WORKSESSION

MEMORANDUM

April 27, 2016

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT   **FY17 Operating Budget:** Department of Health and Human Services
Public Health Services
(except School Health Services)

Those expected for this session:
Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services
Patricia Stromberg, DHHS Management and Budget
Rachel Silberman, Office of Management and Budget

Overview

The Public Health Services portion of the Executive's FY17 Recommended Budget is attached at © 1-6.

For FY17, the County Executive is recommending total expenditures of $70,332,835 for Public Health Services. This is a 0.5% increase from the FY16 Approved Budget. As the table on the next page shows, while the service area is basically flat-funded, by program the largest decrease in in Healthcare for the Uninsured ($976,490) and the biggest increase is in School Health Services ($769,191).

Public Health Services Expenditures in $000's	FY13 Budget	FY14 Budget	FY15 Budget	FY16 Budget	FY17 REC	Change FY16-17
Health Care For the Uninsured	13,073	13,614	14,670	14,193	13,217	-6.9%
Comm Disease and Epidemiology	1,909	2,008	1,998	2,092	2,154	3.0%
Community Health Services	12,307	11,664	4,634	4,730	4,712	-0.4%
Dental Services	2,149	2,278	2,306	2,455	2,443	-0.5%
Environ Health and Regulatory Srvs	3,085	3,350	3,469	3,604	3,525	-2.2%
Health Care & Residential Facilities	1,562	1,523	1,627	1,695	1,622	-4.3%
Cancer and Tobacco Prevention	1,150	1,140	1,140	1,211	1,249	3.1%
STD/HIV Prevention and Treatment	7,219	7,306	7,298	7,627	7,620	-0.1%
School Health Services	22,096	23,168	24,326	25,546	26,315	3.0%
Tuberculosis Services	1,762	1,657	1,843	1,899	1,877	-1.2%
Women's Health Services	2,794	2,805	3,105	2,658	2,598	-2.3%
Public Health Emergency Prepared	1,390	1,173	1,095	1,181	1,110	-6.0%
Service Area Administration	1,505	1,708	1,683	1,828	1,890	3.4%
TOTAL	**72,001**	**73,394**	**69,194**	**70,719**	**70,332**	**-0.5%**

CE Recommended Changes by Program Area

A. Cancer and Tobacco Prevention

For FY17, the County Executive is recommending $1,249,749 for this program that houses the tobacco use prevention and cessation programs and education and screening programs funded with the State Cigarette Restitution Fund. It also works collaboratively on other tobacco control programs and the goal of eliminating cancer disparities.

1. **Multi-program Adjustments**
   $39,006

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

B. Service Area Administration

For FY17, the County Executive is recommending $1,889,725 for this program that provides leadership and direction for the administration of the Public Health Services as well as the Community Health Improvement Process (Healthy Montgomery), and special projects.

1. **Multi-program Adjustments**
   $61,267

   Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

C. Communicable Disease and Epidemiology

The County Executive is recommending $2,153,809 in funding for this program area that is responsible for the investigation, management, and control of the spread of infectious diseases. Provides educational programs to groups that serve people at risk of infectious diseases, vital records, immunization clinics, screens people who enter the Country through the Refugee Health Program, monitors compliance with Federal laws governing migrant workers.

1. **Multi-program Adjustments**
   $61,448

   Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

D. Health Care and Group Residential Facilities

The Executive is recommending $1,622,350 for this program that inspects and licenses nursing homes, large assisted living facilities, adult day care, small assisted living facilities, and group homes, as well as responding to complaints.

1. **Multi-program Adjustments**
   ($73,024)

   Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

E. Public Health Emergency Preparedness and Response

The Executive is recommending $1,109,961 for this program that is responsible for planning, readiness, and response activities in the event of a public health emergency or bio-terrorism threat. Planning efforts are collaborative with the County's Emergency Management Group and other regional, State, and Federal partners.

1. Multi-program Adjustments
($71,439)

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

F. STD/HIV Prevention and Treatment Program

The Executive is recommending $7,619,605 for this program that provides diagnosis and treatment for those that have contracted STDs. The HIV program provides primary medical care through all stages of HIV/AIDS as well as case management and support services.

1. AIDS Case Management Grant
$896,063
2. Ryan White B II Consortia Services
($896,054)

These items are technical adjustments to the specific source of funding for these programs.

Council Staff recommendation: Approve as recommended by the Executive.

3. Housing Opportunities for Persons with AIDS (HOPWA)
$201,344

DHHS has provided the following:

The county's traditional HOPWA [Tenant Based Rental Assistance (TBRA)] program has grown steadily in FY16 from 39 units to 52 units. Funding for HOPWA will be increased in FY17 by approximately $200,000. The new dollars will subsidize 8 additional TBRA units, as well as fund 3 slots for residents who are HIV+ and homeless or are at serious risk of becoming homeless.

Clients in this new program will receive intensive case management services to address barriers (language, employment, childcare, substance and/or mental health issues) to independent living.

The funding for the additional units is expected to run from FY17 through FY19.

Council Staff recommendation: Approve as recommended by the Executive.

4. Multi-program Adjustments
($209,182)

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

G. Women's Health Services

The Executive is recommending $2,598,654 in funding for this program that provides care coordination services for women and children in the Medical Assistance-managed care program. It also houses the Women's Cancer control program for eligible women aged 40 and older.

1. Multi-program Adjustments
($58,956)

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

H. Tuberculosis (TB) Services

The Executive is recommending funding of $1,877,255 for this program that includes testing people for exposure to TB, treating active cases, identifying people at risk, and performing contact studies. Special programs are provided to people at risk including the homeless, addicted people, incarcerated people, and people living high-density areas of foreign-born populations.

1. Multi-program Adjustments
($22,108)

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

I. Health Care for the Uninsured

The Executive is recommending $13,216,653 for this program area that includes Montgomery Cares, Care for Kids, Maternity Partnership, and Health Care for the Homeless. These are public-private partnerships that deliver primary care and other services through a network of safety-net clinics, hospitals, and private providers. '

The Executive's only recommended changes to this program area are to the Montgomery Cares program. The Executive has level-funded Care for Kids, Maternity Partnership, and Health Care for the Homeless. The Committee received an update on these programs on March 7th and discussed the growth in demand for Care for Kids and Maternity Partnership. The Committee also discussed **the County's policy that no one will be turned away from these programs because of a lack of appropriation in the originally approved budget.** DHHS has made adjustments to cover any overages and will continue to do so should they occur.

The Montgomery Cares Advisory Board (MCAB) has provided an advocacy statement which is attached at © 7-9. The Montgomery Cares Advisory Board now is tasked with reviewing and providing advice for all the programs for the uninsured and for the Dental Program, not just Montgomery Cares.

The Health Centers Leadership Council (HCLC) and the Primary Care Coalition (PCC) have provided a Joint FY17 Advocacy Statement which is attached at © 12-46. The request is consistent with the request from the MCAB.

a. Care for Kids

At the March session, the Committee discussed the growth in the Care for Kids Program and the expectation that as additional children flee violence, service demands will increase. Council staff understands that enrollment in FY16 has reached the FY15 enrollment.

Fiscal Year	Number Enrolled	Visits
2012	2,812	4,664
2013	2,770	4,410
2014	3,024	4,735
2015	3,919	2,508*

*data incomplete for 2015 at March session

MCAB has requested $132,000 in additional funding for Care for Kids to bring the FY17 starting appropriation more in line with the FY15 actual expenditures; $102,000 would go direct medical services and $30,000 to annualize a client services specialist brought on in FY15 but not annualized as a part of the FY16 budget. Council staff notes that a portion of this total increase must also go to indirect costs.

Council staff recommendation: Place $132,000 on the reconciliation list for the Care for Kids program. The expected allocation of funds is:

	FY15 Original Approved	FY16 Original Approved	Proposed Addition	FY17 Proposed
Personnel contractual	306,467	318,642	30,000	348,642
Medical Providers	247,218	33,6179	91,950	428,129
Other Operating	45,543	60,380		60,380
Indirect Cost	50,335	59,362	10,050	69,412
Total Care for Kids Contract	649,563	774,563	132,000	906,563
HHS Operating	1,310	1,310		1,310
Total Care for Kids Budget*	650,873	775,873		907,873

Does not include costs for children served by school based health centers or Kaiser Permanente

b. **Montgomery Cares**

The table on the following page show the budget trends for Montgomery Cares since FY13 and the Executive's recommended reductions. The MCAB, HCLC, and PCC are in agreement with the recommendation to fund the program based on 67,000 primary care visits. The have made five requests for additional funds:

1. **Increase reimbursement from $67 to $71 per visit based on the need to pay clinic providers competitive rates $268,000**

The information from the HCLC and PCC (©X) discusses the clinic needs regarding hiring personnel, the difficulty in actually hiring personnel, the impact these shortages are having on the ability to see clients, and the estimate that the $62 reimbursement rate that was in place in 2007 would be about $71 when adjusted for inflation. They also note if remained 77% of the Medicaid rate, the reimbursement would now be $82.61.

MONTGOMERY CARES	FY13 Budget	FY14 Budget	FY15 Budget	FY16 Budget	FY17 CE	$ Change FY16-17
Enrollment for Patients not served through Healthcare for the Homeless	32,250	32,250	32,250	28,500	25,770	(2,730)
Budgeted Number of Primary care Encounters at $65 per visit ($62 before FY14)	85,625	85,625	82,707	74,100	67,000	(7,100)
Services Areas:						-
Support for Primary Care Visits	5,308,750	5,565,625	5,375,955	4,957,630	4,481,930	(475,700)
Community Pharmacy-MedBank	1,793,490	1,669,539	1,761,981	1,739,421	1,666,571	(72,850)
Cultural Competency	22,500	22,500	22,500	22,500	22,500	-
Behavioral Health	652,000	727,000	1,010,330	1,060,330	612,715	(447,615)
Oral Health	407,120	407,120	407,120	589,120	589,120	-
Specialty Services	732,303	1,132,304	1,184,045	1,258,565	1,138,565	(120,000)
Program Development	110,840	110,840	421,220	343,184	343,184	-
Information and Technology	415,360	415,360	415,360	335,360	335,360	-
PCC-Administration	502,774	517,860	945,373	945,373	846,720	(98,653)
HHS - Administration	495,608	377,171	392,736	378,923	518,690	139,767
Facility	67,040	67,040	67,040	67,040	67,040	-
Build-out new Holy Cross Clinic	75,000	-	-			-
Subtotal	**10,582,785**	**11,012,359**	**12,003,660**	**11,697,446**	**10,622,395**	**(1,075,051)**

Council staff agrees with the need for an adjustment to the current rate of $67. As MCAB, HCLC, and PCC are seeking a $4 increase in the amount the clinics will receive, the amount of the increase for budget would be $4.33 per visit to account for indirect costs to PCC. Council staff recommends putting this on the reconciliation list in two increments:

Increase reimbursement to Clinics by $2 per visit	$145,055
Increase reimbursement to Clinics by $2 per visit	$145,055
	$290,110

2. Behavioral Health

Carryover of FY16 Savings Plan:

The Executive is recommending a reduction of $50,000 to the behavioral health program. This is a continuation of the Council's approval in the FY16 Savings Plan to not expand services at the Holy Cross Aspen Hill Clinic. **Council staff recommends approval of this reduction** and the MCAB, PCC, and HCLC have not requested restoration of these funds.

Moving to a Fee for Service Model

The Executive is recommending $397,616 in further reductions to the behavioral health program by moving from a model that funds staff to one that requires staff to bill for hours and be reimbursed based on billing. A detail of the reduction is attached at © 10. DHHS built a cost

model based on 6,780 expected visits (based on FY15 actual visits) and then proposes savings based on the difference from what is budgeted for FY16. The model still includes access to psychiatric services through consulting.

There is great concern on the part of MCAB, HCLC, and PCC of the impact of this change and how it will move the program from a holistic, patient-centered program to one that treats a diagnosis in billable services. It will be difficult fund care management and navigation, must as it is in other fee-for-service models.

Council staff seriously questions whether this proposal can be implemented in FY17. Will all the clinics in the behavioral health program have the capacity to bill? Will current providers continue to provide services if they must bill? Does the rate provide enough funding to the actual mental health visit and the care management that is critical to continue the good outcomes from the program?

If DHHS has determined that the behavioral health program should transition to a fee-for-service model to be consistent with other programs, then adequate time should be taken to set up the structure and to have a discussion about what, in addition to therapy sessions, might also be reimbursed by Montgomery Cares.

Council staff recommends restoration of the $397,616 for the behavioral health program. Council staff also recommends that DHHS provide a proposal by December 31, 2016 on the structure for a fee for service program so that planning has taken place should this change be recommended for implementation in FY18.

3. Specialty Care

Specialty care services are provided in two ways: Project Access coordinates specialty services and pays providers at a reduced rate when there are no volunteer specialists to perform procedures, and, Project Access, Catholic Charities Health Care Network (CCHCN), coordinates pro bono specialty care services, it does not pay providers or hospitals. Currently, some of the most common are colonoscopy, endoscopy, general surgery, orthopedic surgery, and urology. In addition to Montgomery Cares contributes about $149,000 to CCHCN for administrative support. In FY15, CCHCN made appointments for 83% of referrals. The most recent report © X says that Project Access is currently able to serve about 78% of referrals.

The MCAB, HCLC, and PCC have asked for an additional $50,000 for Specialty Care that would increase funding for Project Access by $30,000 and to CCHCN by $20,000.

Council staff does not recommend this funding as is not as high a priority in staff's view as the reimbursement to clinics and the restoration of funding for behavioral health services.

4. Community Pharmacy

MCAB, HCLC, and PCC have requested $80,000 in additional funding for the Community Pharmacy to offset the loss of access to drugs through MedBank and drug company programs. The Committee discussed this issue at the March session and was informed that some programs have changed eligibility criteria and that this has specifically impacted pharmaceuticals for people who are insulin dependent.

