should meet the Institute of Medicine definition of a Core Safety Net Provider as indicated below: "*providers who by mandate or mission offer access to care regardless of a patient's ability to pay — and whose patient population includes a substantial share of uninsured, Medicaid, and other vulnerable patients. By this definition, safety-net providers are distinguished by their commitment to provide care to people with limited or no access to care*." https://catalyst.nejm.org/health-reform-changing-safety-net/	Discussion Questions: 1. Do you agree with this definition? Why or why not? 2. Is there something you feel that is left out of this definition that should be considered? If so, what? Why? 3. Is there anything contained in this definition you believe should not be included? If so, what? Why?	Question 1 Question 2 Question 3

Senate Bill 1030
(Chapter 0771)
Blueprint for Maryland's Future
Sponsorship Considerations
Maryland Department of Health Maryland State Department of Education

B. Operationalizing Sponsoring Agency Definition How should a sponsor/sponsoring entity be defined?	**Discussion Questions**	**Responses to Questions**
RECOMMENDATIONS		
• Sponsoring entities provide services to every enrolled child regardless of their PCP of record (e.g., sponsoring entity may not be the usual PCP for the enrolled child) • Sponsoring entities offer services on a sliding fee scale for children who are not insured, and the scale may slide to $0. • Sponsoring entities provide, employ or are in a contractual agreement with the clinical provider of care • Sponsoring entities are fiscally sound and have the infrastructure and capacity to sustain an effective working clinic	Discussion Questions: 1. Is there anything missing from this list? If so, what is missing? Is there anything in this list that you feel would not work well? If so, what and why?	Question 1 Question 2

Senate Bill 1030
(Chapter 0771)
Blueprint for Maryland's Future
Sponsorship Considerations
Maryland Department of Health Maryland State Department of Education

C. Sponsoring Agency Roles What are the roles and responsibilities of the sponsoring entity?	**Discussion Questions**	**Responses to Questions**
RECOMMENDATIONS		
1. Manage complaints 2. Manage the clinic operations • Clinical • Billing • Oversight of clinicians • Required fiscal responsibilities of the clinic grantor/funder • Employs a clinical director • Outreach for enrollment 3. Performs or obtains a needs assessment to be used for clinic planning related to the service needs and intensity of services 4.Performs outreach to the school and community 5.Implements referral mechanisms for services needed by children that are outside the scope of the clinic 6. Is or has an agreement with an agent that fulfills the above/ Fiscal agent is not necessarily the sponsor.	1. Are there any other roles sponsoring entities should preform? 2. Is there anything listed that you feel should be removed or changed? If so, what?	Question 1 Question 2

Senate Bill 1030
(Chapter 0771)
Blueprint for Maryland's Future
Sponsorship Considerations
Maryland Department of Health Maryland State Department of Education

D. Sustainability Definition What does sustainability encompass?	**Discussion Questions**	**Responses to Questions**
RECOMMENDATIONS		

• Sustainability does not necessarily mean a SBHC is sustainable solely from reimbursement
 	
• Sustainable sponsorship includes:
  • A sustainable system of SBHC services that may be achieved through:
  1. Expansion of sponsor types
  2. Expansion of numbers /locations/use of SBHC services
  3. Aligning SBHC services with data (e.g., a needs assessment)
  4. Existence of SBHC business models that promote sustainability
  5. Sponsor is sustainable and has capacity/strength of the organization
 	
• Adaptable to future changes in provider types that meet all the other criteria of the definition of a sponsor
	1. Anything else that should be added to this general discussion on sustainability?
	
	2. Anything that should be removed or changed?
		Question 1
		
		Question 2

Senate Bill 1030
(Chapter 0771)
Blueprint for Maryland's Future
Sponsorship Considerations
Maryland Department of Health Maryland State Department of Education

E. Challenges to Development of a Sustainable Sponsorship Model How should sponsorship and SBHC implementation and sustainability challenges be addressed?	**Discussion Questions**	**Responses to Questions**
RECOMMENDATIONS		
• Defining and sustaining the role for community providers that fosters coordination of services, collaboration and cooperation and does not actively promote or give the appearance of competition with local PCPs (e.g., recruitment by the SBHC provider to the private practice of the SBHC sponsor). • Information sharing between providers, the SBHC and the school	**1.** What other challenges exist? **2.** What else needs to be said in this section?	Question 1 Question 2

Senate Bill 1030
(Chapter 0771)
Blueprint for Maryland's Future
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What types of sponsoring entities would you recommend (examples: health plans, hospitals, CTOs) to be considered that are not currently authorized in Maryland and why?

How else might we expand the types of entities that can sponsor SBHCs in order to develop a sustainable sponsorship model for Maryland SBHCs?

Thank you for your feedback on this issue. We appreciate your time and expertise. Please return the completed worksheet to: jennifer.barnhart1@maryland.gov by **August 30, 2019**.