HEALTH CARE FOR THE UNINSURED

Fiscal Year 2022 Budget Priorities

Joint Advocacy Statement : Fiscal Year 2021

Health Centers Leadership Council and Primary Care Coalition

Supported by Montgomery Cares Advisory Board

Montgomery County provides access to affordable health services for County residents through a portfolio of five programs collectively referred to as the Healthcare for the Uninsured Programs.

- Montgomery Cares
- Care for Kids
- Maternity Partnership
- Dental Clinics
- Healthcare for the Homeless

On behalf of the Health Centers Leadership Council, representing the executive directors of 10 safety-net health centers, Montgomery Cares Advisory Board, and the Primary Care Coalition, we ask that Council continue to make strategic investments to shore up the public-private partnership that has created safety-net infrastructure that has been critical to improving the health of our community and responding to the current public health crisis.

HEALTH CARE FOR THE UNINSURED

Access

Provides a health home for 23,800 adults, 6,200 children.

- Primary and preventive care
- Behavioral health care
- Specialty medical care
- Oral health
- Pre-natal care
- Medicine access
- 40+ primary care access points county wide

Cultural Sensitivity

Provides culturally appropriate care to diverse patient population.

Top 10 Languages Spoken by Patients

1 - Spanish
2 - English
3 - French
4 - Portuguese
5 - Undetermined/other
6 - Amharic
7 - Chinese
8 - Indian (Hindi and Tamil)
9 - Other African
10 - Urdu

Return on Investment

Expectant value ROI in increased productivity and extended life years for services provided from January 2018 through June 2019.

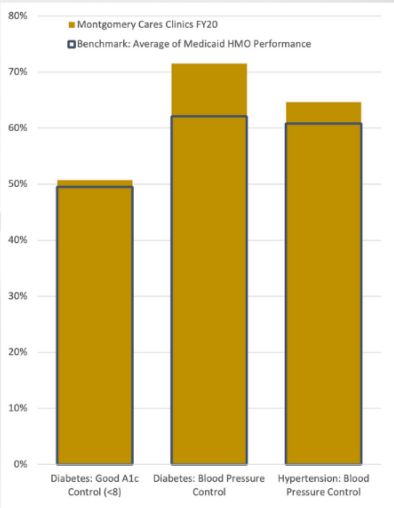
$17.44
For every county dollar invested in diabetes control

$4.40
For every county dollar spent controlling hypertension

$3.91
For every county dollar spent to address depression and anxiety

Quality

Medical care that exceeds national benchmarks for diabetes and hypertension control.
(Montgomery Cares Adult Primary Care Only)



A Community Asset Delivering Essential Services to Vulnerable Populations

4,580

Patients referred to specialty care

1,130 pediatric cases
3,450 adult cases

1,180

Low income patients received needed brand name medications

Insulin and behavioral health medications among the most needed brand name medications and the most expensive and difficult to obtain.

1,570

Adults received integrated behavioral health counseling.

The Collaborative Care model ensures those who need it can access behavioral health counseling integrated in the primary care setting and behavioral health and primary care providers are in constant contact.

1,700

Children with complex needs received case management

1,280 cases were for short term needs. 420 cases required long-term case management from the CFK Specialty Nurse Case Manager.

97%

Healthy babies delivered

Thanks to prenatal care provided, 97% of babies delivered to Maternity Partnership Program mothers in FY20 had a healthy birthweight.

625

Children received specialty dental services

to correct serious oral health problems.

COVID-19 and the Health Care Safety Net

The COVID-19 pandemic has put a spotlight on inequities that have existed in Montgomery County, and in the nation, for generations. Indeed, the zip codes that have high incidences of COVID-19 also have high concentrations of Montgomery Cares patients. Higher rates of underlying chronic disease, coupled with greater likelihood of employment in essential industries creates a perfect storm making low-income residents of color both more likely to get infected with COVID-19 and, once infected, more likely to have a negative outcome.

Montgomery County's investment in a safety-net health care infrastructure that leverages public and private sector resources has been an important aspect of our community's ability to respond to and weather the current crisis. As illustrated in the map below, Montgomery Cares and Care for Kids participating primary care providers have a strong presence in the zip codes most adversely affected by COVID-19. They are trusted entities in those zip codes with strong community ties.

