School Medicaid Advisory Committee
August 19, 2024
noon-3:00 p.m.
Join ZoomGov Meeting**:**
https://www.zoomgov.com/j/1617445886?pwd=Tnp1TCtGWmJnbFp6c3E3QXJVZ0ppQT09

Members:									
-	Andrea Barnum	x	April Harrison	x	Ashleigh Walters	x	Bob Estabrook	x	Chris Moore
x	Creighton Helms	x	Elsa Flores	x	Eryn Womack	x	Joe Leykam	x	Kelle Hildebrandt
x	Kelly Coates	x	Kim Giansante	x	Landon Braden	x	Leanne Mixa Bettin	x	Lisa Ledson
x	Melissa Reagan	x	Sarah Foster	x	Stacy Michaelson	x	Wendy Niskanen		

Also Present:									
x	Shelby Parks	-	Jennifer Dundon	x	Lasa Baxter	x	Jennifer Smith	-	Aimee Elliott
x	Allyson McNeill	x	Rusha Grinstead	x	Jeremy Ford	x	Lisa Eisenberg		

Agenda Item	Discussion
Welcome and Review Meeting Agenda (20 minutes) Shelby Parks ● Welcome and Opening Remarks ○ Introductions ○ Reminder of who is the chat monitor and time keeper ■ Chat monitor: April Harrison ■ Time Keeper: Kelly Coates ● Review Agenda ● Icebreaker ● Question about recording the meetings ● Confirm Meeting Norms ● Discussed meeting norms from first meeting: ○ Respect everyone's time and opinions ○ Active participation ○ Listen attentively ○ Constructive feedback ○ Own Your Impact	Members introduced themselves and welcomed members who weren't present at the last meeting. Kelly Hildebrandt volunteered to be our chat monitor for today. Members shared their answers to the icebreaker question, If you could be any character in a movie, who would it be and what movie? Chat: Wendy Niskanen: Can you please turn on closed captions? **Recording Meetings:** Members agreed to recording meetings. Chat Allyson McNeill: Recordings would not be posted but could be provided to individuals that request them if they miss the meeting (only SMAC members). And to support note taking. Chat-Chris Moore: Can we have a breakout session off the record? Chat-Joe Leykam: does it comply with Oregon public meeting law? Chat Allyson McNeill: We are not a formal public meeting, SMAC is an informal advisory committee.

○ Know When to Step Up Versus Stepping Back	The members confirmed the meeting norms.
Charter Update (10 minutes) Jennifer Dundon ● Charter update to include decision-making process (at Joe Leykam's request)	Kelly Coates: Question/thought for consideration and may not need to be listed in the charter, places and spaces for not doing a formal vote. As we are vetting and batting things around thinking about a fist to five consensus opportunity to check the pulse in the room. Time and space for a vote is necessary and checking to see how people are feeling, if they are 4s and 5s, and also 1s and 2s having a safe place and space for that conclusion. Shared a link to fist to five. https://t2informatik.de/en/smartpedia/fist-to-five/ Chat Bob Estabrook: Good addition. Chat Stacy Michaelson: I actually think that's a great point. Chat-Sarah Foster: Agree when formal recommendations are being made that a majority vote is a good design. Kelly Coates: Agreeing with Sarah Foster and feels appropriate. Chat Wendy Niskanen: Perhaps work toward consensus before a vote Chat Joe Leykam: Agree - thank you all for entertaining this addition. Chat-Kelle Hilldebrandt: Agree with working towards a consensus before a vote. Tally of votes from chat to confirm update to charter: Ayes: 12
Updates on Trainings, Webinars, Resources (20 minutes) Shelby Parks/Jennifer Dundon ● Summarize phased approach ● Upcoming webinar series ● Outline for updated SBHS Manual	**Phased Training Approach** Chat-Chris Moore: Will there be an opportunity for our group to make policy recommendations? Chat-Stacy Michaelson: In line with Chris' point, I understand the current OAR proposed changes were already underway by the time this group was convened, but I think it would be helpful to level set expectations of the role that this group may play going forward in the development of any proposed OAR updates. Chat-Rusha Grinstead: We will definitely work on detailing out those parameters more to bring back to this group. Chat-Kelly Coates: Just a note to second Chris's and Stacy's request. The timing of the OAR reviews in the spring didn't work

with my work schedule, so having a chance to review them would be helpful for context.

Bob Estabrook: Wondering if the training approach is geared for two audiences, one who knows what to do and wants to know the changes and the second being ones who don't know much and hoping to learn more and start billing.

Shelby Parks: Appreciate the input, it is both. The goal is to increase entities who are billing.

Joe Leykam: Training approach is ok. Wondering about the focus on ESDs and the diversity of what ESDs offer their partner districts is wide, the compensation structure in this is unspecified and often undetermined. Experience with partner districts is wide and some have a ton and some have none. Is there a way to offer this more broadly, that trickle down model results in diverse experiences. In some ways CCOs have diverse experience too, especially geographically, and Oregon has a long history of diverse and local control and how can we offer this to districts too and don't want this info second hand.

Shelby Parks: This is a phased approach and information will go out through the list serve and we would like SDs to attend the training and how can we get that region in to provide that training. Joe, do you have any thoughts about how we can possibly increase that?

Joe Leykam: Partnerships through here, lots of people here. We can have some discussion about other educational systems that can distribute information, COSA, OSBA. Doesn't want to cut the ESDs out.

Shelby Parks: We want all your input and how we can get this information out.