Council staff is not recommending this increase funding because the most recent quarterly report (© 50) shows spending after the 3rd quarter at 60% which indicates there may still be some flexibility in this expense area. In addition, in Council staff's view, this is not as high a priority as the restoration of the behavioral health funding or an increase to the reimbursement rate. Perhaps the method for allocating the base funds could be changed to hold some funding aside that will be provided specifically to patients that are no longer eligible for free or reduced cost drug through drug company programs.

5. Quality Assurance

Last year, the HHS Committee agreed not to recommend funds for an annual customer survey believing that conducting such an effort every other year would be appropriate. The MCAB, HCLC, and PCC are requesting $65,000 in funds in FY17 for this purpose.

Council staff recommends placing $65,000 in the reconciliation list but notes this should considered one-year funding and re-evaluated in FY18.

c. Maternity Partnership

At the March session, the Committee discussed the growth in this program. The program saw 8% growth from FY14 to FY15 and has seen 12% growth from FY15 to FY16 (through February). MCAB is asking for $204,100 to provide for 260 clients (1,772 clients). The Department is projecting that it may see as many as 2,000 clients this year.

Council staff recognizes that the budget does not reflect the known need, but also recognizes that, as with Care for Kids, the Executive's budget does not allocate any additional funds. **Council staff recommends placing two increments of $102,050 on the reconciliation list but notes that DHHS will have to adjust to meet demand if this funding is not approved.**

d. Montgomery Cares – Healthcare for the Homeless

A component of Montgomery Cares is the Healthcare for the Homeless program. While homeless people can access any clinic, there are separate contracts that provide a level of service that is often needed for homeless people who have chronic conditions. The Executive is not

recommending any specific funding changes for this program. **One of the most critical things handled by the program is discharge planning and making sure that a person who is homeless has a safe place to stay.** MCAB has made two recommendations:

Medical Recuperative Care (also referred to as medical respite)
$50,000

This $50,000 is "seed money" to be combined with other resources to move forward with creating beds that would allow people who need some step down services from hospitalization to have a safe place with some medical care. These people would not need a rehabilitation setting and, if they were not homeless, might have gone home to be cared for by family or temporary help. Currently the men's shelter has a few beds for people who are ill or who have been in the hospital but they do not have the supports or appropriate setting for recuperating properly.

A Committee of the Interagency Commission on Homelessness is working on bringing this proposal together. It is expecting that other resources can be leveraged and that some billing for services might be possible. **Council staff recommends placing $50,000 on the reconciliation list.**

Community Health Coordinator

MCAB is requesting $60,000 for a Community Health Coordinator that can be an advocate for medically vulnerable people in shelters. In this situation, the skills of a nurse are not needed and this is not hospital discharge planning but could be assistance with appointments or special needs related to a person's condition. **Council staff recommends placing $60,000 on the reconciliation list for this position.**

e. Council Grants Reviewed by the Montgomery Cares Advisory Board

For the past several years, the Council has asked the Montgomery Cares Advisory Board to review and provide comments on applications for Council and Executive grants for the Montgomery Cares clinics.

The following provides a summary of each grant, the MCAB recommendation, and the Council staff recommendation. If the HHS Committee concurs with an Executive recommended grant, no additional recommendation is needed. If the HHS Committee recommends funding a Council grant or an amount above the Executive recommendation, it must be placed on the reconciliation list.

Name	Chinese Cultural and Community Service Center, Inc.
Amount	$75,000
Purpose	Mental Health Services – hire a full-time mental health counselor to arrange training workshops, provide patient screening and treatment to the Chinese American community.
MC Advisory Board Comments	**$70,000.** Do not fund the $5,000 requested for training as there was not enough information about what the training would entail. Leverages $66,705 in other funding.
Council Staff Recommendation	**$70,000. Place $45,000 on reconciliation list. Executive's budget includes $25,000.**

Name	Community Ministries of Rockville
Amount	$60,493
Purpose	Patient Navigation – salary support for Specialty Care Coordinator, the Lead Medical Assistant, and Front Desk Worker who would work as a patient navigation team.
MC Advisory Board Comments	**$58,693.** The request for $1,800 for health promoters was not substantiated within the proposal. The program serves a population of which 30% have chronic health conditions.
Council Staff Recommendation	**$58,693 on reconciliation list.**

Name	Community Ministries of Rockville
Amount	$67,083
Purpose	Quality Assurance – Support Quality Assurance Team that monitors governance, clinical protocols, and electronic medical records.
MC Advisory Board Comments	**$67,083.** MCAB recommends funding at full amount. Appears that the organization already has a high overall performance. Quality metrics should be coordinated with PCC.
Council Staff Recommendation	**$67,083 on the reconciliation list.**

Name	Mary's Center for Maternal and Child Care, Inc.
Amount	$46,244
Purpose	Health Education and Social Services – Partial funding for a Lifecycle Health Educator and Family Support Worker to work directly with Montgomery County clients. Montgomery County clinic had an 11% increase in the number served from 2013-2014.
MC Advisory Board Comments	**$46,244.** MCAB recommends funding at full amount. Request is for about half of the total funding.
Council Staff Recommendation	**$46,244. Place $26,244 on reconciliation list. Executive's budget includes $20,000.**

Name	Mercy Health Clinic
Amount	$35,000
Purpose	Diabetes/Hypertension Prevention and Education – funding for nutritional education, health education, and case management supports.
MC Advisory Board Comments	**$35,000.** MCAB recommends funding at full amount. Need was clearly defined (28% of clients) and demonstrated results and outcomes.
Council Staff Recommendation	**$35,000 on the reconciliation list.**

Name	Mercy Health Clinic
Amount	$50,000
Purpose	Medical Staff Support – Support transition to Medicaid by supporting part of the cost of the Medical Director and Nurse Practitioner. So far this year, 70 patients have qualified for Medicaid.
MC Advisory Board Comments	$50,000. MCAB recommends funding at full amount. Medicaid will help stabilize staffing and operations. Leveraging non-county funds. Mercy has a strong volunteer base.
Council Staff Recommendation	**$50,000. NO additional funding need on reconciliation list. Executive's budget includes $50,000.**

Name	Mobile Medical Care (Mobile Med)
Amount	$90,000
Purpose	Medical Staff Support – Fund portion of the cost of a Medical Director. Became a FQHC in August 2015. Medical Director will ensure accountability, path to improvement, and quality of care.
MC Advisory Board Comments	**$90,000.** MCAB recommends full funding. Medical Director is a needed resource for a FQHC. Strong organization with proven community impact.
Council Staff Recommendation	**$90,000. $60,000 on the reconciliation list. Executive's budget includes $30,000.**

Name	The Muslim Community Center (Medical Clinic)
Amount	$35,000
Purpose	Purchase and Operate Handicap Shuttle Van – funds would be used to purchase a second van. Poor access to public transportation causes patients to cancel or be no-shows. Current van provided trips for 1,213 clients in first 6 months of FY16.
MC Advisory Board Comments	$0. MCAB did not believe that the documentation supported the need for a second van (county supported a van last year). The current van should be able to support expanded hours instead of purchasing another.
Council Staff Recommendation	**$0. Executive's budget includes $25,000.**

Name	The Muslim Community Center (Medical Clinic)
Amount	$47,700
Purpose	Drivers for Handicap Shuttle Van
MC Advisory Board Comments	$0. The grant application did not independently support the need for drivers/additional drivers for the van. The proposal was not strong and appeared to copy information from the other proposal.
Council Staff Recommendation	$0. Executive's budget includes $35,000. Council staff is concerned about sustainability of the current van model if it will require annual county funding.

Name	The Muslim Community Center (Medical Clinic)
Amount	$42,400
Purpose	Clinical Case Management – Implement comprehensive primary and specialty care project to restructure clinic service delivery system.
MC Advisory Board Comments	$0. The model the organization proposes was difficult to understand and it was not clear what model they would be using. Coordination of Care not defined. Staff costs were not clear. There was not an explanation of how it would be different from what they are currently doing.
Council Staff Recommendation	$25,000. Place $25,000 on reconciliation list. Council staff agrees that overall proposal could be clearer but outcomes include increasing vaccinations and care management for chronic patients and working with PCC on patient-centered/coordinated care. If funding is approved, outcome report should identify the number of patients served in the new model.

Name	The Muslim Community Center (Medical Clinic)
Amount	$42,400
Purpose	Quality Assurance – Support for Quality Assurance Team that develops and monitors measures consistent with standard of care for obesity, diabetes, and other chronic diseases.
MC Advisory Board Comments	$42,400. While recommending funding there was concern about the clarity of information in the application and that program relies in part on annual county funding.
Council Staff Recommendation	$42,400. Place $12,400 on reconciliation list. Executive's budget includes $30,000.

Name	Proyecto Salud Clinic
Amount	$43,648
Purpose	Referral Coordinator, Specialty Care – funding for a referral coordinator to assist patients, many with language barriers, to obtain appointments with specialty care providers to complete their diagnosis and treatment.
MC Advisory Board Comments	$43,648. MCAB recommends full funding.
Council Staff Recommendation	$43,648 on the reconciliation list. Council staff supports this funding for FY17 but if an FY18 grant is requested the application to explain better why these additional resources should be at the clinic level rather than with the PCC Specialty Care program that works with Project Access and the Archdiocese.

J. Community Health Services

The County Executive is recommending $4,712,356 in funding for this program that provides preventive health access services to uninsured and underinsured using a nurse case management and home visits to targeted populations. Staff also provides support to immunization clinics, STD services, and pregnancy testing in regional health centers.

1. **Expanded Breast Cancer Grant ($232,592)**
2. **Cancer Outreach and Case Management Grant $253,710**

This is an adjustment between two grant sources. This item and the next two reflect changes that have already occurred and grant funding was finalized for FY16.

Council Staff recommendation: Approve as recommended by the Executive.

3. **Technical Adjustment to Care Coordination Grant $75,000**

Council Staff recommendation: Approve as recommended by the Executive.

4. **Early Detection and Control for Breast and Cervical Cancer Grant ($114,409)**

This reflects a budget adjustment based on actual funding received. The Department has already adjusted programs.

Council Staff recommendation: Approve as recommended by the Executive.

5. Multi-program Adjustments
   ## $43,031

   Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

J. Dental Services

For FY17, the Executive is recommending $2,442,987 in funding for this program that provides oral health through six dental clinics to income-eligible children, pregnant women, adults, and seniors. The program includes an HIV dental program.

1. Multi-program Adjustments
   ### ($11,484)

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

Request from MCAB, HCLC, and PCC

MCAB, HCLC, and PCC are recommending $230,000 for the County Dental Clinics which are operating under capacity. They notes that demand exceed availability and that the average wait for a routine dental appointment is 7 to 8 weeks.

The $230,000 would fund and additional 2,000 visits and would allow the dental clinics to operate at capacity.

The Committee has previously discussed the growing evidence of linkages between oral health and other health conditions and that dental visits can identify early signs of illness.

Council Staff recommendation: Council staff recommends breaking this request into three increments, the first two would be $100,000 each and the third $30,000.

K. Environmental Health Regulatory Services

The Executive is recommending $3,524,859 for this program that issues permits and provides inspections for food service establishments, swimming pools, health-care facilities, among its other responsibilities. It enforces the county's rat control ordinance and smoking prohibitions are enforced. It also houses the County's Food Recovery program.

1. Multi-program Adjustments
($78,706)

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council Staff recommendation: Approve as recommended by the Executive.

:mcmillan/FY17OpBd/DHHS Public Health April 28 HHS

Public Health Services

FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases); fostering public-private partnerships, which increase access to health services; developing and implementing programs and strategies to address health needs; providing individual and community level health education; evaluating the effectiveness of select programs and strategies; and licensing and inspecting facilities and institutions affecting public health and safety.

Program Contacts

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or Rachel Silberman of the Office of Management and Budget at 240.777.2786 for more information regarding this department's operating budget.

Program Descriptions

Cancer and Tobacco Prevention

The Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two programs funded through the State Cigarette Restitution Fund. State funding supports coordination activities among community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community based organizations, hospitals, and other existing resources that work collaboratively to implement either tobacco-control programs or the statewide goal of early detection and elimination of cancer disparities, as well as the establishment of tobacco-control programs.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	1,210,743	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	39,006	0.00
FY17 Recommended	1,249,749	3.00

Service Area Administration

This program area provides leadership and direction for the administration of Public Health Services. Service Area Administration also includes Health Planning and Epidemiology, the Community Health Improvement Process (Healthy Montgomery) and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contracts, grants, and partnership development.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	1,828,458	12.85
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	61,267	(1.00)
FY17 Recommended	1,889,725	11.85

Communicable Disease and Epidemiology

Communicable Disease and Epidemiology is responsible for investigations, management, and control of the spread of over 65 infectious diseases as stipulated by Maryland law, including: rabies; hepatitis A, B, and C; salmonellosis; measles; cholera; legionellosis; and lyme disease. Emerging pathogens, such as H1N1 Influenza, are addressed with aggressive surveillance efforts and collaboration with State agencies of

Agriculture, Health, and the Environment. Control measures for disease outbreaks in high-risk populations, such as residents of long-term care facilities, are implemented to prevent further spread of diseases to others. Educational programs are provided to groups that serve persons at risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital records administration and death certificate issuance. Immunizations, outreach, and education are available to residents, private medical providers, schools, childcare providers, and other community groups. The Refugee Health Program screens all persons who enter the County with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease [1]	100	100	100	100	100

[1] *The data reported are for the calendar year (CY) and represent year to date (YTD) as of the date of the report.*

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	2,092,361	17.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	61,448	(0.40)
FY17 Recommended	2,153,809	17.10

■ Health Care and Group Residential Facilities

This program inspects and licenses nursing homes, domiciliary homes (large assisted living facilities with less intensive care than nursing homes), and group homes serving children, elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations. Staff responds to complaints and provides advice and consultations to licensees to maintain high standards of care.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percentage of nursing homes with actual harm deficiencies	9	12	10	10	1

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	1,695,374	12.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(73,024)	0.00
FY17 Recommended	1,622,350	12.00

