

WV Health Innovation Collaborative  
Better Value Work Group  
Meeting Notes  
February 17, 2016

Participating: Jeremiah Samples, Chair, WVDHHR  
Jeff Wiseman, Co-Chair, WVDHHR  
Amy Nanley, Marshall University  
Richard Wittberg, Marshall University  
John Moore, Bowles Rice  
Ellen Potter, WV Insurance Commission  
Joshua Austin, WV Sim Grant  
James Jeffries, WVDHHR, Bureau for Public Health, Office of  
Maternal, Child and Family Health  
Jessica Wright, WVDHHR, Bureau for Public Health, Health  
Promotion and Chronic Disease  
Carrie Brainard, Mid-Ohio Valley Health Department  
Lisa Stover, The Health Plan  
Nancy Sullivan, WVDHHR  
Anne Williams, WVDHHR, Bureau for Public Health  
Amanda McCarty, WVDHHR, Bureau for Public Health  
Debbie Waller, WVDHHR  
Sharon Carte, WV Children's Health Insurance Program  
Cynthia Parsons, WVDHHR, Bureau for Medical Services  
Beth Morrison, WVDHHR, Behavioral Health and Health Facilities  
Kelli Caseman, WV School Based Health Assembly  
Terry Riley, WV Department of Education  
Rebecca King, WV Department of Education  
Teresa Mace, WVDHHR

Participating by Phone: Tracy Dlott, UniCare  
Christine DeRienzo, PEIAB  
Brandon Lewis, WVDHHR, Bureau for Public Health, Office of  
Maternal, Child and Family Health  
Tom Gilpin, WV SIM Grant  
Shelly Baston, WV Health Care Authority  
John Earles, Logan Health Care Foundation  
John Wiesendanger, WV Medical Institute, Quality Insights  
Aaron Spurlock, WV Medical Institute  
Brent Tomblin, CAMC, Partners in Health Network  
Ted Cheatham, PEIA  
Louise Reese, WV Primary Care Association

Jeremiah Samples, chair, opened the meeting and welcomed everyone in attendance.  
Self-introductions were made.

The presentation entitled, "WVDHHR Support for Holistic Health Services in Schools" will be presented by several entities within DHHR; Bureau for Behavioral Health and Health Facilities, Bureau for Public Health and Bureau for Medical Services.

Mr. Samples shared that there will be a small change in the agenda. Cynthia Parsons, Bureau for Medical Services, will be presenting first because of another commitment.

**School Based Health Services** - Cynthia Parsons, Program Manager, Behavioral Health Services and School Based Health Services, Bureau for Medical Services

- Major changes have been made in their School Based Health Policy and to the State Plan Amendment.
- School Based Health Services are regulated by the Centers of Medicaid and Medicare (CMS) and administered by the WVDHHR through the Bureau for Medical Services
- Local Education Agencies (LEAs) can choose to enroll with Medicaid to be a provider, and must cooperate fully with the Bureau for Children and Families.
- On November 25, 2014 DHHR received notification of approval of the School Based State Plan. Took approximately 2 ½ years to complete.
- An effective date of July 1, 2014 was given for the services approved under the State Plan. Everything was referred back to that date.
- On August 1, 2015 BMS released Chapter 538 School Based Health Services policy and forms. A manual for the county and employees that render these services.
- Statewide trainings took place in each of the RESAs as well as additional trainings in Charleston. These trainings are on-line – website available if anyone is interested.
- Member Eligibility – School Based Health Services include medically necessary covered health care services pursuant to an Individual Education Plan (IEP) provided by or through the Department of Education or a LEA. Does not cover 504 students.
- Shared the administrative requirements of medically necessary.
- BMS encourages providers to render services via telehealth. This allows easier access to services for WV Medicaid members. HIPPA compliant and real time, face-to-face telehealth. Chapter 538 identifies which services may be rendered by Telehealth.
- Nursing Services - Multiple nursing services are available to students with an active IEP to help ensure that students have access to medical care needed for them to gain educational services in the least restricted environment. Shared a listing of nursing services.
- Speech and Audiology Services – Medicaid covers 25 services codes related to speech, language and audiology services including assessment and treatment. These services are also available through telehealth.
- Psychological Services – This is a big change in the school system. In 2015, Medicaid made Individual, Group, Crisis, Family Psychotherapy services and psychiatric diagnostic evaluation services available to school psychologist to render in the schools.
- Personal Care Services – Related to a child's physical and behavioral health requirements. In 2015, Medicaid developed one code for 15 minute unit to allow schools to bill.
- Occupational and Physical Therapy Services – There are 14 codes available including evaluation, reevaluation, and therapy services.
- Targeted Case Management Services – Coordination of services to ensure that eligible Medicaid members have access to a full array of needed services including the appropriate medical, educational, or other services.