Chat-Ashleigh Walters: Because COSA was mentioned: The organizers for the COSA Special Education conference this fall have an active call for presentations addressing/discussing Medicaid. In case anyone is interested in submitting a proposal, the Google form can be found here: https://docs.google.com/forms/d/e/1FAIpQLSdWqz1XrRychEv4qYHKvBsaA4jNi4ycuyRkon735kUhhcDTiA/viewform

Discussion on ESDs as Regional Support:

Chat-Stacy Michaelson: Correct me if I'm wrong, but my understanding is that, with limited staff at OHA, the hope is that

	we can bring along more of the ESDs to get them to a point of being a better support for their local school districts. Bob Estabrook: Taking inventory about where the ESDs are starting from. How to communicate and lift up this information and to continue this momentum. Landon Braden: Giving recognition that relationships are different across the state. I had a question and what does regional mean? Shelby Parks: Great question, and would like your input on that but we are looking and thinking about ESD regions that are already in place. Chat Allyson McNeill: I believe we are thinking about ESD Regions. Landon Braden: Look at resources that are already in place, regional hubs already exist, early learning hubs are very successful, REN hubs, relationships between ESDs and SDs is hard. Multiregional approach might be more successful to break down that communication from reaching places that might not get that information. Kelle Hildebrandt: To Joe's point, if you know one esd you know one ESD, and ESDs can play a pretty important role and the regional work they already have, natural regional work and a good place to start, some ESDs haven't done anything with Medicaid, and Medicaid hasn't been an initiative that has been focused on. If there is structure that is put forth that could help. Think about what work has already been brought. Chat-Kim Giansante: Our ESD has a monthly meeting with all Sped Directors with the 16 local school districts and include EI/ECSE - great place to share info. Chat April Harrison: SOESD also meets monthly with sped directors. This would be a great place to start for us as well. Shelby Parks: Looking at the communication hub, and posing to the group, if we disseminate the information out to you all, would you be able to spread the message? We are looking at ways to get the information out so that individuals have these resources. Thanks for your input. Group communicated meeting resources and how to disseminate information and communication such as ESDs meet monthly.

	Stacy Michaelson: Meet monthly with SPED directors and cabinet members also meet monthly and would be a great space to meet and communicate information. Being able to disseminate information out about at business manager meetings, leverage geographical regions that are already in place, SPED directors. Commenting about geographic divisions that COSA and OSBA are using. Landon Braden: Thinking about the differences in regions and ESDs function from ESD to ESD. Different regions versus rural, and a difference in WESD and Wallowa ESD, the function that we play is different in how we support our communities. Joe Leykam: Bear in mind-how do we develop a broader system as a committee, how to trickle out, diverse and people are going to do it in a variety of ways, think about what the good messaging is and how to get the core message out and not get locked into one system. Think about how to craft a message about how to highlight how Medicaid works and how SDs can get reimbursement for services they are providing. Shelby Parks: You will be our Medicaid champions! We want to get this communication out as transparent and consistently as we can. Chat Kelle Hildebrandt: Would it make sense to use the same regions as CCO regions? Chat Kelly Coates: CareOregon : Replying to "Would it make" I like this for consideration, Kelle! Kelly Coates: Thinking about aligning what Kelle H. said and with CCOs and how to provide resources and leaning into CCO spaces. As we are looking at the way these are resources and supported and how SDs say this is great but where to start. Offered to help and support. Kelle Hildebrandt: Commented about CCOs and ESDs and that Bhavagati Mullock has created a map that has ESDs and CCO's and how the regions fit together. Looking at the maps and seeing who you can work with. Aligning the resources so it is not so mind numbing and who you can reach out. Shelby Parks: Yes, thank you! Why should we create the wheel if there are already resources out there? I will try to find that map from Bhavagati. Chris Moore: Volunteered that he would place the presentation from COSA with the map into the chat. Partnerships Supporting Health in Education: COSA June 2024

https://drive.google.com/file/d/1e3KGS7ynu6dHYrmhHUGdzpB7StinVRtg/view?usp=sharing

Stacy Michaelson: Commenting about the challenges about the difference between the different Medicaid systems between school based and health care. Be clear with both audiences about what Medicaid they are talking about and their particular role fits into the equation.

Chat Bob Estabrook: "Strongly guided" collaboration would be awesome

Shelby Parks: Thank you for that point and it is important to be clear about roles.

Joe Leykam: This is the most functional conversation across ESDs, private partners. and CCOs I have ever been a part of. Oregon is a diverse space and personalities matter. A diverse way of communicating with people and how to get the message out. One of the strengths of this group is the variety of spaces we come from.

Kelly Coates: With CCOs and part of CareOregon, part of it is they don't know where to start and they piecemeal things together because there isn't a clear entry point.

Chat Kelly Coates: I would suggest that is an area for improvement for us as school systems. Even internally we are incredibly siloed and if folks have a conversation with one department head at a district, there is no guarantee that is shared across others of the district. And on the other side, I would say health systems and health spaces do the same. Siloing happens, hyper focused spaces where small efforts are fostered happens, and it makes it hard for the bigger picture attempts at cross-sectoral collaboration to be successful.

Outline:

Chat Jeremy Ford: Put the Manual into the chat.

Landon Braden: Main point of the group and building this map is to essentially help make these resources as open as possible. Is there a way to communicate to those who are interested a good way to access it and have permission to not be an expert if they don't want to be. If you get to technical people have a hard time completing it. How to articulate that we aren't expecting them to be experts. Biggest barrier is how complex Medicaid is.

Shelby Parks: Thank you for your input and we will take note of that Landon. It is important to start small and go slow.

Wendy Niskanen: If we write technology I think then we outline technology because for nurses who will be participating in some of this we need to use the nursing language and nursing data points. OSNA is doing a crosswalk document to define the word thorough, so that people understand building out a health module that includes the info we need for Medicaid billing does not allow to deliver the best care and chart according to their licensure. I strongly suspect that an EHR which supports documentation of school nursing clinical practice which uses nursing language and data points will improve retention of school nurses. Lack of documentation support is a significant factor in nurses leaving this specialty practice of nursing. Technology needs to include inoperable systems in the billing software and Electronic Health Record. If we have systems like SEAS and DSCTop and where health professionals can document but it doesn't meet the needs of their licensure. We need appropriate health documentation records and technology. Student information systems, Special Education Systems, Medicaid Billing Software, and appropriate EHR we need to do it right. We need to have a separate work group about what that means.