■ Public Health Emergency Preparedness & Response

This program is responsible for the planning, readiness, and response activities in the event of a public health emergency or bio-terrorism threat. Planning efforts are made in collaboration with the County Emergency Management Group; the Office of Emergency Management and Homeland Security; the Departments of Fire and Rescue Services; the Police Department; hospitals; and a variety of other County, State, regional, and Federal agencies. Efforts are targeted at training and staff development; communication strategies; emergency response drills; partnerships; resources and equipment; the establishment of disease surveillance systems; mass immunization clinics; medication dispensing sites; and readiness.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percentage of Public Health Services (PHS) programs with Continuity of Operations (COOP) plans that have been reviewed and updated within the past 12 months	100	100	100	100	100

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	1,181,400	9.3
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(71,439)	0.00
FY17 Recommended	1,109,961	9.30

STD/HIV Prevention and Treatment Program

The Sexually Transmitted Diseases (STD) Program provides diagnosis and treatment to those who have contracted STDs. Contacts of infected patients are confidentially notified and referred for treatment. HIV counseling and testing is provided, with referral for medical and psychosocial support services if the test is positive. The HIV program provides primary medical care through all stages of HIV/AIDS, medication, as well as a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for People with AIDS program.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	7,627,434	42.65
Technical Adj: AIDS Case Management Grant (20A1189)	896,063	4.49
Increase Cost: Housing Opportunities for Persons with AIDS Grant (F64133A)	201,344	0.00
Technical Adj: Ryan White II, Consortia Grant (F62077A)	(896,054)	(4.24)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(209,182)	(1.00)
FY17 Recommended	7,619,605	41.90

Women's Health Services

This program provides care coordination services for women and children in the Medical Assistance-managed care program. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Screening for early detection of breast cancer and cervical cancer including gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case-management services are offered through the Women's Cancer Control Program to eligible women aged forty years and older.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	2,657,610	20.65
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(58,956)	1.00
FY17 Recommended	2,598,654	21.65

Tuberculosis Services

This program includes: testing persons for exposure to Tuberculosis (TB), treating active cases, identifying persons at risk of developing TB, performing contact studies to determine who may have been exposed to an infectious person, and medication therapy. A treatment plan is developed for each diagnosed patient and the patient receives supervised medication therapy. Special programs are provided to high-risk populations such as the homeless, addicted persons, incarcerated persons, and persons living in high-density areas of foreign-born populations.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percentage of clients with active infectious tuberculosis that receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen	93	88	95	95	95

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	1,899,363	17.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(22,108)	0.00
FY17 Recommended	1,877,255	17.00

Health Care for the Uninsured

This program area includes the Montgomery Cares, Care for Kids, Maternity Partnership, and Health Care for the Homeless programs. Through public-private partnerships, these programs provide primary health care services for low-income uninsured children, adults,

pregnant women, and the homeless, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals, along with other health care providers. This program area also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical, and surgical treatment.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percent of vulnerable populations that have a primary care visit - Children [1]	30.5	41.0	41.0	41.0	41.0
Percent of vulnerable populations that have a primary care visit - Adults [2]	28.2	24.0	26.0	26.0	26.0
Percentage of healthy birth weight babies (greater than or equal to 2,500 grams) born to pregnant women in the Maternity Partnership Program	97	97	97	97	97

[1] Due to changes in methodology, FY15 will serve as a new baseline and is not directly comparable to past years. Changes in the number of people accessing health care are unpredictable due to the unknown impact of implementation of the Affordable Care Act with enrollment in expanded Medicaid and Qualified Health Plans.

[2] Due to changes in methodology, FY15 will serve as a new baseline and is not directly comparable to past years. Changes in the number of people accessing health care are unpredictable due to the unknown impact of implementation of the Affordable Care Act with enrollment in expanded Medicaid and Qualified Health Plans.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	**14,193,143**	**6.00**
Decrease Cost: Behavioral Health Specialist - Montgomery Cares Holy Cross - Aspen Hill Clinic	(50,000)	0.00
Decrease Cost: Align Montgomery Cares Behavioral Health Service Reimbursement Model with Statewide Trends	(397,615)	0.00
Decrease Cost: Montgomery Cares Caseload Due to Affordable Care Act Implementation	(767,203)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	238,328	1.00
FY17 Recommended	**13,216,653**	**7.00**

◼ Community Health Services

Community Health Services provides preventive health access services to uninsured and underinsured populations, using a family-centered approach. Services include nurse case management and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, and pregnancy testing in regional health centers.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percentage of Infants At Risk (IAR) referrals that received a follow-up visit within 10 days by Community Health Service (CHS) nurse	95	95	95	95	95

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	**4,729,852**	**43.80**
Shift: Expanded Breast Cancer Grant (200A992)	232,592	2.31
Technical Adj: Care Coordination Grant (F62087A)	75,000	2.00
Reduce: Early Detection & Control Breast & Cervical Cancer (F62078A)	(114,409)	0.00
Shift: Cancer Outreach and Case Management Grant (F64022A)	(253,710)	(2.41)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	43,031	(1.90)
FY17 Recommended	**4,712,356**	**43.80**

◼ Dental Services

This program provides dental services to promote oral health in six dental clinics. Services include instruction in preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-positive clients.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Dental Services - Percentage of children that complete their dental treatment plan	74	53	53	53	53

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	2,454,471	16.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(11,484)	0.00
FY17 Recommended	2,442,987	16.00

Environmental Health Regulatory Services

This program issues permits for and inspects a variety of activities to protect the public health by ensuring that sanitation standards are met and maintained, and that there is minimal risk of injuries or spread of vector, food, and waterborne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans-fat in foods and enforces menu labeling regulations. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, and a variety of other facilities used by the public are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and by State of Maryland laws and regulations. The County's rat control ordinance and smoking prohibitions and restrictions are enforced under this program. Complaints made by the public are investigated and orders for correction are issued as appropriate.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percentage of swimming pools found to be in compliance upon regular inspection	91	90	90	90	90

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	3,603,565	30.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(78,706)	0.00
FY17 Recommended	3,524,859	30.00

School Health Services

This program provides health services to the students in Montgomery County Public Schools (MCPS). These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation, and education; referral for medical, psychological, and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens; hearing, vision screenings, and Lead Certification screenings are provided to MCPS students. Immunizations and tuberculosis screenings are administered at School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's School Based Health Centers or High School Wellness Centers. Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, MCPS, and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children. School Health Services provides a full range of health, dental, and social services to the children and their families.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percent of students that return to class and are ready to learn after a health room visit	88	87	87	87	87

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	25,545,681	258.45
Add: Somatic Health Services at Wheaton High School Wellness Center	347,670	2.00
Add: School Health Staffing for New Clarksburg/Damascus Middle School	126,840	1.56
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	294,681	0.00
FY17 Recommended	26,314,872	262.01

Program Summary

Program Name	FY16 APPR Expenditures	FTEs	FY17 REC Expenditures	FTEs
Cancer and Tobacco Prevention	1,210,743	3.00	1,249,749	3.0
Communicable Disease and Epidemiology	2,092,361	17.50	2,153,809	17.1
Health Care and Group Residential Facilities	1,695,374	12.00	1,622,350	12.00
Public Health Emergency Preparedness & Response	1,181,400	9.30	1,109,961	9.30
Service Area Administration	1,828,458	12.85	1,889,725	11.85
STD/HIV Prevention and Treatment Program	7,627,434	42.65	7,619,605	41.90
Tuberculosis Services	1,899,363	17.00	1,877,255	17.00
Women's Health Services	2,657,610	20.65	2,598,654	21.65
Health Care for the Uninsured	14,193,143	6.00	13,216,653	7.00
Community Health Services	4,729,852	43.80	4,712,356	43.80
Dental Services	2,454,471	16.00	2,442,987	16.00
Environmental Health Regulatory Services	3,603,565	30.00	3,524,859	30.00
School Health Services	25,545,681	258.45	26,314,872	262.01
Total	**70,719,455**	**489.20**	**70,332,835**	**492.61**

Montgomery Cares Advisory Board
Position Statement
Fiscal Year 2017

Overview

The Montgomery Cares Advisory Board (MCAB) provides guidance to the County Executive and County Council, which financially and operationally support health care services for the uninsured, low-income residents of our County.

In FY16, County legislation was approved for the MCAB to expand its scope to include oversight of programs under the Healthcare for the Uninsured unit including: Care for Kids, Maternity Partnership, Dental Services, Health Care for the Homeless, as well as the Montgomery Cares program. As it exists presently, patients requiring services through the safety-net programs must navigate a complex web of eligibility and enrollment procedures, referral protocols and price structure. MCAB is working toward a system of care that is without fragmentation and minimizes barriers. The principled aim is for the best possible patient experience and a culturally competent integrated care system for clients and their families. We believe this endeavor will yield a healthier and happier community

As the MCAB looks toward the future, we will collaborate with DHHS, program partners, and other stakeholders to prioritize key components of the Health Care for the Uninsured programs. MCAB is committed to promoting the Triple Aim principles of improving population health, patient experience and reducing costs.

FY17 Budget Priorities

The MCAB has identified the following budget priorities for FY17 for a **total net increase of $1,536,100** to the Health Care for Uninsured budget:

Montgomery Cares

In FY16, Montgomery Cares is seeing a slight decrease in its encounters and patients; utilization is trending 2% less than FY15. This is attributed partially to the Affordable Care Act, since more residents gained insurance coverage, and clinics are experiencing significant challenges hiring providers. 10 of 12 clinics are seeking physicians and nurse providers. Based on the needs of the program, MCAB is recommending the following:

	Budget
Primary Care: Increase reimbursement from $67 to $71 based on need to pay clinic providers competitive rates	$268,000
Behavioral Health: Restore funding to the program recommended to be cut by the County Executive in FY17	$397,000
Specialty Care: Support specialty care to provide additional visits and strengthen the specialty care network infrastructure. • Project Access, $30,000 • Catholic Charities Health Care Network, $20,000	$50,000
Pharmacy: Support diabetic medications for clients primarily insulin dependent who no longer have access to medications through MedBank	$80,000
Quality Assurance: Will supports the quality assurance survey to ensure equitable access to quality health services	$65,000
Montgomery Cares Total	$860,000

Each year, DHHS has had to find funds to sustain the program. MCAB understands that the variability in the number of women needing services makes it challenging to plan the budget year to year. Based on the trending enrollment, MCAB is recommending the following:

	Budget
Direct Medical Services: Increase budget of the program based on the rising trend in enrollment. An additional 260 clients at $785 each • Budget currently funded for 1,512 clients but prior enrollment has exceeded this - FY15: 1,771 and FY14: 1,635. • FY16 projected number of clients is 2,000.	$204,100
Maternity Partnership Total	**$204,100**

Health Care for the Homeless

Health Care for the Homeless Program provides primary medical care and nursing case management to adults experiencing homelessness:

- Contracts with community-based providers to provide primary care, nurse case management, and oral health care at shelter sites
- Nurse case management is available for medically vulnerable, formerly homeless patients now living in permanent housing
- County staff provide nurse case management services to homeless adults following hospital discharge

The program is seeing homeless clients with increasingly complex medical and behavioral conditions. This is a challenge, especially with clients being discharged from County hospitals, who cannot be managed successfully in a shelter. MCAB developed its budget request based on the existing gaps in care. MCAB is recommending the following:

	Budget
Medical Recuperative Care: Start-up funding for Medical Recuperative Care program for homeless clients who require a higher level of medical care than can now be provided in shelters but do not require hospitalization. It is expected that these funds will be combined with resources from other partners and reimbursements to start a pilot program during FY17	$50,000
Personnel: Support a Community Health Coordinator to advocate and act as a liaison for medically vulnerable clients in the shelters.	$60,000
Health Care for the Homeless Total	**$110,000**

The Board appreciates the opportunity to provide this recommendation and we are committed to continuing to work in close collaboration with the Council, DHHS and program partners to improve the health of County residents

The MCAB supports the FY17 advocacy of the Health Centers Leadership Council and the Primary Care Coalition.

Care for Kids

Care for Kids provides access to health care services for uninsured children in Montgomery County. Pediatric care includes well child visits, sick visits, prescription medicines, optometry, dental, and other limited specialty care services.

The Care for Kids (CFK) program enrollment has grown significantly over the past two years, largely due to the impact of unaccompanied minors who have moved to the County and are being enrolled in the CFK program. As of February 2016, the program has experienced 20% increase in the number of clients, and surpassed the total number of participants for FY15. Based on the trending enrollment, MCAB is recommending the following:

	Budget
Direct Medical Expenses: Support direct services in primary care, specialty care, specialty dental	$102,000
Personnel: .75 FTE client services specialist to assist with the steady increase in clients	$30,000
Care for Kids Total	**$132,000**

County Dental Clinics

The DHHS Dental Program has seen a significant increase in patients (17%) and encounters (29%) in FY16. This is due to increased efficiency with implementation of the Electronic Dental Record and an increase ($50,000) in the FY16 budget. The demand for oral health services continues to exceed the availability of dental care at the Montgomery County dental clinics, and there is a longer wait-time for an appointment. The next available appointment for the DHHS Dental Program is on average 7-8 weeks for routine appointments.

The Dental Program currently operates at 75% capacity, 5 sites with 17 dental operatories. Physical capacity exists to see additional clients, but the program's budget limits the number of clients they can serve. MCAB budget request for DHHS Dental is as follows:

	Budget
Utilize additional capacity of dental clinics (currently using 75%) having an additional 2,000 encounters • Funding will support .9 FTE for dentists, .7 FTE for a hygienist, 1.0 FTE for dental assistants and dental supplies	$230,000
County Dental Clinics Total	**$230,000**

Maternity Partnership

The Maternity Partnership program (MPP) provides prenatal services for pregnant women residing in the County through referral for prenatal care to the Adventist and Holy Cross hospital systems. Prior to referral and during the pregnancy, health education, and case management services are provided by the County Health Centers. MPP patients must be County residents at or below 185% FPL.

