

Chair

Viju Jacob, MD, FAAP
Urban Healthplan, Inc.

Board of Directors

Amy Pease, RN, MA
Chair-Elect
A.G. Pease RN Consulting, LLC

Caitlin Hanson, MA
Treasurer
Institute for Family Health

Margaret Rogers, DNP, RN,
FNP-BC
Past Chair
Montefiore School Health

Sharon Edwards, MD
Mt. Sinai Hospital

Adria Cruz, MPA
Children's Aid Society

Janet Garth, MPH
NY Presbyterian Hospital

Lorraine Camastra, LCSW
Children's Defense Fund - NY

Catherine Hopkins, RN, FNP,
MS, AE-C
St. Joseph's Hospital

John Mathew, CPA
Xerox Corporation

Karla Powers, MBA
Whitney M. Young, Jr. Health Ctr

David Rowley, MPA, SDA,
CAS EA
School Superintendent, retired

Charles Soule, Ph.D.
Columbia Psychiatry/MS
Children's Hospital of NY-
Presbyterian

Sarah Murphy
Executive Director

Lauren Tobias, Director, Division for Family Health
New York State Health Department
Empire State Plaza
Albany New York 12237

August 12, 2016

Dear Ms. Tobias:

On behalf of the New York School-Based Health Alliance (NYSBHA), thank you again for the collaborative efforts on establishing a new methodology for distributing \$12.2 in funds to School-Based Health Centers (SBHCs) for the contract period starting July 1, 2017.

This letter addresses your most recent question about how to support new Sponsors in the new funding cycle. In the course of our conversations about this issue, the Alliance Task Force developed additional recommendations on a distribution methodology for the new funding cycle which we submit here for your consideration. The Task Force is a diverse group of large, small, mid-sized, urban, suburban, rural, Upstate and Downstate programs. They worked very hard to ensure that their recommendations achieved parity for all SBHCs in the State.

It is our understanding that Sponsors who were approved as of March 1, 2016 are eligible to apply for funds through the new Request for Proposal (RFP). The Alliance agrees with this approach and recommends that such new sponsors be treated in the same manner as all other applicants.

The Alliance has new recommendations for the funding methodology which we respectfully request that you consider. Our recommendations are as follows:

- 50% of the \$12.2 million distributed statewide equally by site, excluding 12 sites in New York City (NYC) that receive City grants
- 50% of the funds distributed statewide based on "billable" visits.
- Allow adjustment of the staffing requirements downward for programs with between 150 and 350 enrollees to lower costs to small programs.

The Task Force believes that providing a base amount per site is a fair way to ensure that there is a minimum level of funding available to every site to sustain a SBHC center. This formula would result in 133 NYC sites and 95 Upstate sites each receiving \$26,754.38. Dividing half the funds equally among all sites statewide provides an additional \$6,000 to those in Upstate.

The Task Force believes that "billable" visits are an equitable way to distribute the other half of the funds. Billable visits are a uniform measure that corresponds to physical and behavioral

health and other core services that SBHCs are required to provide. Other measures, such as all visits including first aid visits or enrollment, do not equate to whether core SBHC services are actually provided to students in the school.

We understand that the Department does not currently collect billable visit data but we believe that we can find a mutually agreed upon method for SBHCs to report this data to the Health Department.

The Alliance proposes adjusting the staffing requirements for programs with between 150 and 350 enrollees to lower the costs of small, rural programs and protect them from being disadvantaged by the proposed methodology. We estimate that this suggestion would impact 6 or more programs in the State.

The Task Force also discussed concerns raised in the Department's August 5th letter to the Alliance about using Medicaid billing as a critical determinant of highly functioning SBHCs. We are equally concerned about maintaining:

1. vital access points for children whose providers have inadequate billing practices;
2. sustaining sites that have difficulties billing; and
3. assisting new sites in becoming proficient at billing.

To be financially viable all sites need to bill effectively. We strongly recommend against using grant funds to replace Medicaid billings for sites that bill ineffectively. We highly recommend providing Technical Assistance so that programs that are new or have struggled with billing can develop the expertise and infrastructure necessary to be more sustainable through Medicaid billings. The Alliance would welcome a partnership with the NYS DOH in providing technical support for billing.

Thank you for your consideration of the recommendations of the Alliance. We look forward to continuing to work with the Department to ensure that all children in the State have access to the vital SBHC safety net.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Murphy". The signature is fluid and cursive, with the first name "Sarah" written in a larger, more prominent script than the last name "Murphy".

Sarah Murphy
executive director