Chat Kim Giansante: There may be some differences between EI/ECSE services and school district services - especially around evaluations as one example.

Chat April Harrison: I agree with Landon. Small districts don't have capacity to become experts, or even deal with this topic in any way. This is why the regional ESDs taking on the work would be extremely helpful and would then make it a financial benefit to more districts.

Chat Sarah Foster: Is this to update the "current" School Medicaid Billing manual on the ODE website?

Shelby Parks: Sarah, yes this will be updating the one that is on the website.

Chat Bob Estabrook: Extending on Landon's point, I think a quick map of what "manual" you need depending on your role (tech manual for the folks actively doing billing work, guidance "manual" for leaders who need to build partnerships but not understand all the mechanics, etc.) would help explain what/how to put things in the manual.

Chat Chris Moore: Is this the document to include "Historical Barriers"? Context matters...Definitely fits with the "leadership" manual but less so the "technical" manual that folks who've just been told "do this" don't need.

Chat Lasa Baxter: Chris Moore, can you expand? Is there something specific you may want addressed within the realm of historical barriers?

Chat Chris Moore: Replying to Lasa Baxter "Chris, can you expand..."Yeah, just giving some context about why it's been so challenging, why many districts dropped the practice in the early 2000's etc....so we can then share the success stories and shape the path forward which must also include reducing administrative burden, increasing technical assistance, providing startup funding for FTE to coordinate the program, and enhancing partnerships with local CCO's to integrate with EHR platforms for greater efficiency.

Shelby Parks: Thank you Chris, I will take a note of that and will get back to you.

Chat Bob Estabrook: Is this the document..."Definitely fits with the "leadership" manual but less so the "technical" manual that folks who've just been told "do this" don't need.

Stacy Michaelson: Medicaid is complex and the history of districts saying it is too hard and you hand over a 100 page manual and folks dont have time for that. We need that manual for those business folks and give the people what they need to know in a feasible document. This reads as a very technical manual, and it does not market why we should bill Medicaid. Try to steer clear of the weeds.

Shelby Parks: Thank you, those are really great points. Jennifer was thinking that this is a place where individuals can find the resources and information they need. It is not just one big document, it can be, but people can look at just the information they need.

Chat Stacy Michaelson: I totally hear that, but I think if folks open a doc that is massive, you've already lost them

Joe Leykam: The only part I would really say here is that it looks great and I expect the state division to do this because its rules are written out. I think we need the opposite, which is how this crosswalk with how and what SPED is doing and what Medicaid can do for that-needs to be easy to access and how to do a 100 course. Important to name that it needs to be very easy and for us it is introductory and for others it is a 300-400 level college course. We need a 100 level course.

Sarah Foster: I agree with the sentiment and understanding and experiences that have been shared. I would like to offer that we do have and have built out two documents that will speak to

	that larger umbrella and a high level overview and feasibility and readiness documents as a general place to seek those. Including those at the beginning of this manual might be helpful and as a general place to seek those. Once you are engaging with a SD and whether they want to participate then you can roll out the rest of this manual. Members are in agreement with 100 level information. Adding success stories from SDs would be great too. Chat Bob Estabrook: Agreed. We need to think in terms of the content that is more regularly used while this is the reference manual for people who know enough to know what they're looking for. Chat Landon Braden: Keeping focus on benefits to kids and families are the most successful strategies we have in getting and keeping districts engaged in the work. Also, being transparent with where the Medicaid resources are allocated keeps people passionate because it makes them feel like they are contributing (which they are) to improving the series. Chat Sarah Foster: Can ODE bring forward onto the Medicaid webpage, those Feasibility and Readiness documents to make accessible to the larger audience. I believe they may be linked in the current School Medicaid Billing Manual but are not top of mind when you view the website. Just a thought....
Break (10 minutes)	
Senate Bill 1557 Report (40 minutes) Jennifer Dundon/WestEd ● SB 1557 Overview (Jennifer Dundon) ○ Report required per Section 8 ● Share survey results, provide summary of engagement and themes (WestEd) ● Input on key findings and recommendations	Chat Stacy Michaelson: Did we differentiate between fee-for-service and MAC billing? That also makes sense given the previous limitations on billing for those services. Lisa Eisenberg: That is a good question, Stacy. I believe the context of the survey was direct services program and did not include questions about MAC. Chat Stacy Michaelson: That also makes sense given the previous limitations on billing for those services. Chat Joe Leykam: For the data nerds out there, to meet a 95% confidence interval with this response rate the Margin of Error is +/- 10.6% Pretty big swing on the data for us to consider with the responses (even on those prioritized lists). Chat Landon Braden: Fantastic information - Thank you for mining and organizing this for us.

Chat Wendy Niskanen: OSNA : I strongly suspect that an EHR which supports documentation of school nursing clinical practice which uses nursing language and data points will improve retention of school nurses. Lack of documentation support is a significant factor in nurses leaving this specialty practice of nursing.

Chat Stacy Michaelson: So thrilled to hear that Lisa E. My one concern I was going to name is that many responses were likely based on the system as it has existed and is not reflective of the changes that are just now underway, but that will likely address some of those issues raised. So thrilled to hear that the work being done is going to be highlighted in the report. Also really appreciate the focus on necessary investment to move the work forward.

SB 1557 Report Recommendations Discussion:

Landon Braden: I appreciate your work on this and it is good information. The slide with the pie chart about who is doing it, the ones that said no, was there a follow up question as to why? And I almost bet you they are related to the barriers. I appreciate and listen to the suggestions and if we had the ability to help with administrative burden and hiring it would dramatically increase our capacity to bill. We are just ramping up our MAC survey and what I have to do to make this work is our own staff and I take those resources and pay for that position. The ESD is self finding that to make it work and it is the biggest barrier. Huge info as a recommendation and to push that forward.