Maternity Partnership is experiencing an increasing trend in the number of clients served annually.
Utilization – Increasing Enrollment Trend
FY14 – 1,635 patients; FY15 – 1,771 patients
Enrollment FY16 July – February (1,234) vs. FY15 July–February (1,100) = 12% increase

FY17 Montgomery Cares Behavioral Health
Fee for Service Model

FY17 Proposed Payments Using Medicaid Rates	30 minutes of service at $36 per unit
Assumes 6,780* visits reimbursed @ the Medicaid rate of $36 for a 30 minute LCSW individual psychotherapy session. Total cost $244,080.	
An additional $89,390 is available for visits beyond 30 minutes - billing @$18 per 15 minute increment.	333,434
Psychiatric consulting (Georgetown)	158,569
Program Manager w/benefits	106,520
Admin Costs	42,854
Total Costs	**641,377**
Add: PCC Indirect Costs (8.3%)	53,234
Total FY17 Proposed Costs	**694,611**
FY16 BH Reimbursement Costs	**1,092,227**
FY17 CE Recommended Reduction	**(397,616)**
*No. of visits (FY15 Actual) - 6779	

SERVICES	FY10 CC Approved Budget	FY11 CC Approved Budget	FY12 CC Approved Budget	FY13 CC Approved Budget *	FY14 CC Approved Budget *	FY15 CC Approved.	FY16 CC Approved	FY17 CE Rec Changes	FY17 CE Rec
Enrollment Non-Homeless	23,000	28,000	28,000	32,250	32,250	32,250	28,500		25,770
Number Encounters at $65 ($62 prior to FY14)	62,100	70,000	75,000	85,625	85,625	82,707	74,100		67,000
SUPPORT FOR PRIMARY CARE VISITS	3,682,800	4,340,000	4,650,000	5,308,750	5,565,625	5,375,955	4,957,630	(475,700)	4,481,930
COMMUNITY PHARMACY-MED BANK	2,136,590	1,785,590	1,785,590	1,669,539	1,669,539	1,761,981	1,739,421	(72,850)	1,666,571
CULTURAL COMPETENCY	75,000	45,000	22,500	22,500	22,500	22,500	22,500		22,500
BEHAVIORAL HEALTH	600,000	580,000	580,000	652,000	727,000	1,010,330	1,060,330	(447,615)	612,715
ORAL HEALTH	350,000	350,000	350,000	407,120	407,120	407,120	589,120		589,120
SPECIALTY SERVICES	660,468	450,468	450,468	732,303	1,132,304	1,184,045	1,258,565	(120,000)	1,138,565
PROGRAM DEVELOPMENT	343,070	260,960	110,840	110,840	110,840	421,220	343,184		343,184
INFORMATION AND TECHNOLOGY	350,360	320,360	315,360	415,360	415,360	415,360	335,360		335,360
PCC-ADMINISTRATION	569,274	529,274	502,774	502,770	517,860	945,373	945,373	(98,653)	846,720
HHS-ADMINISTRATION	484,030	482,296	478,186	391,696	377,171	392,736	378,923		518,690
FACILITY	311,700	67,040	67,040	142,040	67,040	67,040	67,040		67,040
SUBTOTAL - Non-Homeless	9,768,429	9,210,988	9,312,758	10,354,918	11,012,359	12,003,660	11,697,446	(1,214,818)	10,622,395
Enrollment Health Care for the Homeless	1,000	800	500	500	500	500	500		500
Number Encounters	2,700	2,400	1,500	1,500	1,500	1,500	1,500		1,500
Direct Healthcare Services (visits)	435,000	435,000	217,500	217,500	217,500	217,500	217,500.00		227,261
SPECIALTY SERVICES				25,000	25,000	25,000	25,000.00		25,000
Pharmacy				40,000	40,000	40,000	40,000.00		40,000
HHS Administration (includes hospital discharge planning)	303,972	255,158	266,140	262,139	236,280	245,134	172,242.00		185,519
SUBTOTAL - Homeless	738,972	690,158	483,640	544,639	518,780	527,634	454,742	-	477,780
TOTAL MONTGOMERY CARES BUDGET	10,507,401	9,901,146	9,796,398	10,899,557	11,531,139	12,531,294	12,141,109	(1,214,818)	10,944,266

When people cannot access appropriate affordable health care, the costs to the community are high. For more than a decade, the Montgomery County Government and a coalition of safety-net clinics, hospitals, community based organizations, and individual health care providers, have collaborated to form the most expansive health care safety net serving low-income, uninsured residents in the state. Other communities around Maryland are now looking to Montgomery County as a model.

Montgomery County's portfolio of healthcare programs serving uninsured residents leverage existing programs in the community and use public and private funding to develop and nurture programs that fill gaps in health care access and equity. These programs deliver tremendous value for this community.

In difficult economic times, it is the most vulnerable who suffer the most. The Health Centers Leadership Council, Montgomery Cares Advisory Board, and Board of Directors of the Primary Care Coalition urge you to keep Montgomery County's remarkable health care safety net strong by ensuring the participating programs have the necessary resources to support low-income residents in leading healthy productive lives.

Care for Kids. Continues to deliver excellent services that 100% of families would recommend despite unprecedented growth and limited resources.

Request: $132,000

Montgomery Cares. Leverages at least $1.72 in grants, donations, and pro-bono services for every dollar of County funds invested.

Request: $860,000

Maternity Partnership. 97% of women in the program delivered babies at a healthy birthweight .

Request: $204,100

County Dental Clinics. Help address the critical shortage of dental services facing uninsured and under insured residents.

Request: $230,000

Healthcare for the Homeless. Provides stability and improved health outcomes for homeless individuals and reduces unnecessary use of hospital emergency rooms.

Request: $110,000

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Joint FY17 Budget Request

Health Centers Leadership Council & Primary Care Coalition
Supported by Montgomery Cares Advisory Board

	Budget Category	FY17 CE Proposed	Requested Increase
Care for Kids	**Medical Services:** Carry forward emergency funds to enroll and provide medical services to children who joined the program in FY16	$284,401	$132,000
	CARE FOR KIDS TOTAL REQUESTED INCREASE		$132,000[1]
Montgomery Cares	**Primary Care:** Increase the reimbursement rate by from $67 to $71 per encounter	$4,489,000	$268,000
	Behavioral Health Care: Reverse $397,000 reduction & ensure access to integrated behavioral health services for Montgomery Cares patients following the nationally recognized collaborative care model	$611,520	$397,000
	Community Pharmacy: Provide essential medications for insulin-dependent diabetics who have lost access to medications through corporate Pharmacy Assistance Programs	$1,698,171	$80,000
	Specialty Care: Expand specialty care to provide approximately 265 additional visits and strengthen specialty care network infrastructure • Project Access Direct Services $30,000 • Catholic Charities Health Care Network $20,000	$858,565[2]	$50,000
	Quality Assurance: Restore funds to conduct quality assurance survey and patient experience survey in alternating years to ensure equitable access to quality health services for vulnerable residents	-0-	$65,000
	MONTGOMERY CARES TOTAL REQUESTED INCREASE		$860,000
Maternity Partnership	**Medical Services:** Pre-natal care and labor and delivery for 260 families	$1,186,920	$204,100
	MATERNITY PARTNERSHIP TOTAL REQUESTED INCREASE		$204,100
County Dental	**Dental Services:** Contract with dental service providers to deliver 2,000 more oral health visits and use more of the capacity of the existing county dental clinics	$2,442,987	$230,000
	COUNTY DENTAL CLINICS TOTAL REQUESTED INCREASE		$230,000
Healthcare for the Homeless	**Community Health Coordinator:** Support medically vulnerable clients in shelters by providing a 1.0FTE advocate and liaison between shelters and health services providers.	-0-	$60,000
	Medical Recuperation: Start-up funding for Medical Recuperation program for homeless clients in need of a higher level of care than is available in a shelter	-0-	$50,000
	HEALTHCARE FOR THE HOMELESS TOTAL REQUESTED INCREASE		$110,000
	HEALTHCARE FOR THE UNINSURED: **TOTAL FY17 BUDGET REQUESTED INCREASE**		$1,536,100

- Requested increases are in relation to the County Executive's proposed budget for FY2017.
- Program budget lines not affected by the FY17 requested increase are not displayed.

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[1] The final requested amount for Care for Kids should match the final amount of emergency funds added in FY16.
[2] This figure does not include funds for cancer screenings.

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Care for Kids Value Statement

For a County investment of ~$200 per child in FY2015, Care for Kids delivered tremendous value for this community...

Access

- Provided health care home for nearly **4,000 vulnerable children** not eligible for other health coverage. (886 of them were children fleeing violence)

- Served children available at 29 locations county wide, including primary care, specialty care, oral health services, and optometry

Quality

- **99%** of families served were **very satisfied or satisfied** with the overall care provided

- **100% of families would recommend** the program to a family members or friends

- **1,125** children with complex needs received case management

Return on Investment/Impact

- Partnered with **19 independent practices** and **one pro-bono health system** to provide direct services to vulnerable patients

- Leveraged **> $440,000** worth of pro-bono primary care services and **>$98,000** worth of pro-bono specialty medical and specialty dental care

- Coordinated **$ 10,000** worth of free medications for **168 children**

Challenges

- **Unprecedented growth.** As of January 2016, the number of children participating in the program has surpassed the total number of participants in all of FY15.

- Kaiser Permanente, a valued partner and important source of pro-bono care, has closed its pro-bono panel. All newly enrolled children are being assigned to School Based Health Centers or contracted providers, which have higher costs for medical services.

- CFK continues to see higher than normal monthly enrollments while retaining children from the initial increase.

- CFK projects serving **5,450 children in FY17.**

We request $132,000 be added to the Care for Kids budget in FY17 to meet the projected need for health services for children in FY17 including:

- Primary care (well child and sick visits)

- Specialty care

- Specialty dental care

Montgomery Cares Program Value Statement

In FY2015, For a County investment of $389 per patient, the Montgomery Cares program delivered tremendous value for this community...

Access

- Provided health care home for > **26,000 low-income adults** not eligible for other health coverage. While the number of adults served has declined from a high of 30,000 in 2013, following ACA implementation, the demand for services remains high.

- Services available at **39 locations** county wide
  Services include:
  - Primary care
  - Specialty care
  - Medication access
  - Behavioral health care
  - Oral health services

Quality

- High **quality medical care** that **reaches or exceeds national benchmarks** for selected diabetes and hypertension measures

- Positive patient experience: **96% of patients would recommend** their clinic to a family member or friend

- Culturally and linguistically appropriate health services prepared to meet the health care needs of a growing population of low-income, diverse county residents.

Collaboration

- Engaged **12 independent safety net clinics** and four hospital systems in the county to provide direct services to vulnerable patients

- Enlisted **427 individuals as volunteers** in service to the underserved

- Partnered with **14 pro-bono** practices and **63 other practices** to deliver reduced cost specialty care

- Provided **on the job training** including rotations for social work, nursing, and clinical pharmacy students

- Partnered with faculty and departments at **11 institutions of higher learning**

Return on Investment/Impact

- Employed **74 FTE health professionals** to care for the uninsured. Leveraged **> 19 FTE equivalent volunteers** to provide **medical and dental** care to the uninsured

- Obtained **$ 3.2 million** worth of free medications for **>1,200 patients**

- Secured **$3,145,506** in donated hospital services in FY2015

- Provided nearly **$170,000** worth of pro-bono specialty care

- Delivered **$4,786,000** in specialty and hospital services to Montgomery Cares patients via the Catholic Charities Health Care Network

- Leveraged **> $8,745,912** in grants and donations to participating organizations

Thanks to the County's investment in Montgomery Cares, we have built a system that offers primary care to *every* low-income Montgomery county resident who seeks primary care.

An investment of $860,000 will keep this remarkable health care safety net strong by:

- Safeguarding access to integrated behavioral health care for all Montgomery Cares patients ($397,000)
- Ensuring insulin dependent diabetics have access to essential medication ($80,000)
- Increase the per-visit reimbursement rate by $4 so clinics can offer competitive salaries needed to recruit and retain quality health care providers ($268,000)
- Closing the gap in access to specialty care ($50,000)
- Assuring the quality of service through evaluation and improvement activities ($65,000)

Maternity Partnership Program Value Statement

Access

- Provides prenatal care for uninsured, low-income pregnant women residing in Montgomery County

- Strives to ensure early access to comprehensive prenatal services, addressing health and case management needs for women identified as high-risk due to social, psychological and environmental conditions

- Services are provided at DHHS health centers and the hospital:
  - Silver Spring or Up-county Health Center provides orientation, health education, and case management
  - Holy Cross Hospitals (Silver Spring and Germantown) and Adventist Hospitals (Shady Grove and Washington Adventist) provide prenatal care

Quality

- 97% of women in the program delivered babies at a healthy birth weight (over 2500 grams)

- Guided by the American Congress of Obstetricians and Gynecology prenatal care protocols

- Provides culturally and linguistically appropriate care with orientation classes in both Spanish and English.

Collaboration

- The hospitals are committed partners in supporting healthy pregnancies and successful birth outcomes.

- Maryland Medical Assistance covers the cost of delivery, while the County supports the prenatal care

- Refers clients to other key programs and supports available to assist them at the time of eligibility screening through DHHS Office of Eligibility Systems and Services

- Coordinates referrals with the Montgomery Cares safety-net clinics following delivery, providing primary care, pediatrics, and family-planning services. Mother and baby can often receive ongoing care at the same location

Return on Investment

- Physically and mentally healthy children and parents

- Reduced morbidity and mortality for mothers and children

- Reduces "risky" behaviors such as smoking and drinking through education and care coordination

- Linkage to other key services (e.g. oral health care, income supports) to ensure long-term health and stability

We request $204,100 to serve 260 more families and support healthy moms and healthy babies

Dental Services Value Statement

Access

- Provides access to dental services for low-income, uninsured or underinsured adults, children, pregnant women, and seniors at five locations throughout the County

- Delivers services including health education and other preventive services, routine exams, restorative care (fillings, etc.), and limited oral surgery.