- Transportation Services – Medicaid covers transportation services for students with an active IEP on dates to and from their Medicaid covered services. Transportation may only be billed on a modified vehicle as defined by CMS which is a mechanical lift has to be on the vehicle.
- In FFY 2015, School Based Health Services paid claims were at \$27 million. Paid on a cost settlement basis.
- FQHC/Hospital Affiliated School Site Services – 129 school based FQHC and hospital-affiliated sites in WV. Mary C. Snow and Riverside High School are examples of school based FQHC sites. In FY 2015, more than \$17.5 million in claims were paid for services at these facilities by the managed care and traditional Medicaid programs.

A question and answer period followed. Ms. Parsons can be reached at 304-356-4936 or by email: [Cynthia.A.Parsons@wv.gov](mailto:Cynthia.A.Parsons@wv.gov)

Mr. Samples introduced Beth Morrison, Office Director, Programs Section, Bureau for Behavioral Health and Health Facilities. Ms. Morrison will share West Virginia's School-based Behavioral Health Services System.

- BBHBF partners with WV's 13 Comprehensive Behavioral Health Centers and other community service providers, the WV Department of Education, and local education authorities to provide services on-site in schools.
- The Center for Substance Abuse Prevention (CSAP) developed six Primary Prevention Strategies to educate, counsel, and provide activities that reduce the risk of substance use to those not requiring treatment for substance abuse.
  - Information Dissemination
  - Prevention Education Skills Training
  - Alternative Activities
  - Community-based Process
  - Environmental/Social Policy
  - Problem Identification and Referral
- Partnering with Schools
  - Information dissemination
  - Education
  - Alternatives
  - Problem Identification and Referral
  - Environmental Strategies
- Regional Youth Service Centers (RYSC) - Developed to implement a consistent and collaborative approach to youth service delivery. Been doing for about a year, 6 operating so far. A safe place to go, not stigmatized. Shared a map of DHHR's Health Facilities Prevention Services. Telehealth is a huge opportunity for these centers.
- Prevention Suicide West Virginia – Aspen – This project has worked with 103 public schools and 17 college campuses regarding best practices, selecting and implementing evidence-based curricula, and providing for the implementation of the Signs of Suicide (SOS) program to 31 middle and high schools and More than SAD, which is programs that teach students, teachers and parents to recognize signs of depression and mental health problems and initiate a conversation to reduce stigma and demystify treatment, to eight schools in various counties in WV. There is a lot of technical assistance and consultation provided to the schools on efforts of developing a protocol for responding to suicide risk and death by suicide.

- Expanded School Mental Health – This is a national model. These services augment the standard services provided by schools. Includes three “tiers” of programming that engage both the academic and behavioral health system. The three tiers are Prevention, Early Intervention, and Intensive Treatment. Thirteen schools took part in this program from July 1, 2014 - June 30, 2015. Counties served are Cabell, Greenbrier, Kanawha, Mercer, Ohio, Pocahontas, and Tucker.
- Statewide Youth Leadership Initiatives - One key effort established and supported by the BBHMF is Students Against Destructive Decisions (SADD) leadership initiative. WV has 245 registered SADD chapters as of January 2016. These chapters are within elementary schools, middle schools, high schools, colleges/universities and community-based service agencies.
- BBHMF spent a total of \$427,500 on school programs in FY16.

A question and answer period followed. Ms. Morrison can be reached at 304-356-4976 or by email at [Beth.J.Morrison@wv.gov](mailto:Beth.J.Morrison@wv.gov).

Mr. Samples introduced Jim Jeffries who will be presenting in place of Christina Mullins. Mr. Jeffries, Office of Maternal, Child and Family Health, will share Supporting Child Health Through Schools.

- Focus Areas (2015 Needs Assessment)
  - Assuring medical homes
  - Well-child exams
  - Immunizations
  - Bullying
  - Dental homes
  - Preventive oral health care, with a focus on sealants
  - Teen pregnancy
- Goals:
  - Increase number of children in good or very good health.
  - Decrease the number of children who are overweight or obese.
  - Increase physical activity.
  - Decrease bullying.
  - Increase timely and appropriate vaccinations.
  - Decrease tooth decay.
  - Increase preventive dental visits.
  - Increase dental sealants
  - Reduce teen pregnancy.
- HealthCheck (EPSDT (Early Periodic Screening Diagnosis Treatment) in WV – Federal law requires that state Medicaid programs provide medically necessary health care services to Medicaid-eligible children. HealthCheck providers assure children receive regular check-ups, screening and preventive services.
- Supporting Well-Child Care through Schools – HealthCheck set standards for well-child care based on the American Academy of Pediatrics, bright futures. Exams are required for school entry and by Department of Education Policy 2423. Supports are provided to all school systems statewide by Regional Program Specialist.
- Shared a chart of Well-Child Exams by Age (Medicaid). In 2007, the Governor initiated Kids First Initiative to increase the number of children utilizing the well-child exams. From 2007 to 2014, numbers have increased significantly.
- Shared a chart of the HealthCheck Regions. Each region has a program specialist.