Lisa Eisenberg: In response to Landon's question about follow-up question about why. Yes there was. I think that the barriers included it being too hard and it doesn't work for us.

Bob Estabrook: Question and a comment, I was thinking about Landon and a lot of the barriers are barriers of entry but once you get going you don't have the same set of barriers as before. Start up costs and if we could get people over that hump and once the process starts going it becomes a different equation. To what extent had that come up in the survey or at all, and the comment that maybe that may be something that is worth saying more about in the report and in terms of barriers and they aren't necessarily ongoing but barriers to entry that will fall out of the equation.

Lisa Eisenberg: I am curious as a follow up and first glance. We did not separate the response between those who were participating versus those who are not. I am curious of the barriers we described, Bob, or anybody, are those start up barriers or ongoing consistent barriers.

Stacy Michaelson: In response to Bob, I think it is a yes and training is somewhat always on going with turn over and front loading with training and we need someone to coordinate medicaid billing and if we don't have the finding coming in that

	is another barrier. It may be a couple of years before we hit a rate of having sufficient reimbursement. Comment: Calling out some of the data and sometimes billing doesn't offset and that is helpful to see and an explanation as to why we should be increasing billing but we don't want to mandate a bill saying we have to bill for everyone because it doesn't always work with time required to bill. Question: one of the things I've heard with local SDs is the historical barriers and before my time in this space but I have heard about SDs who have billed and got audited and had to pay back to the feds. Has there been a fear of the audit or within the responses? Is there a pool of funds where we can give SDs a sense of security if they had made an honest mistake to buffer. Lisa Eisenberg: I want to respond to part of that that is your question. I can go back and commit to going back to the responses. I do not remember reading the audit responses and seeing if they are there. Chat Landon Braden: Are there conversations about piloting this structure or more of a state-wide rollout? Like Turbo Tax - help guiding through an audit? Chat Sarah Foster: Is there any information we can prepare to share out to districts about negative audit experiences to show how many LEA audits have occurred since the "great audit" of the late 90's that could change perspective? Kim Giansante: One of the challenges I perceive is the challenges with all the technology systems and how it is more successful with the EI/ECSE world having the same system. It is an unpopular discussion with the SDs but something to think about and learn about all the different systems since they are not the same. Lasa Baxter: Between all the comments everyone has landed on what I was being commenting on. Some context, I would be curious as to the barriers that are starting barriers versus on going barriers. We have talked about how, on our end of things, how do we secure and how does legislation have to get involved to secure funding in order to help. Let's say there is an application process to apply to help with initial barriers such as onboarding and technology and hiring someone until programs are developed and adding additional Medically Licensed Individuals. Curious, there is a lot of focus on how difficult it is and how we can have talked about a statewide system and it is my understanding we would need to have legislative support and what is the role of this group and how can we have some influence there. I want feedback from the group. It is one of the biggest barriers. Second question about audits, we haven't had paybacks in Oregon except for Eagle Point for several decades, I haven't heard about a concern with audits and I am curious about it.

	Stacy Michaelson: I can answer and I have heard it from SDs but primarily my association colleague that have been around and there is this lingering lore of districts got busted and they owed back a bunch of money and we are nervous, not sure if it is a valid concern but debunking that would be great. Lasa Baxter: PERM audit and Oregon has been highly successful. One district had one district and it was a transportation related audit claim and it was pretty minimal. There is an ability to self report and correct. I haven't thought of this and how it could be a barrier we haven't considered. Lisa Eisenberg: The connection between the lore and the audit impacts is not unique to Oregon and is really fascinating to hear it come up in this group as it has come up in other states as well. Chat Stacy Michaelson: We have planning grants for things like school-based health centers, maybe we could create a grant system for districts that want to pursue Medicaid billing. Chat Stacy Michaelson: I know we're close to time. Just have some pertinent thoughts to add regarding legislative engagement, if Bob doesn't make those same points when he goes Joe Leykam: Referring back to an earlier question from Lasa, as an opportunity to go on record, hey legislature this needs to be as clear and simple as possible for districts, Simplicity in this process reduces risk for everyone and reduces cost overall and a thing in Oregon we sadly struggle with and over engineer at a state level and is so complicated. I do want to say that 30% is a small amount of participation and that is how surveys work. I want us to caution some of the general answers with this data set because 70 didn't participate and with the pie chart is hard to make. Behavioral health wise, we need massive more investment in training programs and as someone who is with a new training program there are caps to grants for students in a training program in BH. HIgher Ed is just getting in the mix. There's potential to grow more therapy and BH programs and that is really good. I would also want to know with those SDs and their BH concerns are they thinking about treatment concerns or treatment concerns and abbreviate day concerns and placements Lisa Eisenberg: Joe I appreciate you calling out the small slice of the pie that is not interested in billing and how that is represented. Bob Estabrook: Drawing a line between legislative engagement and prioritization and what Joe is saying about not hearing about everyone we would like to. I think that when the topic comes up people get excited for free money and a way to bill for it but the actual mechanics when put up against all the other things the legislature already told me to do I am not going to do Medicaid. There are other things that are interesting and Medicaid gets

pushed back and there is a lot flooding the zone right now and asking a lot of people to take this on. We need to be pointed and realistic about what we want the legislature to do, we want some momentum on this topic and we all know it is important but there are a lot of things they will find more important.

Chat Chris Moore: Because Behavioral Health is a top three issue for most legislators, I wonder if partnering with them to elevate this issue as a strategy for a more efficient and effective continuum of behavioral health care in schools and the community might be helpful, e.g. "help us be better stewards of our limited resources with an investment in tech and tech assistance infrastructure..."

Chat Sarah Foster: The folks who are joining the OHA monthly discussion are primarily those already participating. Getting some sort of information to clarify audit findings is important to change the narrative.