- Refers patients in need of specialty dental to alternative resources for follow up care.

- Provides emergency services within 24 hours

Quality

- Provides culturally and linguistically competent services

- Offers services appropriate for all ages through a family-centered model

- Emphasizes preventive care for children and pregnant women

- Offers oral health education to groups and individuals

Collaboration

- Engages community-based dentists and dental hygienists to provide services at DHHS sites under contract and on a pro bono basis

- Collaborates with community-based dental practices which provide discounted specialty dental care to DHHS clients

- Collaborates with the DHMH Office of Oral Health and the Maryland Department of Aging, which provide additional funding to support the program.

- Participates actively in Maryland Oral Health Coalition and plays a leadership role

Return on Investment

- Reduces occurrence of complex dental and medical complications through preventive and restorative dental care

- Reduces Emergency Department visits caused by dental emergencies

- Enhances well-being, community engagement, and employability by ensuring better oral health for community members

- Generates more than $137,000 in annual revenue
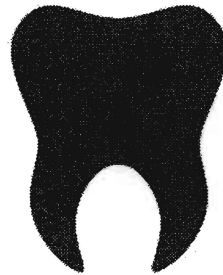
We request $230,000 to bring county dental clinics to full capacity and provide 2,000 more oral health visits in FY17.

Healthcare for the Homeless Value Statement

Access

- Provides primary care and related services for homeless residents (both uninsured and insured) on-site at emergency shelter locations

- Provides nurse case management and hospital discharge planning and support for clients following hospital discharge on-site at emergency shelter locations

- Extends nurse case management provided at home to medically fragile, formerly homeless individuals residing in permanent supportive housing (PSH)

- Provides on-site dental services via mobile van at three shelter locations

Quality

- Provides stability for clients through improved health outcomes and they are better prepared to manage their homelessness and transition to permanent housing solutions

- Reduces Emergency Department visits and hospital readmissions by providing support to shelter residents following hospital discharge

Collaboration

- Partnership with safety-net provider for on-site primary care in the County's three year-round emergency shelters

- Partners with shelter providers offering year-round emergency shelter

- Collaborates with mobile dental services provider

- Works with DHHS Public Health and Special Needs Housing service areas to ensure housing stability for medically complex clients in permanent supportive housing

Return on Investment

- Reducing ED use and hospitalization for shelter residents

- Reducing barriers to housing placement and stability by assisting shelter residents in resolving medical issues

We request $110,000 to support our most vulnerable residents with medical respite and a medical advocate and liaison between housing and medical services.

(19)

Care For Kids FY15 Patient Population
by County Council District
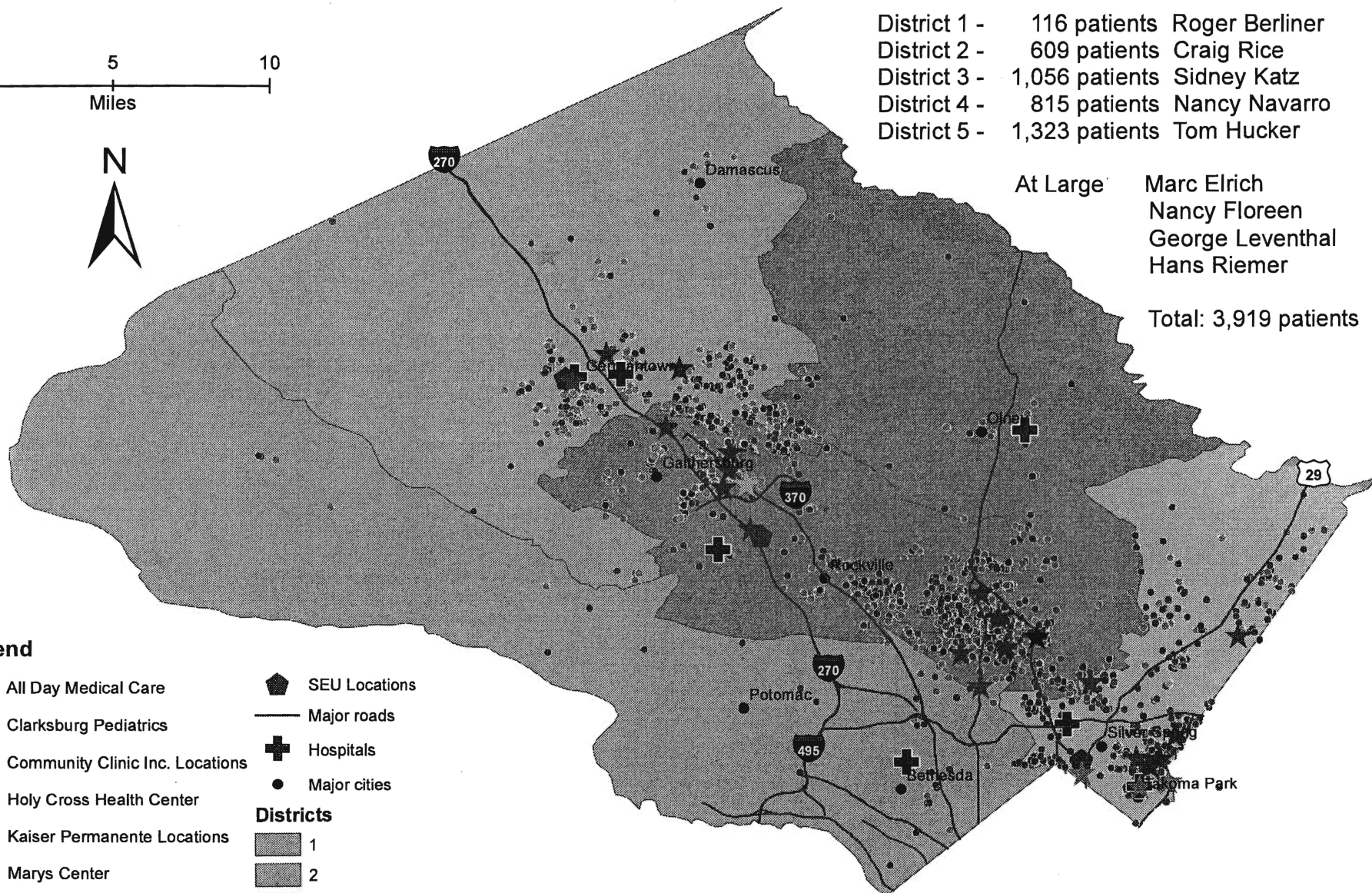

primary care coalition
of Montgomery County Maryland

District 1 -   116 patients Roger Berliner
District 2 -   609 patients Craig Rice
District 3 - 1,056 patients Sidney Katz
District 4 -   815 patients Nancy Navarro
District 5 - 1,323 patients Tom Hucker

At Large   Marc Elrich
            Nancy Floreen
            George Leventhal
            Hans Riemer

Total: 3,919 patients

Legend

⭐ All Day Medical Care

⭐ Clarksburg Pediatrics

⭐ Community Clinic Inc. Locations

⭐ Holy Cross Health Center

⭐ Kaiser Permanente Locations

⭐ Marys Center

⭐ Milestone Pediatrics

⭐ School Based Health Centers

⭐ Spanish Catholic Center

⬟ SEU Locations

— Major roads

✚ Hospitals

● Major cities

Districts

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Patients

Appendix C: Health Care for the Uninsured Budget Justification for FY2017 Request

(Requests are in relation to the County Executive's Proposed FY2017 Budget)

Through public-private partnerships, Montgomery County has built an impressive safety-net infrastructure serving low-income, uninsured residents. It is, in part, due to the County's investment in the five health care for the uninsured programs that Montgomery County continues to rank as the healthiest in the state. On behalf of the Health Centers Leadership Council representing the executive directors of the 12 health care safety-net clinic organizations, and the Primary Care Coalition, we ask you to maintain the integrity of this safety-net system of care and ensure continued access to high quality health services for our most vulnerable neighbors. This request is supported by and aligned with the Montgomery Cares Advisory Board.

Care for Kids

Background: Care for Kids (CFK) was established so that no child in Montgomery County would be without access to health care. It is one of the County's longest running safety-net health programs. Care for Kids provides primary health care, specialty care, medication, and access to primary and specialty dental care for children who are not eligible for state or federally funded health coverage and whose family incomes are at or below 250% of the federal poverty level. Care for Kids enrollment rates have increased at an unprecedented rate over the past two years. We anticipate continued increases in FY17, but at a slower rate than has been experienced in FY16.

Request: Add at least $132,000 to the Care for Kids budget in FY17 to ensure that at least as much funding is available in FY17 as in FY16 to meet the need for primary, specialty, and specialty dental care for participating children. Note: If the final additional funding for FY2016 exceeds $132,000, we request funds for FY2017 that match the final value of funds added this fiscal year.

• Carry forward emergency funds to enroll and provide medical services to children new to the program in FY16.	$132,000
	$132,000

Justification: Care for Kids is open to all low-income children who reside in Montgomery County and are not eligible for any state or federal health coverage programs, including children fleeing violence. According to the U.S. Administration for Children and Families, more than 100,000 unaccompanied children entered the United States between October, 2013 and January 2016.[1] Thousands more came with their mothers or older siblings. Montgomery County is among the top ten counties in the nation receiving the highest number of unaccompanied children fleeing violence.[2] As a result, Care for Kids is experiencing a significant increase in enrollment.

In FY15, Care for Kids enrolled 1,369 new children and served 3,919 children—a 30 percent increase over the previous fiscal year. As of January, 2016, the number of children participating in Care for Kids in FY16 had already surpassed the total number

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[1] U.S. Administration for Children and Families, Unaccompanied Children Released to Sponsors by State, http://www.acf.hhs.gov/programs/orr/programs/ucs/state-by-state-uc-placed-sponsors accessed on February 26, 2016 at 9:18 a.m.

[2] U.S. Administration for Children and Families, Unaccompanied *Children Released to Sponsors by County*, http://www.acf.hhs.gov/programs/orr/unaccompanied-children-released-to-sponsors-by-county accessed on January 15, 2016 at 10:13 a.m.

of participants in the previous fiscal year (3,972 children). The PCC estimates that by the end of this fiscal year, Care for Kids will have served 4,880 children and projects serving 5,450 children in FY17.[3]

Care for Kids is an enrollment program. Before a child can access services through Care for Kids, s/he must be deemed eligible by the County Office of Eligibility and Support Services (OESS) then enrolled in the program and assigned to a Primary Care Provider by Care for Kids staff. Care for Kids is committed to enrolling children and connecting them to care as quickly as possible after receiving notice of their eligibility from the County OESS.

The Care for Kids provider network is composed of three different provider types: School Based Health and Wellness Centers (SBHWC); Kaiser Permanente; or

Care for Kids: Cumulative Monthly Participants FY2015 vs FY2016

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY15	2,455	2,580	2,744	2,891	3,043	3,181	3,307	3,432	3,533	3,661	3,728	3,919
FY16	2,997	3,136	3,310	3,407	3,647	3,860	3,972	4,200	4,370	4,540	4,710	4,880

Contracted Providers. In FY15, Care for Kids leveraged more than $550,000 worth of primary and specialty care from SBHWC and Kaiser Permanente; however, Kaiser has now capped their pro-bono panel and SBHWC policies restrict access to children who live in the particular zip codes zoned for participating schools. The result is a reduction in available pro-bono services during a period of sharply increasing demand. To continue to meet the varied medical and dental needs of new and existing program participants, Care for Kids is engaging more contracted providers who are reimbursed for services—albeit at reduced rates.

Furthermore, most of these new Care for Kids children have had limited access to health care. Therefore, they present with myriad health issues that often include complex and costly dental conditions and behavioral health concerns making the cost of care for these children greater than for children who are established in the program and have maintained access to care.
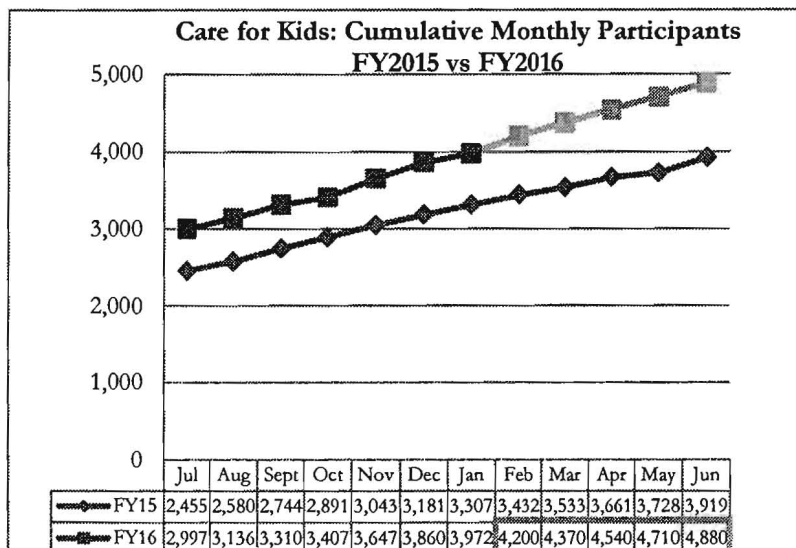
Growth in Care for Kids Visits and Costs FY15 to FY17

	FY 15 (Actual)		FY16 (Jul - Jan Actual plus, Feb - June Projected)		FY17 (Projected)	
	Visits	Cost	Visits	Cost	Visits	Cost
Primary Care	2,508	$171,379	3,219	$236,585	3,930	$298,642
Specialty Care	516	$37,828	554	$58,194	592	$62,160
Specialty Dental	331	$107,814	336	$122,730	341	$124,465
Pharmacy		$21,072		$33,008		$47,170
Total Cost for Medical Providers		$338,093		$450,517		$532,437
FY16 Base (Medical Providers)				-$284,401		-$284,401
				$166,116		$248,036

FY16 Increase Received $ 132,000

FY17 Requested Increase $132,000

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[3] PCC's analysis of enrollments between July 1, 2015 and December 31, 2015 indicate an average increase of 170 children per month. Projections are based on this rate of increase; however, children who have or will turn 18 in the coming year were removed from the projection.