- Oral Health Services – Work to establish a dental home for students without one. Provide support for sealant services in school settings. Currently working to expand the number of participating schools from 28 to 48. As of 2015, there are 15 counties that provide school sealant services with 3 being added in 2016.
- Teen Pregnancy – The Adolescent Pregnancy Prevention Program provide age-appropriate comprehensive sex education to schools upon request. Four regional staff are employed through this program. The Adolescent Pregnancy Prevention Initiative (APPI) provides development, oversight and coordination of adolescent pregnancy prevention activities. A focus area within the Family Planning Program, the goal of APPI is to reduce the number of pregnancies among adolescents through improved decision making, abstinence, or access to contraceptive services. This statewide initiative provides Pregnancy Prevention Specialists who work to increase public awareness of problems associated with early sexual activity and childbearing and collaborate with existing community organizations to promote local activities for adolescent pregnancy prevention. Educational presentations are available for classrooms, community groups, faith organizations and parents on adolescent pregnancy prevention. Teen pregnancy is closely linked to a host of other critical social issues – poverty, child welfare, out of wedlock births, absent fathers, teen and child health issues, education, and risky behaviors. There are substantial public costs associated with adolescent pregnancy and childbearing.
- Bullying – In 2015, the Adolescent Health Initiative and the Violence and Injury Prevention Program provided a statewide training in the Green Dot for middle schools bystander program. The Green Dot strategy is a comprehensive approach to violence prevention that capitalizes on the power of peer and cultural influence.
- Shared a chart of the WV Adolescent Health Initiative Regional Coordinators.
- OMCH spent a total of \$348,410 on school programs in FY16.

A question and answer period followed. Mr. Jeffries can be reached at 304-356-4425 or by email at [James.E.Jeffries@wv.gov](mailto:James.E.Jeffries@wv.gov)

Mr. Samples introduced Teresa Mace, Director, Coordinated School Health for the Bureau for Public Health. Mr. Samples thanked Ms. Mace for all her help in securing speakers for the presentation today.

- Ms. Mace is the liaison between the Department of Education and the Department of Health and Human Resources.
- Shared map of the Regional Wellness Specialist – RESA Regions.
- Regional Wellness Specialist - There are 8 regions with a regional wellness specialist in each region. They followed regions that the DOE established. RESAs help support all the other initiatives that were talked about today. They are funded through various sources. BPH funds a portion of the RESAs. Not much program funding, basically funded to pay employees and reimburse travel
- Shared a listing of services provided by RESAs.

BPH spent an additional \$224,728 on school programs in additional to the OMCHF funds in FY 2016.

A question and answer period followed. Ms. Mace can be reached at 304-356-4225 or by email at [Teresa.L.Mace@wv.gov](mailto:Teresa.L.Mace@wv.gov)

Mr. Samples thanked everyone for taking the time to come and present at today's workgroup meeting.

Mr. Samples asked the group who else we need to hear from so we can start working on some strategies and some goals. Some responses:

- Strategies to deal with teen pregnancy.
- Dental
- Behavioral health issues
- Asthma and Diabetes

He shared that he would like the group to narrow down to three major focuses. Determine some strategies, goals, etc. Suggestions for speakers:

- Primary Care Association
- Someone who operates a clinic
- Superintendent at a rural school, a nurse or a teacher
- Local Health Department
- A resident from Marshall University's School of Medicine is doing a class on Sexual Health in McDowell County. Would be interesting to hear what she has observed through these classes.

Mr. Samples asked the group to think more on this subject and will talk about it more at the next meeting. One topic the Better Value Work Group will be hearing at an upcoming Better Value Work Group meeting is on empowering folks to get back into the work place, and will hear experiences from other states.

He then shared with the group that DHHR has presented their budget to both the House and the Senate. He wanted to make the group aware of the seriousness of the budget crisis.

- DHHR has taken \$110 M in cuts since SFY16
- If the Governor's budget isn't approved, additional cuts will have to be made in SFY17.
- At the request of the Finance chairs, DHHR walked through major program ramifications if this was to happen.
- If additional budget cuts have to be made, they will be looking at:
  - Provider rate reductions, particularly at nursing homes, hospital rates
  - Reducing Medicaid payments overall rate
  - Behavioral Health, FQHCs, local health departments
  - Significant layoffs in the DHHR office, county offices, state hospitals, etc.
  - FRNs, Domestic Violence Centers, FRC's, child abuse prevention services
  - SNAP
  - Elimination of Services to those who are currently eligible - Birth to Three Program
  - Waivers – IDD waiver additional cut to the services; Traumatic brain injury and AD Waiver – Spot reduction
  - Chiropractic, Physical Therapy, Hospice services
  - Loss of federal matching funds

- 180,000 people on Medicaid expansion – might have to look at cutting some services, NEMT

It is our hope the governor's budget will be approved. Any ideas or recommendations on savings, please share.

Mr. Samples thanked everyone for taking the time to participate in the Better Value Work Group meeting. If there are any additional questions, just reach out to us. Thank you.