Chat Wendy Niskanen: Were there comments about the reinvestment of funds r/t workforce frustrations around doing increased work to bill for services and funds not being re-invested in health services? I hear those from licensed school health services professionals. See Lisa's answer below.

Stacy Michaelson: In response and echoing Bob's Comments and especially when it comes to investments, I have been on both sides of this policy issue education and human services, and there are also some last things that get buttoned up and unintentionally pitting one against the other and hard to make the connection between the two. One question I had is clarity around roles? There are many of us in this space who will and do advocate. This is not an official meeting and we know the agencies folks in the room, all have to submit legislative suggestions and requests and get blessed. What actual authority do we have as an advisory committee to put forward recommendations under the banner of the SMAC is making these recommendations, and to what extent would that need to be coming from us in this room to be able to do advocacy, official advocacy, to put a pin in, Rep Neron based on recent conversations has been planning to get updates from the agencies about this group and this could be a backdoor space about where this conversation is going and trending. We can highlight what the group is talking about.

Lisa Eisenberg: I do not have an answer as to the role of SMAC, I defer to ODE and OHA colleagues, the report is from and is co-written by ODE and OHA and the decisions written in the report are from the agency's staff. We are finalizing the recommendations this week and if you want to advocate for a particular recommendation you can do that here with ODE and OHA and if there are things that do not end up in the report defer to ODE and OHA and this committee.

	Chat Stacy Michaelson: In reference to Lisa E.'s response. Sorry, I was hearing that as a broader question about the role of this group generally. Not just for the 1557 report. Landon Braden: As far as strategies and implementation and funding positions, a lot of people say it's this or that. Start up funds and grant funds would be key and a statewide and an internally supported effort instead of simply asking for more money that might be a way to be more creative and to get it off and a way to support it. Chat Wendy Niskanen: I hope you will pull in those comments about reinvestment Lisa Eisenberg: In response to Wendy, about the reinvestment of funds conversation. Yes, that did come up in the survey and did get called out by a number of respondents and we filed it under the administrative guidance about those dollars being reinvested into the School Health Services.
SBHS Oregon Administrative Rule (OAR) Update (40 minutes) Jennifer Smith ● Notice of Proposed Rulemaking (Language has changed based upon feedback, and a summary of changes will be provided before the August 19th meeting.) ● Update on process (timeline, effective date, implementation date) ● Summary of engagement and changes made ● Input on specific areas ○ Individual Plan of Care ○ Behavioral health (Definitions and Coverage) ○ Documentation (Coverage and Medically-Qualified Individuals)	Chat Joe Leykam: Absolute kudos for the expansiveness of the BH services included Jennifer. Really appreciate your efforts there. Chat Landon Braden: Ballpark on TSPC lic. folks being added? Jennifer Smith: Ballpark is 2025. Once we get through this iteration and we have a lot to research such as TSPC scope of practice and what is allowed and we hope for that to be in early 2025. The phase approach is a good thing because it is a lot of change all at once. I need to research personal care services and that is a huge program. Chat Stacy Michaelson: Maybe hard to answer at this point, but do we need to worry about how those documentation changes may impact the TSPC conversation? Stacy Michaelson: Some additional context, medically qualified and CF regs, school space but I am wondering if that may cause a future hiccup with the scope if TSCP licensed folks and is different then a clinical license and those requirements. And at a federal level those requirements and what does this conversation look like for billing and documentation. Jennifer Smith: That is a huge part of the research that we still need to get through for TSPC and engagement. Joe Leykam: I mean, speaking to that directly, states are given latitude to determine qualifications for medical professionals with federal medicaid law so in Oregon we are still one of the states that has unique identifiers for behavioral health professionals and QMHP certificates systems allows unlicensed associates with medical degrees QMHA as a bachelor's level equivalent as a template to use and as Oregon we have

deputized these kinds of professionals with these qualifications who may not carry a state license through a traditional medical board to do that. There is great work in the THW setting and there is a huge amount of that happening in the CCO space and how to fund. There are folks doing allied work and you might not have to start from scratch.

Chat Kelly Coates: I second the THW exploration.

Jennifer Smith: I will make sure that I will connect with those folks on the OHA side.

Chat Lisa Ledson: Can we be provided with these slides?

Shelby Parks: Lisa, yes we will be providing you the slides.

Discussion on Behavioral Health Supports OAR 410-133-0040 Supports and Feedback on Language:

Joe Leykam: I think this is good I would also say, nothing in the SB feedback is outside the scope of current BH expectations under 1915i for BH and they are not realized because of the staffing issues. These exist and we could do these under the BH laws but there is not enough capacity to do these at the current staffing level and these are so low on the work force list and can't ever get to it.

Jennifer Smith: I agree with you, Joe.

Landon Braden: is the SB section where it mentions school counselors or psychologists and how is that connected or related to TSPC license statement on the previous slide, will that be 2025?

Jennifer Smith: We are looking at the second bullet, you mean that it brings up school counselors and school psychologists and they are not yet recognized as billable practitioners in the school setting. If we include it here that gives us the opening when we do include them. We want to get the definition right, and this is the definition even though they aren't billable practitioners yet in the rule and this keeps us from having to go back and change them.

Chat Stacy Michaelson: I think "may include but not limited to" language is ideal in any case so that we don't run into an issue where our own rules turn into a barrier.

Jennifer Smith: I agree, absolutely.

Bob Estabrook: In reference to non-licensed staff and BH language: I think my question is similar to Landons, and this is good comprehensive language and includes a lot of what can potential be done by non licensed staff and as a representative of non licensed staff we want to bill for that but I am leery of us including language that may create or get sideways because it

was done with a title versus a specific profession and it creates complication in billing. Hopefully this language is good and the billing manual can help guide and I am anxious about that.