Immigrant children are continuing to arrive at an unprecedented rate. Together with the children already here, they will continue to need health care for years to come. The care they receive now will influence their health and development throughout their lifetimes. Consistent with the course of action taken to carry forward emergency funds allocated in FY15, we request that at least $132,000 be added to the Care for Kids budget for FY17. If the final value of funds added to the program for FY16 exceeds $132,000, we request that amount carry forward to FY17. We appreciate the commitment of the Council and DHHS to ensure children have access to needed health services and, based on the projections above, anticipate needing emergency funds again by the spring of FY17.

Montgomery Cares

Background: Montgomery Cares is a public-private partnership composed of 12 independent safety-net clinic organizations, six hospitals, individual health care providers, the Montgomery County Department of Health and Human Services (DHHS), and the Primary Care Coalition. Over the past two years, tens of thousands of Montgomery County residents have enrolled in Medicaid or a subsidized health insurance plan through the Maryland Health Connection. Yet thousands of residents are excluded from the health plans made available through the Maryland Health Connection for a variety of reasons. Although there has been a decrease in the number of people receiving health services through Montgomery Cares, the overall demand for services remains high. According to the Migration Policy Institute, approximately 43,000 uninsured Montgomery County residents are ineligible for Medicaid or a subsidized health plan and will continue to rely on Montgomery Care and other safety-net programs for health services.[4]

Primary Care Encounters Request: Increase the per-encounter reimbursement rate by $4 so that clinics can offer competitive salaries to retain and recruit high quality primary care providers to serve Montgomery Cares patients. Adjust the number of encounters to correspond with projected demand.

• Increase the reimbursement rate by $4 from $67 to $71/encounter	$268,000
	$268,000

Primary Care Encounters Justification: Seven of the twelve clinics participating in Montgomery Cares now serve uninsured and Medicaid patients. In order to participate in Medicaid, several clinics have had to change from primarily engaging volunteer health care providers to having more paid providers on staff. In this era of a national shortage of primary care providers, retention and recruitment of providers is challenging. Over the past two years, there has been consistent churn in staff across the clinics. At the end of FY15, seven of the twelve clinics were short staffed due to turnover, maternity leave and/or sabbaticals. Provider vacancies curtail capacity to treat patients in a timely manner. In order to provide quality health services, clinics must be able to offer competitive salaries to compensate paid providers.

In the early years of Montgomery Cares, a per-encounter rate of $62 was established based on Medicaid rates in effect in 2007. The rate was calculated using a weighted average of CPT codes for new and established patient visits across three visits per year. When it was established, the per encounter reimbursement rate supported 77% of the average cost per-visit to a Montgomery Cares participating clinic.

Since 2008, there have been two increases to the re-imbursement rate which is now set at $67 per encounter. This has not kept up with environmental and inflationary pressures. There are two possible ways of calculating an inflationary adjustment to the per-encounter reimbursement rate. We recommend the more conservative of the two, which is based on the U.S. Bureau of

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[4] [4] Migration Policy Institute, *Profile of the Unauthorized Population: Montgomery County, MD*
http://www.migrationpolicy.org/data/unauthorized-immigrant-
population/county/24031www.migrationpolicy.org/data/unauthorized-immigrant-population/county/24033, accessed on 1/14/2016 at 2:38 p.m.

Labor Statistics' Consumer Price Index $62 in 2007 equates to $70.87 in 2015, rounded to $71.[5] The alternative method is to use the same approach that was used in 2007 with updated Medicaid rates (see below).

CPT Code	Medicaid Rate 2007	Medicaid Rate 2015[6]
99204 (new patient visit)	$116.01	$ 153.32
99214 (established patient visit)	$75.06	$ 100.21
Calculating Weighted Average	**2007**	**2015**
40 percent: 1 new visit and 2 established visits	$266.13 ($75.06*2 +116.01)	$353.74 ($100.21*2+$153.32)
60 percent: 3 established visits	$225.18 ($75.06*3)	$300.63 ($100.21*3)
Cost per patient based on 3 visits per year	$241.56	$321.87
Cost per encounter (Weighted Average/3)	$80.52	$107.29
County support of cost per encounter (77%)	**$62**	**$82.61**

Behavioral Health Program Request: Restore $397,000 to ensure Montgomery Cares patients continue to have access to behavioral health services in the primary care setting, and support high quality, holistic, person-centered behavioral health services delivered through a collaborative care model with a global budget.

- Restore funding for Montgomery Cares Behavioral Health Program $397,000

Behavioral Health Program Justification: The Montgomery Cares Behavioral Health Program (MCBHP) was established in 2005 in response to the high rates of depression and anxiety disorders among the low-income, culturally and ethnically diverse individuals who receive health care through Montgomery Cares. The MCBHP has expanded from three clinic sites at its inception to ten sites operated by six clinic organizations. Recognizing the benefits of integrated behavioral health care, other community clinics have added behavioral health to their services. Currently all Montgomery Cares clinics, but one, offer integrated behavioral health care: six clinics participate in the MCBHP; five clinics contract with other behavioral health providers or employ behavioral health staff.

A $397,000 reduction in the program budget would reduce services by 40%; resulting in the loss of up to three care manager positions eliminating access to services at five clinic sites, and loss of a psychiatric services coordinator. This reduction could potentially also lead to a 50% reduction in available psychiatric services, which are not readily available to this population elsewhere in the community.

The MCBHP uses a global budget to employ licensed behavioral health care managers who are embedded in participating clinic sites and contract with a part-time psychiatrist who consults telephonically with behavioral health care managers and primary care providers, as well as providing a limited on-site services. This Collaborative Care program design is upheld as a gold standard in providing holistic and person-centered care. Collaborative care is more than just bringing a mental health provider to a primary care setting to provide billable specialty mental health services. It involves a team of providers, including the patient's primary care provider, a behavioral health care manager, and a psychiatric consultant working together to provide evidence-based care to a population of patients.

The Collaborative Care model is particularly effective for the Montgomery Cares population because the most vulnerable members of our community frequently have significant health concerns that are exacerbated by their socio-economic

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[5] U.S. Bureau of Labor Statistics CPI Inflation Calculator: http://www.bls.gov/data/inflation_calculator.htm accessed on February 26, 2016 at 12:45 p.m.
[6] Department of Health and Mental Hygiene Maryland Medical Assistance Physicians Services Fee Schedule 2015: https://mmcp.dhmh.maryland.gov/Documents/2015%20Updated%20Fee%20Schedule%20%28Effective%2004.01.15%29%20%282%29.pd

circumstances and compounded by behavioral health concerns. Rather than treating a particular diagnosis—as is seen in the more traditional fee-for-service model—this model uses a care team approach to address mental health and substance abuse conditions, health behaviors that contribute to chronic medical illness, life stressors and crises, stress related physical symptoms, and ineffective patterns of health care use. Many of the services provided by the MCBHP are not reimbursable by Medicaid and would be lost in a fee-for-service model. These include, but are not limited to referrals to community support resources that address social determinants of health (housing, utilities support, nutrition, etc.) and psychiatric consultation to obtain treatment advice and recommendations.

Involving psychiatric consultation is a cost-effective way of bringing psychiatry resources to Montgomery Cares patients. In July, 2015 the Office of Legislative Oversight released a report showing that Montgomery County has a shortage of psychiatrists and that psychiatrist costs are often prohibitively high for community-based programs to provide these services. However, through this model, 15,836 Montgomery Cares patients have access to psychiatric services should they need them. The result is that patients have access to the necessary mix of providers to manage conditions such as depression and anxiety which can be debilitating if left untreated. It is important to note that although the proposed cut commits to preserving psychiatric services, in this team-based model and the psychiatric services cannot be delivered without the appropriate care manager support.

Community Pharmacy Request: Add $80,000 to the Community Pharmacy budget to provide insulin for insulin dependent diabetics who are no longer eligible for corporate pharmacy assistance programs.

• FY15 value of free medications provided by PAP changing eligibility criteria.	$250,000
• Divided by proportion of insulin dependent diabetic patients losing eligibility.	$\div 3$
	$83,333
Rounded down	**$80,000**

Community Pharmacy Justification: Two Montgomery Cares initiatives provide patients with access to medications. The Community Pharmacy has provided essential generic medications and diabetic testing supplies directly in the clinics. MedBank helps patient's access free medications through the pharmaceutical industry's patient assistance programs (PAPs). Since 2009, the available funding for the Community Pharmacy has declined, while the number of patients and encounters, and the cost of medications has increased.

While there has been an overall decrease in the Montgomery Cares population, the diabetic population has remained consistent at 20% of the overall population. Furthermore, the insulin dependent sub-group is expected to grow by 2% between FY14 and the end of FY16.

At the same time as the Community Pharmacy is experiencing shortfalls each year resulting in shortages of essential medications, immunizations, and testing supplies available to patients at the Point-of-Service, a change has occurred in the eligibility requirements of one of the PAPs that provides insulin. Insulin is a high cost, high priority drug for the Montgomery Cares population with no generic equivalent. As a result, patients previously receiving insulin from this program are now relying on the Community Pharmacy.

One third of the MedBank population previously receiving insulin through the PAP are no longer eligible. Clinics are responding to this change by using more of their Community Pharmacy allocation to purchase the costly but essential insulin. Patients who need other medications are being given prescriptions to be filled at the $4 generic pharmacies. The result is that other low-income patients are bearing the cost of the insulin shortage.

In FY15, the PAP in question provided $250,000 worth of free insulin. Since one third of the patients receiving insulin from this PAP will no longer meet eligibility requirements, we are requesting a commensurate increase in pharmacy dollars ($80,000) to provide insulin for these patients through the community pharmacy.

Specialty Care Request: Add $50,000 to provide approximately 265 additional specialty care visits and strengthen specialty care network infrastructure.

Project Access: Provide ~265 office visits at an average rate of $113 per visit	$30,000
Catholic Charities Health Care Network: Support pro-bono specialty care network infrastructure to recruit providers and process referrals from Montgomery Cares clinics	$20,000
	$50,000

Specialty Care Justification: Montgomery Cares patients often have complex health problems that are beyond the scope of care offered at primary care clinics. Montgomery Cares participating clinics depend on Project Access (PA) and the Catholic Charities Health Care Network (CCHCN), as well as their own specialty care resources, to provide timely access to specialty care.

The Project Access referral network is composed of some pro-bono providers, but the majority of participating physicians are contracted providers who are paid negotiated rates for high need services.

In FY15, Project Access received 3,646 referrals and was able to meet approximately 63% of need. This rose to 73% in the first two quarters of FY16. Of referrals received by Project Access but not served, 31% are returned due to procedural limitations and limited availability. The $30,000 in additional funds requested for Project Access will enable Project Access to meet demands that are not available through the current network providers. Funds will be allocated toward office visits with new physician specialists, related labs and imaging, and outpatient procedures that cannot be written off by hospital charity care including endoscopy, urological procedures and ophthalmologic procedures.

On average, office visits to physician specialists cost $113. $30,000 in additional funds will provide approximately 265 additional office visits in FY17; however, it is important to recognize that the costs of specialty care vary dramatically based on the type of specialty and the unique circumstances and requirements of each patient.

CCHCN serves the archdiocese of Washington including Montgomery County, Prince George's County and the District of Columbia. Its regional network includes 275 pro-bono providers, three District of Columbia based hospitals, and one Montgomery County based hospital. CCHCN expanded considerably in FY15, adding 21 new providers.

In FY15, CCHCN received 3,370 referrals from Montgomery Cares clinics and scheduled 2,792 appointments for 1,105 unique patients. 63% of unique patients served by CCHCN in FY15 were referred by Montgomery Cares clinics, yet Montgomery Cares funding covers 57 % of CCHCN operating expenses; less than the proportion of Montgomery Cares patients served. CCHCN is a valuable asset to the community providing access to a network of providers and hospitals that is almost entirely different from the Project Access network, as well as access to services that Project Access does not currently offer. An increase of $20,000 in FY17 will support the staff and operations of this network.

Quality Assurance Request: Restore $65,000 to conduct quality assurance survey and patient experience survey in alternating years in order to ensure equitable access to quality health services for vulnerable residents.

Quality Assurance Justification: The PCC and clinics participating in Montgomery Cares are committed to improving access to quality primary and preventive care for Montgomery County residents with no other means of accessing health care. To ensure that Montgomery Cares is constantly improving quality assurance reviews of participating clinics and patient satisfaction surveys have been conducted in alternating years. Funds for the patient satisfaction survey were removed from the program budget under the FY16 Savings Plan curtailing future plans for quality assurance reviews. Montgomery County has led the state in investing in health services for low-income and uninsured community members. We know that 96% of patients would recommend their clinic to a family member or friend. We know that Montgomery Cares provides high quality medical care that reaches or exceeds national benchmarks for selected diabetes and hypertension measures. This level of quality was achieved

through focused efforts over many years to assess the quality of care at each clinic, establish priorities for improvement, and provide objective assessment of changes over time. The evaluation tools used are based on "gold standard" sources such as the National Committee for Quality Assurance and the Joint Commission. Restoring $65,000 will ensure that quality assurance activities continue, and support the data collection and analysis necessary to conduct ongoing quality improvement efforts.

Maternity Partnership

Background: The Maternity Partnership Program (MPP) provides comprehensive prenatal care to low-income, uninsured women in Montgomery County. Prenatal services are offered thorough Holy Cross Hospital, Washington Adventist Hospital, and Shady Grove Adventist Hospital. The program covers prenatal care, routine laboratory tests, prenatal classes, and a dental screening (through referral to County Dental Clinics). In FY15, 97% of women participating in MPP delivered newborns at a healthy birth weight.

Request: Add $204,100 to the Maternity Partnership budget in support of prenatal care for 260 women at a rate of $785 each.