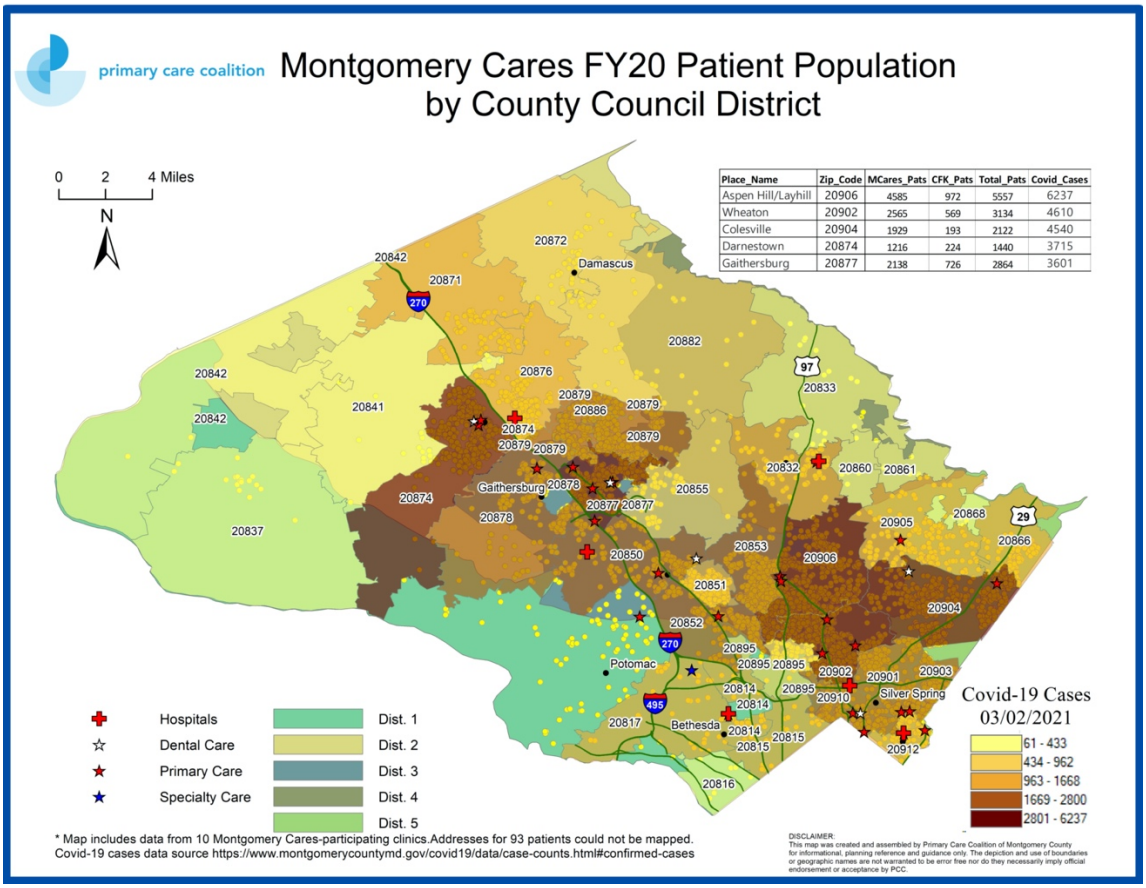
From the start of the pandemic, Montgomery Cares participating clinics, DHHS, and the Primary Care Coalition have been in constant communication to identify and respond to emerging issues.

- Ensure continuation of prevention and primary care services and emergency department diversion to alleviate pressure on hospital resources
- Adapt practice workflows and deployed telemedicine visits for patients to ensure continued access to care when in-person visits were not feasible
- Secured grant funding to purchase equipment needed for remote patient monitoring
- Engaged in group purchasing to procure personal protective equipment for on-site clinical staff
- Participate in collaborative efforts to ramp up testing and treatment for vulnerable populations
- Serve as trusted source of information for hard-to-reach community members

The County Executive' s proposed budget for FY22 included level funding for Montgomery Cares and Care for Kids.

For the past year, Montgomery Cares has been operating under an alternative payment mechanism—renewed in three-month increments—that provides a lump sum payment to participating clinics based on prior years utilization data. This payment mechanism has provided certainty about cashflows during the pandemic when encounter numbers and modalities (in-person vs. telehealth) have fallen below projected levels not due to lack of need but due to interruptions to normal operations created by the pandemic.

Care for Kids has also seen a drop in patient encounters attributed to the pandemic and the guidance to limit non-urgent in-person care at various points thought the past year. We have been monitoring developments at the U.S. Mexico border and anticipate an increase in program enrollment and care needs in FY22 as Montgomery County again welcomes unaccompanied children fleeing violence.