Jennifer Smith: I am taking a note. This rule also, and all of our definitions align with the rule book and proposed rules and what I will tell you about the medically qualified individuals in the rule book is that we have one specific rule that is medically qualified individuals and every single license or unlicensed individual that may provide a services even if they are supervised by someone else is listed as a recognized provider under SBHS. I am not sure if we go over it here and I think there is an element of it here in the BH section.

Landon Braden: is that similar to the idea behind delegated nursing services? And the initial practice is prescribed by the licensed person and they are carried out by the licensed person.

Jennifer Smith: Yes, so one of our recognized providers under that rule is an UAP under nursing care.

Chat Sarah Foster: I will be interested to see how these rule changes around behavioral health will engage with OHA Provider Enrollment.

Jennifer Smith: Yes, because that is a requirement that our supervisory level professionals must enroll with OHP and be listed as a referring provider on the claim and I am sure most of you are aware of that. I have engaged with our provider enrollment team and have provided them a list of providers who will be enrolling for this purpose.

Sarah Foster: In reference to provider enrollment with updates to the rules and providers: Thank you very much for considering that and it will be some things that we have to iron out to walk that space as we begin to experience what these changes look like. It does bring to my mind that to be clear when we are engaging with SDs that a UAP official working under the RN license and what that dynamic looks like. We are listing a lot of TSPC related staff and what that will look like with provider enrollment.

Jennifer Smith: Yes, that is important to keep in mind and NPI enrollment and OHP.

Chat Lisa Ledson: Are you talking about NPI enrollment?

Lisa Ledson: Sorry, I don't have the ability to raise my hand on zoom at the moment. That was my concern about the NPI part of it. How hard will it be to change once we need to?

Jennifer Smith: It is also my concern and that is why we are not throwing them in right now and we are getting in on this iteration of the rules and then digging deep for TSPC. The TSPC license individuals will need to enroll with OHP and we need to

know what it will look like and we will need to look at scope of practice but they will have to enroll and document and do what is expected for those services and a lot to look in to.

Chat Joe Leykam: I think this is where the THW process could help us.

Jennifer Smith: I agree with you Joe and will reach out to those individuals.

Chat Sarah Foster: What is THW?

Chat Landon Braden: School counselors being able to bill will be HUGE!!

Several from the chat commented on Traditional Health Worker.

Chat Lisa Ledson: Yes! HUGE!!

Jennifer Smith: THW is Traditional Health Worker

Behavioral Health Treatment Rule Feedback: No comments.

Medically Qualified Individuals OAR 410 130 0120:

Chat Joe Leykam: unlicensed social services staff who interconnect with health services. Jen, QMHP was on the list correct? And is QMHA correct?

Chat Kelly Coates: Would you mind spelling the acronyms, Joe?

Chat Joe Leykam: Jen, QMHP was on the list correct? And is QMHA correct?

Chat Stacy Michaelson: To be very specific, is there a space where our school aids would be doing work that could be covered here, because if so I don't believe the language listed covers them.

Stacy Michaelson: I suspect Bob's members will primarily align with personal support workers. Under BH will we see our classified staff do work that is billable? School health assistants bill under the school nurse and they are classified staff. Is there a space here for classified staff that we haven't accounted for? Do we need the equivalent under here in BH? In reference to OAR 410-133-0120

Chat: Sarah Foster, NWRESD : I agree with Joe.

Chat Landon Braden : These would be folks who can "prescribe" services but could those services be carried out through delegation? Much like nursing services?

Chat Lisa Ledson : Thank you, Stacy and Bob.

	Jennifer Smith: In response to Landon: These are just the BH ones that were edited and added. Yes, like I said there is a UAP similar to the license board. Lisa Ledson: I have that question too. Chat Leanne Mixa Bettin: Agree with all these points, thanks everyone. Chat Joe Leykam: Agree Stacy, I would love to expand the definition and there is SIGNIFICANT resistance from the larger Behavioral Health community. Landon Braden: I thought QMHP was under this list as well. Joe Leykam: I thought QMHP and QMHA were on this list as well? Am I making a mistake in my reading? Jennifer Smith: In review, and I will go back to them. In review, I worked with our Child and Family Behavioral Health team and when we talked about QMHP and QMHA they agreed that would be a consideration but I didn't need to list them here because it would be encompassing those individuals. If that is not correct, I can go back to them and ask. Joe Leykam: With respect to Chelsea and her team we need to spell that out. It is a bachelor's level qualification that will likely apply to classified staff across the rules and those serving in roles to behavior when it comes to student day to day management. And this particular category of folks if not included can be missed in billing and could be denied in the future. They are spelled out in the other OAR related to this. My recommendation is to put them in names that will also cue what those credentials are in school systems and who can hold that under defined rules. Jennifer Smith: That makes sense and I am writing a note down for that. April Harrison: These are the people who on the previous slide individuals who have been identified (Medically Qualified Individuals Slide), are these the only ones who have been identified who would be able to bill? Jennifer Smith: These are the individuals that can provide BH supports and or treatments. April Harrison: On this list these are the people who can provide the treatment and this would take out any of my SPED people and none of them would be billable? Jennifer Smith: Unless they are recognized as a provider here, I will look at QMHP and QMHA again. And TSPC licensed individuals will be coming at a later iteration.

April Harrison: Okay great I was looking at this list and thinking it doesn't help most of us at all. But we will wait for the next piece.

Jennifer Smith: Stacy, I did see your comment in the chat and have noted it.

Bob Estabrook: Folks who are neither TSPC licensed or licensed by the professional board but who are delivering the services identified on an IEP and a SPED assistant or fill in the blank, but if it is someone who is unlicensed providing the services we want to make sure they are able to bill. Delegation that nurses can do and we need to call it out specifically and any individual who has provided services and is doing the program of care can do it.

Jennifer Smith: I agree with you and that is my goal and I will need to connect with our Child and Family Behavioral Health on those, thanks.