Justification: MPP has seen annual increases in enrollment without increases in the program budget. In FY15, 1,771 women participated in the program representing an 8.3% increase from FY14. First quarter enrollment in FY16 shows an 18% increase in enrollment from the same period in FY15. If the trend continues, the number of women participating in the program will rise to 2,000 by the end of FY16. The current budget provides for 1,512 women. An increase of $204,100 will allow the program to serve an additional 260 clients in FY17 at a rate of $785 each, and align the funding level with the number of families served by the program in FY15.

County Dental Clinics

Background: The County Dental Clinics provide routine dental care and emergency dental services to low-income Montgomery County residents who do not have dental insurance. Residents who have health insurance but no dental coverage may still be eligible. Patients requiring specialty dental care are referred to appropriate resources in the community. Most patients are referred from other County programs, shelters, or community-based programs in which they are already enrolled.

Request: Add $230,000 for County Dental Clinics to increase the number of dental providers and use the full capacity of County owned dental facilities.

Dentists (DDS): 30hrs/week @ $67/hr for 48 weeks	$96,480
Dental Hygienist (RDH): 14hrs/week @ $45/hr for 48 weeks	$30, 240
Dental Assistants (CDA): 1 FTE (including benefits)	$75, 082
Dental Supplies	$30,000
	$231,802

FY17 Request $230,000

Justification: The County Dental Clinics serve children referred by Care for Kids, pregnant women referred by the Maternity Partnership, and adults referred by Montgomery Cares clinics. Currently, the County Dental Program has the capacity to serve 53% of Maternity Partnership clients and 46% of children participating in Care for Kids. Approximately 12% of the Montgomery Cares population receives oral health services from the County Dental Clinics and the Catholic Charities Dental Clinic and Muslim Community Center Dental Clinic combined. The demand for oral health services continues to exceed available appointments leading to long wait times at the County Dental Clinics and limited access. The average wait time to the next available appointment at County Dental Clinics is 7 to 8 weeks for routine care.

Montgomery County has the infrastructure to provide more dental care but lacks providers. The Department of Health and Human Services operates five dental clinics with 17 operatories, but is not able to use the full capacity of these assets due to

limited providers. Currently only 76% of capacity is being used. An increase of $457,196 will provide staffing to use the full capacity of the existing dental clinics. With the expanded capacity an estimated 1,932 unduplicated clients will gain access to necessary oral health services.

According to the American Dental Association, dental disease is almost entirely preventable with good nutrition, oral hygiene, and regular dental checkups. Yet, left untreated, tooth decay and gum infections can have serious health consequences. Lack of access to appropriate dental services also has an economic impact including loss of productivity leading to unemployment and increased cost for restorative services and repair in the long term.

Health Care for the Homeless

Background: Health Care for the Homeless provides primary medical care and nursing case management to adults experiencing homelessness. Daily medical services for uninsured adults are provided at two main shelters in the county. The program also provides clinical services for the other 12 shelters in the county on an as needed basis. In FY2015, 164 individuals were served by the program.

Request: $110,000 to support medically vulnerable clients in shelters with medical recuperation programs and an advocate liaison.

• Community Health Coordinator/Liaison 1.0 FTE	$60,000
• Start-up funding for Medical recuperation program	$50,000
	$110,000

Justification: Extended hospital stays and readmissions have personal and financial impacts for the homeless population. Establishing a medical recuperation program to expand options for people experiencing homelessness with complex medical needs who are being discharged from hospitals is a priority item in the County's Ten Year Plan to End Homelessness. This program will close the gap between acute care provided in hospitals and the instability of carrying for self in a shelter environment or on the street. Research shows that homeless people who participate in medical respite programs are 50% less likely to be readmitted to a hospital at three months post discharge. The program will yield cost savings by avoiding costly discharge delays and reducing admissions and readmissions.

Appendix D: Care for Kids Program Highlights Fiscal Year 2015

Prepared By:

Rosemary Botchway, Senior Manager, Primary Care Coalition

Marisol Ortiz, Care for Kids Program Manager, Primary Care Coalition

Executive Summary

The Care for Kids Program (CFK) ensures that children in Montgomery County have access to primary and specialty health care services. This program serves children in Montgomery County who do not qualify for the Maryland Children's Health Program (MCHIP) or Medical Assistance and whose families have incomes under 250% of the Federal Poverty Level. It is a partnership among the Primary Care Coalition, Montgomery County DHHS, the School Health Program, non-profit clinics and private health care providers.

- In FY 2015, the Care for Kids Program (CFK) served 3,919 children, with an average monthly enrollment of 2,512. CFK enrolled 1369 new children and recertified another 1735 children, for a total of 3,104 children in FY 2015. Growth in Care for Kids in FY 15 was significantly higher than in previous years, primarily as a result of unaccompanied minors fleeing violence in their home countries who are assigned to sponsors in Montgomery County.
  - o CFK serves a diverse population of children, representing 80 different countries of origin and 37 different primary languages.
- Care for Kids was actively represented in health fairs and community events, and the Care for Kids Manager participates on Healthy Montgomery's Eat Well Be Active partnership (combatting childhood obesity) and on the DC-Maryland-Virginia Coalition Workgroup advocating for children fleeing violence.
- Family satisfaction with CFK remains very high. 100% of respondents indicated they would recommend the program to friends and family.

Program Responsibilities

- Enroll new children in the Care for Kids program.
- Enroll children within 30 days of receiving eligibility notification from the SEU.
- Recertify 100% of CFK children who continue to be eligible for the program.
- Provide case management services for children and their families requiring assistance with special or complex medical and social needs.
- Provide access to prescribed medications for all children enrolled in the program.
- Provide information for dental services through the DHHS dental clinics for all children enrolled in Care for Kids.
- Manage referrals for specialty dental care.
- Provide referrals for optometry, orthopedic care, and behavioral health as well as support for accessing specialty care when requested by the primary provider.
- Conduct outreach through partnerships and participation in community activities such as health fairs, school meetings and others.
- Prioritize enrollment of children in Montgomery County School-Based Health Centers as SBHC capacity permits.
- Enroll children in need of specialty medical care services in the DHMH Children's Medical Services program (CMS).

FY 15 Progress

Overall, the CFK program served 3,919 children and had an average monthly enrollment of 2,512.

New Children Enrolled: Care for Kids staff makes every effort to contact and complete the enrollment process for all eligible children. The CFK Program receives notice of CFK-eligible children in a Family Summary Report from the DHHS Service Eligibility Unit (SEU) and contacts parents or guardians to complete the enrollment process.

- This year 1,572 new children were eligible and CFK successfully enrolled 1369 (87%).
- Of the total, 708 (51%) new children were enrolled within 30 days. However, the average length of enrollment time for new children continues to be 56 days.

- New families are often difficult to reach, increasing the time it takes to complete enrollment. The primary reason that some children are not enrolled is that CFK staff is unable to contact the families because they moved and changed telephone numbers or because the parent did not follow through with the enrollment process after multiple contacts from CFK.

CFK Children Recertified: Each year families must renew their eligibility for CFK with SEU.
- In FY15, CFK received notice of eligibility for 2,083 current CFK children and successfully enrolled 1,735 (83%). The average recertification time was 32 days.
  - This is a higher recertification rate than similar access programs in other Maryland and Virginia jurisdictions. Children may become ineligible for CFK each year if their family income increases or if they reach 19 years old.

Case Management: Currently, case management is primarily provided for children requiring specialty care services, pharmacy services, and ancillary health care services. Interactions with families occur by telephone or in person.
- Care for Kids provided case management to 1,125 children (unduplicated) requiring assistance either with specialty services or with interventions related to their primary care services.

Short-term case management requiring limited follow-up helps families obtain services such as optometry, routine medication authorization, or ancillary care services. Physical therapy after orthopedic treatment is the most frequently requested ancillary service.
- In FY15, 992 children received short term case management.

Long term case management occurs when children require more complex or extended health care. The case manager arranges specialty care appointments, follows-up with parents, coordinates ancillary specialty requests, and continues follow-up until the child's health concerns are resolved. Depending on eligibility, the case manager arranges appointments through the state CMS program, Catholic Charities Health Care Network, or (for a very few patients) Project Access. The case manager also links families to appropriate social services when she identifies needs.
- In FY15, 295 children received long term case management.

Medication: CFK provides pharmacy services for prescribed medications to all enrollees. CFK works through Catamaran, a local pharmacy benefits management program, and Bradley Care Drug, a commercial pharmacy. Bradley fills CFK prescriptions at a reduced rate and delivers medication directly to the family home whenever there is an exceptional medication need.
- 168 children received 311 prescription medications

Dental Information and Services: Oral health maintenance and access to specialty dental services are critical to maintaining overall health. All new enrollees receive a letter giving information about proper oral health care and explaining the process for accessing DHHS dental services. CFK children have access to dental care for a co-pay of $10 per visit regardless of the services provided. CFK maintains service provider agreements with dentists willing to accept Medicaid payment rates.
- DHHS provided regular check-ups and uncomplicated restoration care for 1,749 (54%) CFK children in FY15.
- One hundred thirty (130) children received specialty dental services provided through private pediatric dentists, general dentists, endodontics, and oral surgeons.

Optometry: Visual acuity is essential to learning.
- In FY15, CFK received and managed a total of 432 referrals for optometry services.
  - 346 (80%) children received optometry services.

Specialty Referrals: The Care for Kids nurse case manager processes referrals and provides follow-up care coordination and case management. A CMS specialty care coordinator funded by the state works at PCC with CFK staff to manage care for children with chronic specialty care needs served by the state CMS program.
- CFK Primary care physicians made 1,088 referrals for medical specialty services. Of the 1,088 referrals, 111 (10%) were for orthopedic conditions requiring immediate attention and 109 (98%) of those children required physical therapy.
- Fifty children were referred to DHHS or other behavioral health services.
- The CMS specialty care coordinator processed 197 applications and scheduled 447 appointments with specialty providers.
- Additionally, the CMS specialty care coordinator provided case management to 262 children from Montgomery County and 104 children from Prince George's County

School Based Health Centers: During FY15, Care for Kids program received an increased number of new children to be enrolled in the program. Whenever appropriate, CFK prioritizes and assigns children to receive primary care from the county-run School Based Health Centers in their community.

Client Satisfaction Survey: In FY15, Care for Kids included three additional questions about Care for Kids customer services to assess client experience with the program enrollment process.

- 99% of respondents were satisfied with the program and 100% of the respondents would recommend the program to friends and families.

The demographic report on the following pages provides detailed information on the population served.

Challenges

Several factors presented challenges for the Care for Kids Program in FY15 including:

Unaccompanied Minors

Published records for FY14 and FY15 showed that the DC Metropolitan Area welcomed more children than all but four states. Together, Maryland, Virginia, and the District received more children than any single state.* Maryland received the fifth highest number of children among all states* (after Texas, California, New York, and Florida), and Montgomery County the tenth highest number of children among all counties* nationwide.

- Care for Kids (CFK) enrolled 886 children from the recent immigration influx of unaccompanied minors to the country and county. This represents 65% of CFK's newly enrolled children in FY 2015.
- The influx of unaccompanied minors to Montgomery County impacted the enrollment workload in the program. Care for Kids continued to process enrollment with the current staff and requested funds to the county for a one additional fulltime staff person. Care for Kids hired a new Client Service Specialist mid-June 2015.
- The Care for Kids manager also explored improvement opportunities to decrease the time required to complete the enrollment process. The CFK Manager developed a new enrollment process that will decrease the enrollment process from new participants from six weeks to one week. The process will be implemented in FY16.

Primary Care Access

Up County. Clarksburg Pediatrics informed CFK that they will not renew the contract to provide services effective FY 16. At the same time, Milestone Pediatrics indicated it cannot open its panel for new Care for Kids participants. (Milestone is continuing serving children already assigned to their practice.). The CFK staff recruited Holy Cross Hospital Health Center – Germantown location that will serve CFK patients beginning in fiscal year 2016. Care for Kids will continue to maximize the slots available at School Based Health and Wellness Centers.

Throughout the County. On May 1, 2015, Kaiser Permanente closed its panel to new CFK participants until further notice. Kaiser Permanente has five locations in the county and provides coverage of specialty care, pharmacy, laboratory and radiology. The closure has significantly reduced the number of providers available to accept CFK participants. We also anticipate a resultant increase in the number of specialty care referrals and pharmacy requests in FY 16.

Specialty Dental Care

During FY15, Care for Kids program has been seen an increase in the specialty dental care referral. Care for Kids provides services to 130 children which represent over 50% from FY14. As result, the CFK budget was dramatically impacted that the program implemented a closure to the new dental referrals. The program started accepting referrals when the County Council awarded additional funds for the program.

* http://www.acf.hhs.gov/programs/orr/resource/unaccompanied-children-released-to-sponsors-by-county-fy14
* http://www.acf.hhs.gov/programs/orr/unaccompanied-children-released-to-sponsors-by-county
* http://www.acf.hhs.gov/programs/orr/programs/ucs/state-by-state-uc-placed-sponsors

Dental Program

All Care for Kids Program (CFK) participants is eligible for preventive and restorative dental services through the Montgomery County Pediatric Dental Clinics. This collaboration provides oral health services to children enrolled in CFK who do not qualify for the Maryland Children's Health Program (MCHIP) or Medical Assistance and whose families have incomes under 250% of the Federal Poverty Level.

Goals

- Ensure that most of CFK participating receive annual dental exams.
- Ensure children receive dental treatment as needed.
- Identify children in need of urgent dental services.

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- Maintain communication between County Dental staff and CFK staff for children identified in need of urgent or complex dental care.
- Provide case management services for high-risk children and families requiring specialty dental care.
- Provide medications for CFK children receiving dental treatment as needed.
- Provide information on the availability of dental services through the DHHS dental clinics for children enrolled in Care for Kids.
- Increase awareness of the importance of oral health care within the population through parent education.
- Establish a network pediatric dental providers and oral surgeons that agree to provide complex dental treatments and surgery at reduced rates.