Guiding Principles

As a group of advocates representing multiple different organizations the priorities and the proposals contained in this document were developed based on the following principles.

Sustainable. Support priorities that have clear indicators of impact and are patient centered, data driven, and sustainable for participating organizations.

Affordable. As advocates we acknowledge county fiscal condition but have also balanced the fiscal constraints against the growing need for services and challenges of the environment. We have considered and proposed creative solutions to address program needs while minimizing budget impact.

Essential. We emphasize programmatic needs with high immediate impact focusing on maintaining essential services and access while postponing requests for major enhancements.

Flexible. We acknowledge and respect the autonomy for participating organizations to manage their businesses while safeguarding the collective interest of the safety net stakeholders and the public-private partnership.

Collaborative. We have and will continue to work to continuously engage stakeholders—those who are impacted by or who impact policies and programs—to ensure clear and achievable objectives for improvement. Emphasizing new partnerships as a means to achieving program and policy aims.

Priorities

Priority	Budget Impact
Covid-19 Recovery Resources • Provide resources to safety net network to address deferred care, vaccination efforts, and other post-pandemic recovery activities	$500,000 (as ARPA sub award)
Montgomery Cares Eligibility Policy • Maintain eligibility for QHP-eligible Patients for Montgomery Cares program until such time as the county develops, deploys and demonstrates effectiveness of an affordability option and allows adequate time for transition.	Neutral
Healthcare for the Uninsured Enrollment and Eligibility Procedures • Extend eligibility across associated programs so that enrollment in MCares or CFK is an indicator of eligibility and automatic eligibility for Maternity Partnership Program and County Dental services. • Allow clinics and community-based organizations to conduct eligibility screening for renewing Montgomery Cares and Care for Kids patients.	Neutral
Telehealth • Ensure continued payment parity for telemedicine services • Provide interpretation services compatible with telehealth technologies	$65,000
Behavioral Health – Psychiatry Services • Ensure sufficient psychiatric services are available through collaborative care model	$63,100
Project Access – Specialty Care • Maintain same level of access to specialty care, addressing loss of pro-bono specialty	$222,110
Care for Kids • Provide resource to hire 2.0 FTE to address prior years program growth and anticipated surge in enrollments and renewals in FY22	$129,148
Dental Services • Dental safety-net collaborative effort (including a tele-dentistry program) • Institute a school-based sealant program at MCPS elementary schools • Provide resources for staffing to meet unmet dental needs	$175,000 $125,000
Healthcare for the Homeless • Provide resources to hire 1.0 FTE psychiatric discharge planner to coordinate appropriate discharge from inpatient to outpatient settings of residents experiencing homelessness	$75,000

Sub Award of Federal Funds Total Request: $500,000

County General Fund Total Request: $854,358

Covid-19 Community Recovery Resources

Request: *Provide resources to safety net network to address deferred care and other post-pandemic recovery activities*

Budget Impact: Sub-grantee of federal funds $500,000 to address deferred care and other post pandemic recovery efforts. Recommend a grant program with flexibility for clinics to propose activities that best addresses needs of their patient populations and fit with clinic business models.

Justification: Montgomery Cares participating clinics are trusted community-based organizations with both the cultural sensitivity and community credibility. The Covid-19 pandemic has demonstrated the importance of having a strong safety-net health care infrastructure as an essential component of overall health and public health in Montgomery County. Systemic issues that were a challenge prior to the pandemic have deepened over the past year, and as we look ahead to recovery safety-net health care providers are bracing for the crisis after the crisis as we will need to respond to

- Health conditions that worsened during the pandemic due to deferred care and treatment for conditions that were not urgent or emergent
- Health impacts of socioeconomic vulnerability such as food insecurity and housing instability
- Behavioral health crises and community trauma
- Ongoing Covid-19 response including ongoing vaccination education and administration

Montgomery Cares Eligibility Policy

Request: *Maintain eligibility for QHP-eligible Patients for Montgomery Cares program until such time as the county develops, deploys and demonstrates effectiveness of an affordability option and allows adequate time for patients and providers to transition to the new program.*