Stacy Michaelson: To continue, I appreciate Joe raising the QMHP and QMHA and that the people Bob and I are talking about don't meet those qualifications and is not funding for that up front costs for them to meet those qualifications and if you make it possible today with the rules that is the goal if at all possible.

Jennifer Smith: Thank you, Stacy. I will see what I can do.

Wendy Niskanen: I want to note that there is a place in rule where it talks about a RN with certain additional training can also function as a QMHP, does that live somewhere in here? Even if we aren't talking about the typical UAP and there are new staff where they aren't teachers and they have a Bachelors and get their QMHAs, is there a way to add those as they do a lot of our skill building.

Jennifer Smith: Yes, I will look at that as well. Thank you, Wendy.

Chat Bob Estabrook: Happy to join in an offline conversation about this too, if it's helpful/we need to split hairs in this area.

Chat Stacy Michaelson: Those pesky scope of practice fights!

Chat Joe Leykam: Agree Bob, perhaps we can arrange some offline discussion in order to allow us to move forward.

Jennifer Smith: In reference to Bob and Joe's comments in the chat: I appreciate that Bob and Joe, offline. And I may reach out in the near future and arrange that once I connect with the Child and Family Behavioral Health team.

Chat Leanne Mixa Bettin: I'm also wondering about CDAC I and II licenses? Is that a similar "category" as QMHA and QMHP?

Jennifer Smith: Leanne, if I am not mistaken those may fall under QMHA and QMHP and I am not positive and will check on that.

Joe Leykam: In reference to Leanne's and Jennifer S. comment. Certified through the same state agency, MHACBO- Mental Health and Addiction Certification Board of Oregon, they get all of those non formalized licensure under them.
Jennifer Smith: Great.

Chat Lisa Ledson : Replying to Bob-I would like to be a part of this discussion if possible.

Chat Stacy Michaelson: For reference for folks, QMHA certification requires hours of supervision and, for some, specific degree requirements:
https://www.mhacbo.org/en/certifications/

Jennifer Smith: Thank you Stacy for your comment. Any additional feedback on the rules? I welcome any and all feedback.

Feedback Discussion On Rules:

Chat Leanne Mixa Bettin:
ttps://www.pcc.edu/programs/addiction-counseling/certification-functions/certification/

Chat Lasa Baxter: All of these categories of medical discipline will affect cost structure (per category).

Jennifer Smith: Lasa has a comment in the chat, yep that is correct.

Chat Stacy Michaelson: In general, these changes are huge (and more so once we get TSPC-licensed folks added)!

Chat Bob Estabrook: Especially if we're able to bill for all service providers, including classified, it really expands the potential reimbursement for districts and makes billing more economically viable.

Landon Braden: I am giddy and not a word I use to describe myself and this is really really good work and all the comments about who to add and it makes sense as these are the people who are serving our schools. The medical and school world can be tough and the level of detail and specificity with the level for districts is wonderful.

Jennifer Smith: Thank you Landon, I appreciate that.

Leanne Mixa Bettin: For those of you who were at the MAC in May and we talked about the safety presentations at ESDs and compiled a list that many staff are doing at districts thinking they would be billable for MAC. Once those folks attend then they implement them in the schools and I am wondering if this and implementation of attending those trainings be direct service now and the trainings still fall within MAC? Making sure that

there is any other language we need to include and those staff who are doing those training are meeting with kids and families and how can we get them to bill for those services and make sure that is captured here as well.

Chat Kelly Coates: I'm seconding Landon's enthusiasm and opportunities for thinking about grants and workforce development opportunities through CCO partnerships (to take us back to our conversation from earlier). Specifically, I am thinking of some of the potential THW opportunities.

Chat Stacy Michaelson: Not something that was on my radar, so really appreciate you all pointing that out.

Jennifer Smith: Yes, and I know quite a bit about direct services and not so much MAC. I am going to rely on Lasa to help.

Lasa Baxter: Leanne has a valid point because what we are thinking is a positive for FFS has a huge impact on MAC and can draw an easier pathway for billing MAC for services that are currently billable through MAC. The concern is what all is covered under MAC vs FFS and to make sure not to have duplication. Pulling these folks over that are in our cost pools for MAC and in my opinion is much less cumbersome for billing, are we pulling away dollars that are already reimbursement there and pulling them into a much more difficult platform. Very valid conversation to be had especially when there is no licensing board for those and those programs are able to bill for those things already including care coordination, monitoring, and training and I am grateful you brought it up Leanne.

Leanne Mixa Bettin: The whole purpose of this is to maximize and find places that we can capture more than what we already have. Now we are exponentially creating more complexity and we need to think about that and the impact and to think ahead about what to expect.

Jennifer Smith: Thank you Leanne and Lasa.

Lisa Ledson: I had two questions but you both collectively answered them. I share Landon's excitement especially as a parent. Shared excitement as a parent who will be in an IEP for one of her two children next week and it is slotted for three hours and it has 17 members, and when, I just think it is a lot, and from a parent perspective of what we are doing here and hope that all 17 members will be captured and reimbursed and represented for their work and she doesn't have anyone on the mental health team and no mental health provider on her team of 17, so we, there are so many titles that I really worry about us not capturing and I do want it to be easy for everybody including the parents and for me that is money that is funneling money into this. Thank you.

Jennifer Smith: Thank you Lisa, and thank you for sharing your experience and I completely agree with you. We will work on making things as easy as possible, it's complicated. Are you ready Shelby?

Shelby Parks: Yes I am, it is the highlight of my day.

Jennifer Smith: As simple as possible, and as complicated as necessary.

Lisa Ledson: Yep, I feel that in my core.

Chat Landon Braden : Thank you, Lisa.

Chat Joe Leykam: Snaps to you Lisa

Discussion and Comments about MAC, FFS and Rules:

Bob Estabrook: Thanks everybody and briefly to take this point about where the best approach is for doing the billing between MAC and the other side, I think from a rules perspective please lets include everything and make sure we are being as complicated as necessary and on the side of simplicity and as we bring other folks into billing, a little more of do it this way and here is the shortest most direct route to getting the billing program going and where we need to focus energy because even if they could bill in 16 different ways and there is really only one way that is important then that way we dont get caught up in other things.

Jennifer Smith: Thank you for that Bob. I foresee that coming more in the frame of guidance as we move forward, guidance and best practices. Prescribing that to a point but not necessarily a rule.

Landon Braden: This group has such a good perspective and it warms my heart Lisa to hear about your daughter, and I have been in lots of those meetings. Highlight for me and take a good long look at those meeting and the people at those tables are on the list and also to note but I see the nitty gritty and the detail and in the weeds and it is our jobs to flush out and how will I serve the districts in my region and Ican be a part of these alphabet soup and how to make it easy and accessible and us that are behind the scenes capturing and building this map. I also see myself as someone who is the filter and I wont pass those hard things on as I am the one who passes what flows and my intent is to make it as easy as possible. I will say here is what you need to do and the resources.

Jennifer Smith: Yep, I agree. Thank you Landon.

Chat Joe Leykam: My only "other point" here that I would comment on is that there is significant pushback on this work from Community Mental Health Providers and existing behavioral health systems. I have personally experienced pointed

comments about how schools should not be in this work from leaders in the BH space. It is worthwhile to consider that what we consider a positive development in services for youth, is seen as a threat by others.

Jennifer Smith: Thanks Joe for your time. Time Check. We may be able to talk offline about some of this. IPOC, I am going to go over it quickly. We have been able to do IFSP/IEP and CMS has a prescription for health services and encompasses all those plans into one term. Here is our definition of IPOC.

IPOC Rule:

Chat Stacy Michaelson: Would it be helpful if we could compile a list of all the folks and then clearly identify who is already captured where (MAC vs direct service), and who needs to be added (and where)?

Chat Lisa Ledson: Replying to "Would it be helpful from Stacy Michaelson...": That would be helpful.

Chat Kelly Coates : Replying to Joe Leykam "My only "other point…": I appreciate that point, Joe, and am wondering how much of that is due to similar barriers and perceptions that have been experienced in other cross sectoral work where rapport building and kindness (at the risk of sounding simple) can make a world of difference for moving the needle.

Chat Sarah Foster : Replying to "Would it be helpful from Stacy Michaelson ...": It would be helpful to have a current list of suggested positions to include in the MAC survey as part of useful information to school districts as they build their cost pool.

Chat Joe Leykam: Replying to "My only "other point.. replying to Kelly Coates.": Agree Kelly, and the tensions in behavioral health cannot be understated. The system has been consistently under-resourced for decades in a way that is profound.

Chat Stacy Michaelson: Replying to "My only "other point...replying to Joe Leykam": I am also wondering/thinking about messaging on the delineation of Medicaid (broadly) and School Medicaid. As in, can we help folks see our school providers as complementary in a specific space and highlight that they are doing billing that community providers wouldn't necessarily access anyway? I know that also sounds overly simple…

Chat Lasa Baxter: Replying to Stacy Michaelson and Sarah Foster: "Would it be helpful ...": MAC participation qualifications are enormously broad, but essential are outlined as those staff who perform MAC claimable activities that are not fully federally funded. This includes certified or classified staff that routinely have contact with students and families. It excludes those fully federally funded and who don't do the work. Such as,

	maintenance, food services, bus drivers, technology services, and volunteers (groups that have limited contact with students to provide MAC services). Chat Sarah Foster: Replying to "Would it be helpful ..." That is very helpful to the conversation, Lasa. Thank you! Chat Landon Braden : "units of services" I assume means minutes with a service summary ? Jennifer Smith: In reply to Landon: Units of service means minutes with a service summary, um it can. But what I noticed here, is that directly from CMS guidance is that there is an OR. Health Services category includes nature, extent, or units of services. What we don't want to do is step on anything that should be in an IFSP and IEP, and other plans do not have the same requirement and we want to keep it open with an and, or an or. Wendy Niskanen: So the or units of service, how do we measure with our current documentation systems, and when I was reading this and utilizing this and the plan and just to be clear it is referenced in the 504 and IEP and if it does include the appropriate health service, nature extent and I can say what the extent is and document the number of minutes? What we will very likely do is put in the fields for this in our plans to bill and I want to put that in my head about what these fields will look like. Jennifer Smith: Right. And here is what we are going to do. We are almost out of time. Did everyone receive the slides? Shelby Parks: Will send the slides after the meeting. Jennifer Smith: If you can please review, and we have that window open and if you can get back to me by close of business on 8/27 if you have additional feedback or ideas, and answers to some of those questions.
Next Steps and Closing (10 minutes) Shelby Parks ● Identify action items and assign responsibilities ○ chat monitor ○ time keeper ● Next meeting will be held in October, ODE to send Doodle poll	Members thanked for the engagement and chance to participate. Jennfier Smith stated that feedback needs to be sent by COB on 8/27. Slides will be shared after the meeting. (Completed) Communicated that there will be a poll that will be sent out to help determine a consistent meeting date. Next meeting: Need volunteers for time keeper and chat monitor. Send your topics or ideas for the next meeting to the team.

	ODE School Medicaid Page The Feasibility and Readiness Documents are under Implementation heading on the front page.
Acronyms addressed in the meeting	EHR: Electronic Health Record EI: Early Intervention ECSE: Early Childhood Special Education SPED: Special Education THW: Traditional Health Worker QMHP: Qualified Mental Health Professional QMHA: Qualified Mental Health Associate SBHS: School Based Health Services REN: Regional Educator Network MAC: Medicaid Administrative Claiming FFS: Fee for Service BH: Behavioral Health UAP: Unlicensed Assistive Personnel MHACBO: Mental Health and Addiction Board of Oregon CMS: Centers for Medicare and Medicaid Services