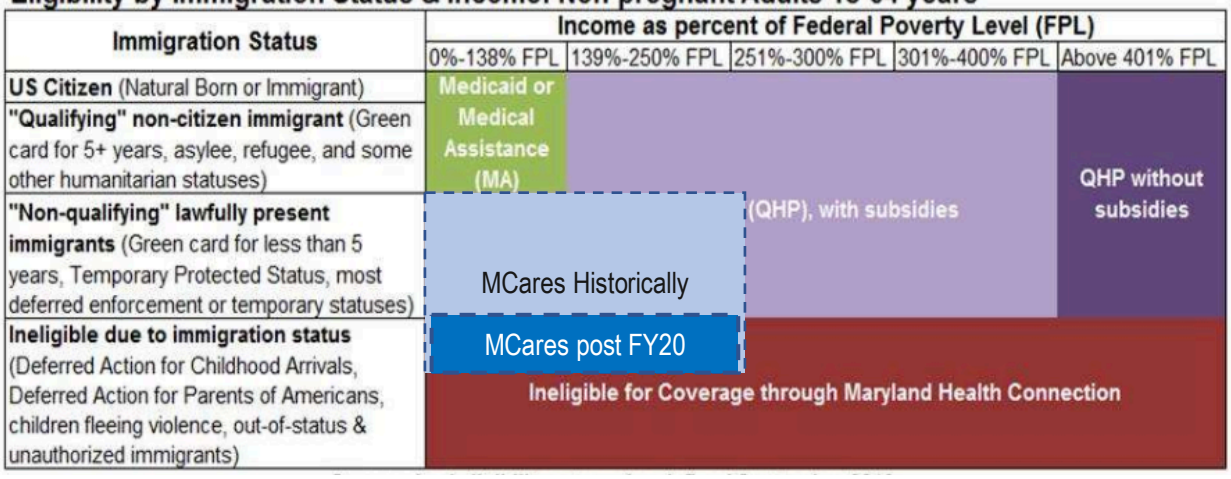
Budget Impact: Neutral

Justification: The Montgomery Cares program historically served any uninsured individual who met income and residency requirements (Montgomery County residents with household income <250%FPL), a policy change that went into effect in 2019 excluded low-income residents who are eligible to purchase a Qualified Health Plan (QHP) without accommodations for those who are unable to afford the premiums, deductibles and copays. Prior to this policy change patients had been encouraged to purchase private insurance when possible; however, failing to do so (remaining uninsured) did not exclude them from the Montgomery Cares program. In 2018, Montgomery County eligibility guidelines were altered to read that "to be eligible for Montgomery Cares, patients cannot ~~have~~ BE ELIGIBLE for other insurance".

A multi-stakeholder workgroup proposed a pilot program to address the affordability concern, particularly for Montgomery Cares patients who may be QHP eligible but have very low incomes. Patients who would be eligible for Medicaid (with no cost sharing requirements) if not for their immigration status. Based on available data, PCC estimates that approximately 1/3 of currently enrolled MCares patients are among those who are potentially eligible for a QHP and of them roughly 40% have a household income below the federal poverty level.[1] The illustration below overlays the impact on access to care that results from this affordability barrier. To date, there has been no response or pilot program to address the affordability concern.

[1] PCC data are limited to the information in the shared electronic medical record used by 6 of the 10 participating clinics. Since the eligibility determination process changed in 2019, PCC no longer consistently receives data on patient eligibility criteria.

Eligibility by Immigration Status & Income: Non-pregnant Adults 18-64 years



Recognizing the affordability challenge for patients, DHHS has issued multiple waivers extending eligibility for this sub-population since the enactment of the new policy. As advocates we appreciate the option for affected patients to remain eligible for the Montgomery Cares until a viable solution is found and enacted. As program operators, we recognize the strain that uncertainty causes for patients and providers. Learning of the extension so close to the eligibility end date creates anxiety for patients regarding their ability to access care going forward. Further, announcement of the extensions close to the eligibility end dates causes considerable operational disruption.

Timeline of MCares Eligibility Extensions for Potentially QHP eligible patients

- 7/1/2019 new eligibility policy goes into effect with 6-month grace period until 12/31/2019
- 12/16/2019 extended eligibility end date through 6/30/2020
- 6/25/2020 extended eligibility end date through 12/31/2020
- 1/11/2020 extended eligibility end date through 12/31/2021

We support the principle of connecting each patient to the highest level of coverage possible. Health centers continue to encourage patients to enroll in Medicaid and ACA-subsidized health plans. However, until affordability issues are addressed, it is recommended that the county maintain the broader eligibility criteria for Montgomery Cares.

Advantages to this approach include avoiding further confusion for patients and nonprofit partners, and preventing disruptions in care, including for specialty care referrals and community pharmacy. While there have been concerns that this will increase the numbers of QHP-eligible individuals enrolling in Montgomery Cares, there is no evidence that this is the case. Focus should remain on patient education related to health and financial literacy so that patients can understand the real advantages of coverage and decide to enroll themselves if they can afford it.

Healthcare for the Uninsured Eligibility and Enrollment Procedures

Request A: *Extend eligibility across associated programs so that enrollment in MCares or CFK is an indicator of eligibility and automatic eligibility for Maternity Partnership Program and County Dental services.*

Budget Impact: Neutral

Justification: Montgomery County's portfolio of Healthcare for the Uninsured Programs provide care across the lifespan. The programs all have consistent eligibility criteria requiring patients to be Montgomery County residents with household incomes below 250% of the federal poverty level. Yet, when a woman in Montgomery Cares or teen in CFK becomes pregnant she is required to repeat eligibility determination at OESS. This process can be slow and

create barriers to care. Our recommendation is that enrollment in Montgomery Cares or Care for Kids be considered presumptive eligibility for Maternity Partnership and Dental services for adults (children enrolled in CFK are already eligible for primary dental services). Primary care providers should be able to refer patients directly to these needed services without patients having to repeat the eligibility determination process within an enrollment year. Montgomery Cares and CFK issued ID cards should be accepted as proof of eligibility by the program staff operating at Maternity Partnership and the County Dental Program.

In the case of the Maternity Partnership Program, patients may need to prepare and submit eligibility forms in order to receive Emergency Medicaid to cover labor and delivery charges at the hospital; however, this process should not impede their initial connection to pre-natal care early in the pregnancy and can be facilitated once the mother is connected to the program.

Request B: *Allow clinics and community-based organizations to determine eligibility for renewing Montgomery Cares and Care for Kids patients.*

Budget Impact: Neutral, assumes savings in current centralized process re-allocated to community-based process. (Operational recommendations available upon request)

Justification:
In July 2019, the MCares enrollment process was centralized at OESS. The decision to pilot this roll-out was premised on three objectives:

1. Ensuring all Medicaid-eligible clients are enrolled immediately in Medicaid
2. Supporting the enrollment of QHP-eligible clients during open enrollment
3. Enhancing efforts to enroll clients in additional public benefit programs for which they may be eligible

In terms of evaluation, increasing metrics for these three objectives beyond what the clinics were capable of doing themselves would indicate that the centralization of the eligibility determination process merited the higher administrative burden and patient inconveniences that it imposed. As of December 6, 2019, 17.9% of Montgomery Cares applications sent to OESS by clinics were found eligible for a QHP (we do not have data on the income level of these applicants to gauge affordability of a QHP with subsidies.) 3.8% were denied due to missing documentation representing more than half of all denials. 2% were denied due to ineligibility based on income, residence or access to other coverage. Under 1% were found eligible for Medicaid. We do not have access to data confirming if they achieved enrollment in Medicaid and connected to care.

Through the first six months of implementation, we have learned that OESS workers are not universally trained for medical and social services enrollment and the enrollment procedures with clinics doing document collection and OESS performing adjudication preclude the potential benefits of simultaneously assessing patients for social services needs.

Following the first six months of implementation stakeholders observed:

- A decline in Montgomery Cares patient encounters (visits) and an increase in patients who opt out of applying for Montgomery Cares and pay out-of-pocket for services.
- A trend of delayed or omitted follow up care for patients who had exhausted their 2-visits allowed under presumptive eligibility while the determination process plays out.
- Increased documentation challenges for patients who must provide sufficient and often duplicate income, identification, and residency documents. This can delay or end the determination process. Indeed, missing documentation is the chief reason for Montgomery Cares applications being denied.
- Increased administrative burden for clinic staff who, to alleviate patient fears of submitting documents to a government agency, have taken on helping patients navigate the more complex enrollment process.

These challenges pre-dated Covid-19, but the pandemic has placed added stress on the system. We appreciate that during the current public health emergency, DHHS has temporarily halted the requirement for OESS to approve

MCares applications and CFK applications and has issued blanket eligibility extensions for patients until the end of the public health emergency.

While the discussion above is focused on Montgomery Cares, parents have reported barriers in navigating the Care for Kids enrollment process which has always resided with OESS.

In the absence of evidence that the original objectives of the change to a centralized process have been met, and given the additional hurdles introduced to patients and clinics by the centralization pilot, it is appropriate to maintain the decentralized approach in which eligibility determination and enrollment functions remain with the clinics and community-based organizations. While OESS should remain an important resource, at this point in time the centralization of enrollment eligibility determinations constitutes an administrative burden without additional benefits.

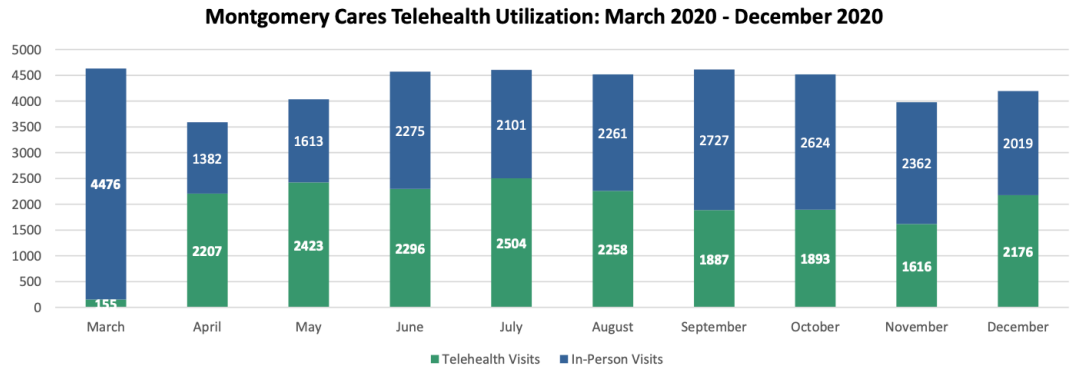
Primary Care Services

Request A: *Continue alternative payment mechanism (via 3-month extensions) throughout FY22 to ensure ongoing payment parity for telehealth services*

Budget Impact: Neutral.

Justification: During the COVID-19 pandemic, DHHS has approved an alternative payment mechanism for primary care that is a lump sum based on average encounters in a given three-month period the prior fiscal year. This approach has provided sustainability for clinics and also supported the introduction of telehealth which was not reimbursable under the prior fee-for-service model. We appreciate DHHS assurance that the alternative payment mechanism will remain in effect until the public health crisis ends; however, this does create some uncertainty regarding reimbursement for telehealth services post pandemic.

During the COVID-19 pandemic, clinics have seen a decline in encounters overall as patients adhered to early public health advice to avoid seeking care for non-urgent reasons. However, clinics quickly and effectively adopted telehealth as a complementary modality of delivering health care services.



The benefits of telehealth availability have been impressive including reduced transportation barriers, reduced need to take significant time away from work and family responsibilities, increased efficiency with less time spent in waiting rooms by patients. These practical benefits for patients are evidenced by a significant reduction in the no-show rate for clinic appointments. Between April and December 2019, the MCares appointment no show rate was 10% system wide. That dropped to 6% in the same timeframe in 2020 representing a 17% reduction in no-shows. A Chi-Squared analysis revealed that the decline in no-show rates can be attributed to the expanded availability of telehealth with a 99% significance.

Regarding future reimbursement for Telehealth, a proposed policy recommends linking payment parity for telehealth to participation in a proposed value-based payment (VBP) system but potentially not under a fee-for-service system,

which is the standard for Montgomery Cares. Linking telehealth reimbursement to participation in VBP is problematic for two reasons:

- The VBP approach has been proposed only in concept but there is not yet sufficient detail for stakeholders to be clear on what this would entail
- The VBP proposal is scheduled to go into effect at the start of FY23 at the earliest creating a possible gap in telehealth service reimbursement if the public health emergency ends before this.

Regardless of how the DHHS payment mechanism for the clinics may be changed (whether it is a fee for service or value-based payments mechanism), we recommend that telehealth continue to be reimbursed at the full in-person encounter rate in order to ensure payment parity and reflect the value of this new enhanced model of care for patients served by the clinics. Operating costs (e.g., platform subscriptions, additional front desk and IT support) are comparable to in-person visits, therefore payment parity for the two delivery modalities is appropriate. In order for health centers to continue to provide telehealth services, sustainable reimbursement is critical.

We further recommend that the alternative payment mechanism be continued throughout FY22, extended in 3-month increments, to minimize disruption that could occur form transitioning to a fee for service system mid-year and then back to an alternative payment structure as part of a VBP arrangement in FY23.

Request B: *Establish a master contract with interpretation service providers that is compatible with telehealth technologies.*

Budget Impact: $65,000.

Justification: Language Line, the interpretation service used by clinics during in-person visits when the particular language is not available onsite, does not synchronize with telehealth appointments. Clinics need a different solution that is compatible with the particular telehealth platforms they have adopted. Clinics and health centers typically employ staff who are fluent in the languages of patients that they serve most frequently so, perhaps counterintuitively, the need for interpretation services is not for those languages most commonly spoken in the county.

We recommend supporting the resources necessary for a system-wide interpretation services arrangement that is effective across platforms.

Behavioral Health – Psychiatry Services

Request: *Ensure sufficient psychiatric services are available through collaborative care model.*

Budget Impact: $63,100.

Justification: The Montgomery Cares Behavioral Health Program (MCBHP) uses a Collaborative Care Model which is a team-based approach. Behavioral Health Care Managers (LCSWs) are embedded at participating clinics and work collaboratively with primary care providers. Psychiatry services are provided through a contract with Georgetown. MCBHP care managers and primary care providers can consult with Georgetown Psychiatrists telephonically, through case panels, and the Psychiatrists provide hours onsite at clinic locations.

In FY18 the County reduced hours for psychiatry as part of a savings plan. This reduction occurred after an overhaul to the program that was discussed following a proposal by DHHS to switch to a fee for service blended model. At that time, it was agreed to switch psychiatry to an hourly rate and document the time spent on different types of activity. Prior to the savings plan, the budget was 1,664 hours or 0.8FTE. Due in part to rate increases, the capacity was squeezed. Available psychiatry services were reduced to 1,029 billable hours in FY19 and 984 billable hours in FY20 as the budgeted funds remained flat while the rate for services increased.

Since patient *need* for behavioral health services has increased during the pandemic and will likely increase even more as the pandemic continues, MCAB strongly recommends against further capacity cuts from FY19 levels. Unfortunately, Georgetown has informed PCC that rates will increase again to $176.48 per hour, which is still below the market rate for comparable services. In order to maintain the 1,029 billable hours, the budget impact (including indirect) would be $63,135 above the current budget for psychiatry of $125,611.

Project Access – Specialty Care

Request: *Funds to maintain same level of access to specialty care, addressing loss of pro-bono specialty*

Budget Impact: $222,110

Justification: Project Access funding from Montgomery Cares was previously supplemented by Nexus Montgomery funding. With the conclusion of the first phase of the Nexus Montgomery Regional Partnership, funds through the HSCRC grant are no longer available to support Project Access direct services in Montgomery County. Furthermore, the fiscal impact of COVID-19 on specialty practices has meant that many providers are less able to provide pro-bono or the same level of discounts, increasing the overall cost to the Project Access program. We understand Project Access anticipates, ENT, nephrology, GI and ophthalmology practices will be unable to continue to provide the current level of services pro bono moving forward. In addition, one large multi-specialty practice has noted they will need their reimbursement to increase to 100% of Medicaid in order to continue with the program.

Justification: Inadequate access to specialty care undermines the primary care service delivery model and increased funding is necessary.

Estimated amount needed to cover the shortfall due to anticipated low vs. pro bono services:

Specialty Recruitment	Request	Impact
Cardiology		
Ear Nose & Throat	$ 26,505.00	57 visits, 19 surgeries
Vascular Surgery	$ 26,400.00	6 hemodialysis catheters, 12 vascular surgeries, 6 chemo ports
Speech, Occupational, Physical Therapy		
Nephrology	$ 10,800.00	48 visits
GI	$ 16,425.00	236 visits
Ophthalmology	$ 111,690.00	146 visits, 110 surgeries
MFA Rate Increase	$ 12,175.00	487 patients continue to be served otherwise reduce to 442
Sub Total	$ 203,995.00	
Total with indirect (8.88%)	$ 222,109.76	

Care for Kids Enrollment

Request: *2.0 FTE address prior years program growth and anticipated surge in enrollments and renewals in FY22.*

Budget Impact: $129,148

Justification: Care for Kids enrollment grew dramatically over the past few years as Montgomery County welcomed children fleeing violence in Central America. Care for Kids staffing levels have not been sufficient given the size of the enrolled population. In addition, the needs of enrolled children have increased as many of the newly enrolled children are recent asylum seekers who are medically complex and who have accompanying behavioral health needs – this combination increases the need for case management and care coordination. Many of the children arriving have had little access to health care in their home countries and have experienced traumatic journeys.

CFK has seen increases in specialty care referrals, including greater need for long-term case management.

In FY21 CFK enrollments have plummeted. Because the program grew so rapidly in the proceeding years, we know that children arrived in the County and enrolled in the program in previous years PCC attributes this drop off to the complexities of navigating enrollment processes during the COVID-19 outbreak while OESS offices are closed to in-person visitors. More navigation support and assistance is needed to ensure that children already in Montgomery County are able to renew their enrollments and remain connected to care and/or reconnect them to care if their enrollment lapsed during 2020. Furthermore, once the outbreak subsides staff anticipate a flood of enrollments from people who were not able to enroll previously.

- FTE Client Service Specialist to provide outreach and navigation and to keep up with rising enrollment levels. [$64,574 including fringe (28.52%) and indirect cost (8.88%)]

- FTE Medical Assistant Case Manager to support specialty care referrals and case management needs. [$64,574 including fringe (28.52%) and indirect cost (8.88%)]

Given the current developments around the U.S. - Mexico border we anticipate an increase in the number of unaccompanied children seeking asylum coming into the U.S. in general and coming to Montgomery County in particular. We are not currently in a position to precisely project the number of new arrivals likely to come to Montgomery County and related demand for services; however, we anticipate that there will be a related increase in CFK enrollments in FY22. In any case, the eligibility and enrollment, case management and care coordination infrastructure for Care for Kids needs to be in place at a level adequate to support children already in Montgomery County as well as expected future arrivals.

Dental Services

Request: *Present a formal report to Council on designing a coordinated dental safety-net system that fosters collaboration among private and publicly operated dental agencies to be presented no later than December 31, 2021. Through a collaborative venture ensure comprehensive systems to address tele-dentistry, specialty dentistry, and other clinical efficiencies.*

Budget Impact: Neutral (to be completed by staff and stakeholders)

Justification: Montgomery County DHHS operates several dental clinics that provide care for low-income seniors, adults, and children who do not have dental insurance. This includes the Montgomery Cares and Care for Kids populations as well as others who may have Medicaid or other health coverage that does not include dental benefits. In addition, Montgomery County provides funding to the Muslim Community Center Dental Clinic and the Catholic Charities Dental Clinic. Mary's Center and CCI Health & Wellness offer dental services in Montgomery County as

part of their comprehensive service models; this service capacity enables them to serve low-income and uninsured patients but do not participate in any county sponsored programming.

The safety-net system for oral health in Montgomery County today is fragmented, but it does not have to be. Montgomery County's safety-net providers have a track record of collaboration and have demonstrated that investment in coordination to devise and sustain collaborative programming that allows disparate organizations to lean into their core competencies and leverage the competencies of others has tremendous benefits for the community.

We recommend a dedicated focus to fostering collaborative system design among private-public dental care agencies, general and specialty dental providers, and dental labs.

We further recommend tele-dentistry be a key component of this system design to enhance and promote increased clinical efficiencies.

A collaborative sharing accord will expand the scope of care and increase access to care for the uninsured, underinsured and low-income populations of Montgomery County.

Request B: *Institute a school-based sealant program at MCPS elementary schools*

Budget Impact: $175,000

Justification: The proposed program would be rolled out in 7 MCPS elementary schools with school-based health centers. In addition, this initiative would explore alternative methods for providing school-based sealant services to MCPS elementary schools with high FARMS rates and without school-based health centers. The total projected cost is $175,000 for staff and/or consultants to support the initiative.

Request C: *Provide resources for merit and/or contract staff to meet unmet dental needs in the County, for seniors, children and specialty care.*

Budget Impact: $125,000.

J**ustification:** County Dental Clinics are experiencing a shortage of providers and ancillary support staff resulting in long wait time for appointments, insufficient availability for emergency care, and a lack of sufficient specialty care. This shortage is exacerbated by an increase in the number of pediatric patients being referred to the County Dental Clinics from the Care for Kids program. Many of the referred children have complex needs requiring nitrous oxide for sedation and availability of a pediatric dentist to provide care. The County Dental Clinics can improve service and operations with additional staffing in the form of general dentists, dental hygienists, and dental assistants.

Healthcare for the Homeless

Request: *1.0 FTE psychiatric discharge planner*

Budget Impact: $75,000

Justification: Residents experiencing homelessness often encounter challenges when being discharged from the hospital. For patients with an accompanying behavioral health diagnosis, the complexity of navigating hospital discharge is exacerbated. We advocate for a psychiatric social worker who will work with hospitals to plan for discharge and appropriate follow up and connection to community based mental health services for homeless residents being discharged from the hospital. Creation of this role will allow for early involvement of homeless service providers in discharge planning to assure coordinate recommended post discharge services and navigate patients through the process.