Progress Meeting Goals

In FY15, the Care for Kids (CFK) Program continued to respond to the need for specialty dental services within the population. All children are eligible for dental screenings and basic restorative care at the Montgomery County Dental Clinics. Children requiring services beyond the scope of services provided by the County were referred to the CFK case manager. The CFK case manager works collaborative with the County dental staff to obtain treatment plans and cost estimates for needed services. The Care for Kids program manager reviews and approves dental services for urgent or complex cases.

CFK tracks utilization of dental services by its enrollees. This year, Montgomery County Dental Clinics provided services to 54% of CFK children that resulted in 3,268 visits. Last fiscal year, dental clinic provided services to 49% of the CFK children. There was a slight increase in both dental visits and children served.

Montgomery County dental staff identified 130 children in need of specialized care and worked with CFK to ensure that appropriate arrangements were made with contracted providers. The following is a breakdown of referrals:

- 65 (50%) children were referred to private pediatric dentists.
- 5 (4%) children were referred to Spanish Catholic Dental Clinic.
- 15 (12%) children received multidisciplinary services (combination of endodontic treatment, general dentistry and oral surgery).
- 40 (31%) children required endodontic services.
- 3 (2%) children needed oral surgery.
- 2 (1%) children required pathology services.

Conditions requiring specialized treatment included, severe tooth decay, abscesses, patients in need of space maintainers and behavioral issues. Treatment for these conditions included: composites, extractions, crowns, space maintainers, pulp vitality tests, pulpotomy, seals, films, root canal therapies, occlusions, stainless steel crowns, nitrous oxide, CT scan, retreatment of root canals and sedation.

There were significant complex cases during this year. For example, a 7 year old female required extensive dental treatment for multiple abscessed teeth, rampant caries and uncooperative. Child was referred to Pediatric DDS and practice was able to successfully treat the child. The client needed multiple extractions, composites, crowns, space maintainers and sedation in order to complete her dental care. The CFK case manager coordinated care with the County dental case manager and a pediatric dentist.

Cost Distribution for Specialty Care Dental Services

In FY15, the total amount paid for dental services was $131,226.57. This amount was 206% more than the $42,878.00 spent last year. The increased cost is largely due to a 96% increase in the number of children needing services from 66 in FY14 to 130 in FY15. Much of the cost increase was absorbed by the 18% increase in the value of pro-bono services provided by contracted dentists; $71,687.13 in FY14 compared to $60,947.46 in FY14. The chart below showed the distribution of costs across all funding sources.

Funding Source	Amount
CFK Budget	$114,918.22
Donations/Grants	$16,308.35
Pro-Bono	$71,687.13
Total Cost of Specialty Dental Services	$202,913.70

Challenges

Several factors presented challenges for the Care for Kids Program related to delivery of dental services this year.

- The increased number of participants requiring specialized dental treatment;
- The increased number of participants requiring Root Canal Treatments;
- The increased reimbursement rates for Maryland Medicaid Dental procedures.
- Specialty dental referrals were placed on hold during the third quarter due to budget constraints.
- Difficulty arranging dental treatment under general anesthesia.

During FY15, Care for Kids continued to need specialized dental services. Although it continues to be a challenge finding specialized dental services, this year various providers offered endodontic treatment to 55 patients at reduced rates. There has been a continued effort to recruit a Pediatric DDS with privileges at Holy Cross Hospital in order to treat the children that need dental care under general anesthesia. Costs for specialized dental care are shared with parents when possible. With the assistance of DHHS Dental Hygienist, Care for Kids will continue to identify and recruit specialty dental providers that will provide services at a reduced cost.

Unaccompanied Children Fleeing Violence

In FY15, Care for Kids enrolled 886 children from the immigration influx of unaccompanied minors to the county. After they were detained at the US/Mexico border, these children were released to family members or friends who live in Montgomery County. Our county received the tenth highest number of children among all counties nationwide. The demographics for this population are presented below:

Age (Unaccompanied Children)

Age	Total	Percentage
0-2 years old	29	3%
3-5 years old	107	12%
6-12 years old	257	29%
13-19 years old	493	56%
Total	886	100%

Gender (Unaccompanied Children)

Gender	Total	Percentage
Male	487	55%
Female	399	45%
Total	886	100%

School Enrollment (Unaccompanied Children)

School Enrollment	Total	Percentage
Enrolled	744	84%
Not Enrolled	142	16%
Total	886	100%

Countries of Origin (Unaccompanied Children)

Country of Origin	Total	Percentage
El Salvador	516	58%
Honduras	247	28%
Guatemala	108	12%
Other	15	2%
Total	886	100%

Child's Time Spent in the Country (Unaccompanied Children)

Time in Country*	Total	Percentage
0-3 months	271	31%
4-6 months	392	33%
7-9 months	155	17%
More than 10 months	168	19%
Total	886	100%

*At time of enrollment

Parents' Time Spent in the Country (Unaccompanied Children)

Time in Country	Total	Percentage
0-3 years	355	40%
4-6 years	112	13%
7-9 years	216	24%
More than 10 years	203	23%
Total	886	100%

*At time of enrollment

Demographic Profiles

- In FY15, 98% of Care for Kids children came from families at a Federal Poverty Level of 185% or below.
- In FY15, 93% of Care for Kids children were 6 to 19 years old.
- In FY15, Care for Kids children lived in homes that were geographically distributed throughout the county.
- In FY15, 88% of Care for Kids children identified as white and other. Both of these categories include Latinos. This data is obtained by DHHS Services Eligibility Units.
- The Care for Kids population reports a total of 37 primary languages. In FY15, 88% of Care for Kids children identified their primary language as Spanish. The chart below represents the distribution of the top five languages.
- The Care for Kids population reports 80 countries of origin. In FY15, 82% of Care for Kids children came from Latin American countries; most from Central America. The chart below represents the top five countries of origin.

Country of Origin

47% El Salvador
16% Honduras
10% Guatemala
5% Mexico
4% Peru
8%
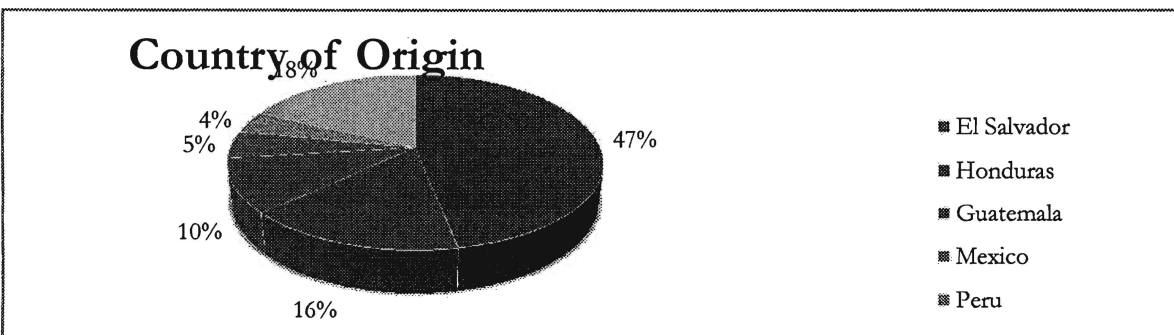
Outreach Initiatives

The Care for Kids program increased efforts to inform low-income parents and families about ways children can gain access to health care. The CFK staff participated in outreach activities, including participation in 6 health fairs and community events. Among these events were the Ama Tu Vida Health Fair, Community Health and Empowerment through Education – Community Health Workers and DHHS Latino Health Initiative Health Promoters Program. The CFK staff also distributed brochures to community providers, Montgomery County schools, and the general community.

The Care for Kids manager is currently participating in workgroups established to respond to the increase of children fleeing violence in this area. The DC-MD-VA Coalition workgroup led by CARECEN (Central America Resource Center) has representation from a variety of organizations who offer services to this population. The Montgomery County Children Fleeing

Violence workgroup focuses on how to address the needs of children who are released to sponsors living in our county. Through these workgroups, Care for Kids increased outreach and improved communication and collaboration with other organizations in Montgomery County and the metropolitan area.

Care for Kids also has representation in the Healthy Montgomery's "Eat Well Be Active" partnership. The purpose of the partnership is to create and implement a coordinated strategy to decrease obesity in Montgomery County.

Current Staffing Plan

Program Manager – This position is responsible for implementing the program, including day-to-day management of enrollment, discharges, and referral and case management services. The Program Manager supervises all CFK staff and monitors CFK workload making staff assignments and work adjustments as necessary and appropriate, projects spending requirements and develops and monitors budgets for Care for Kids contracts and grants. This position develops program reports required by PCC and DHHS.
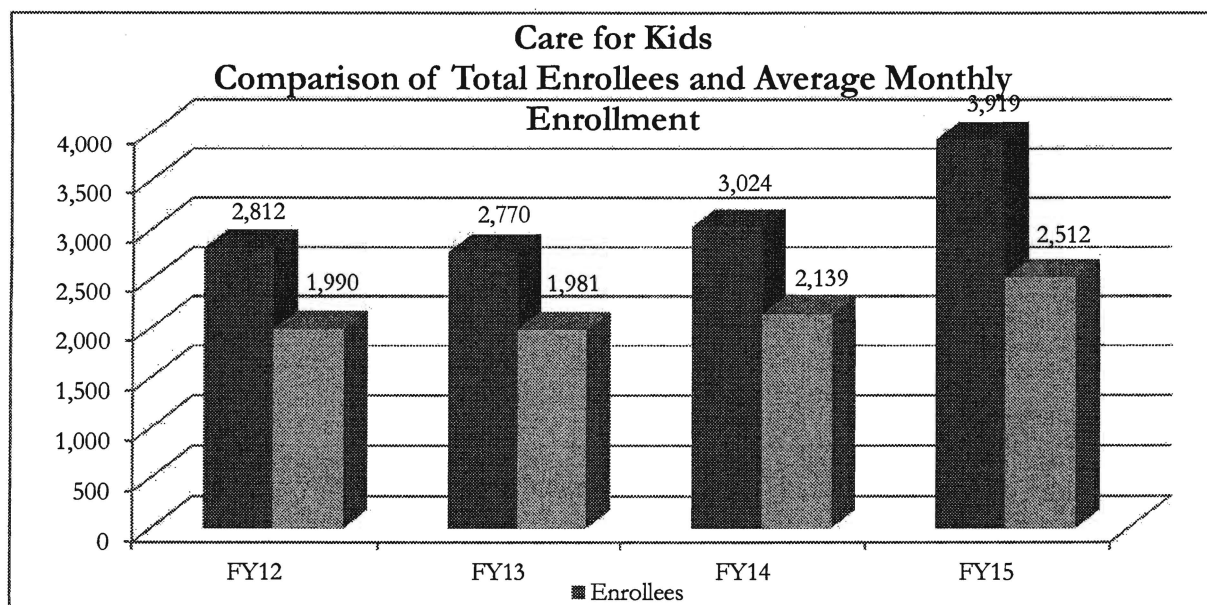
Registered Nurse Case Manager – The case manager is responsible for providing clinical case management services for children in Care for Kids program, including assessment of children and their families with complex health and social needs. The case manager also coordinates specialty care referrals for these children and makes referrals to community services as needed.
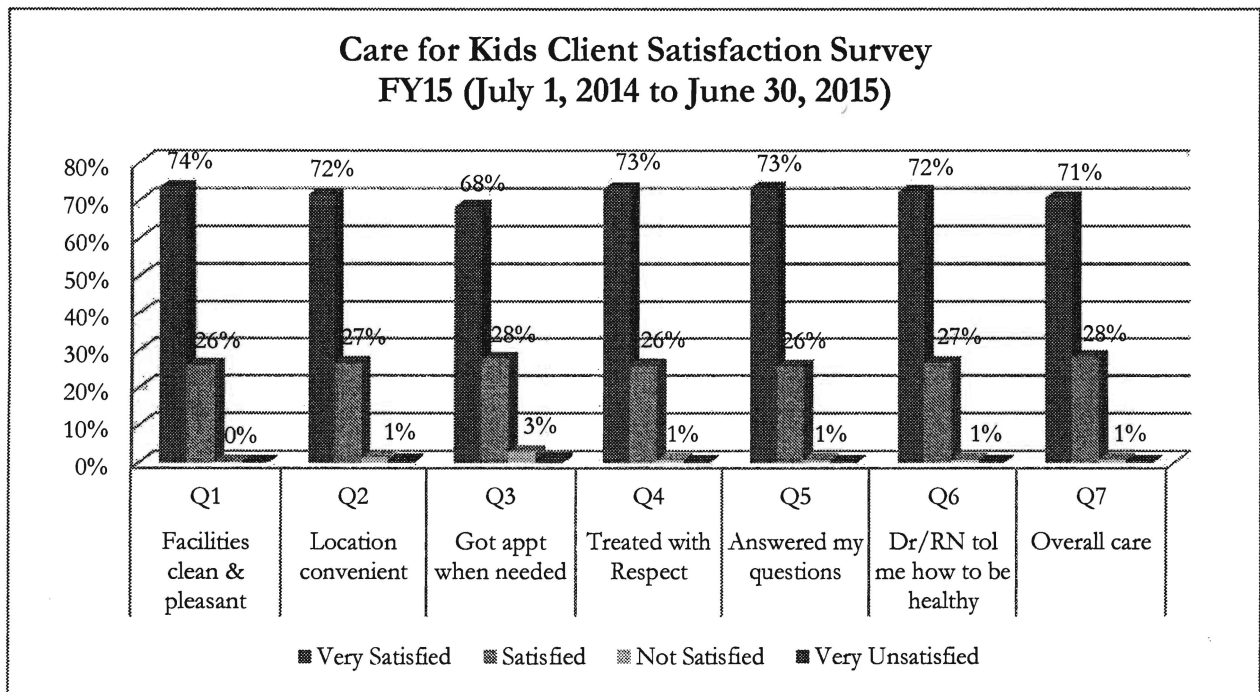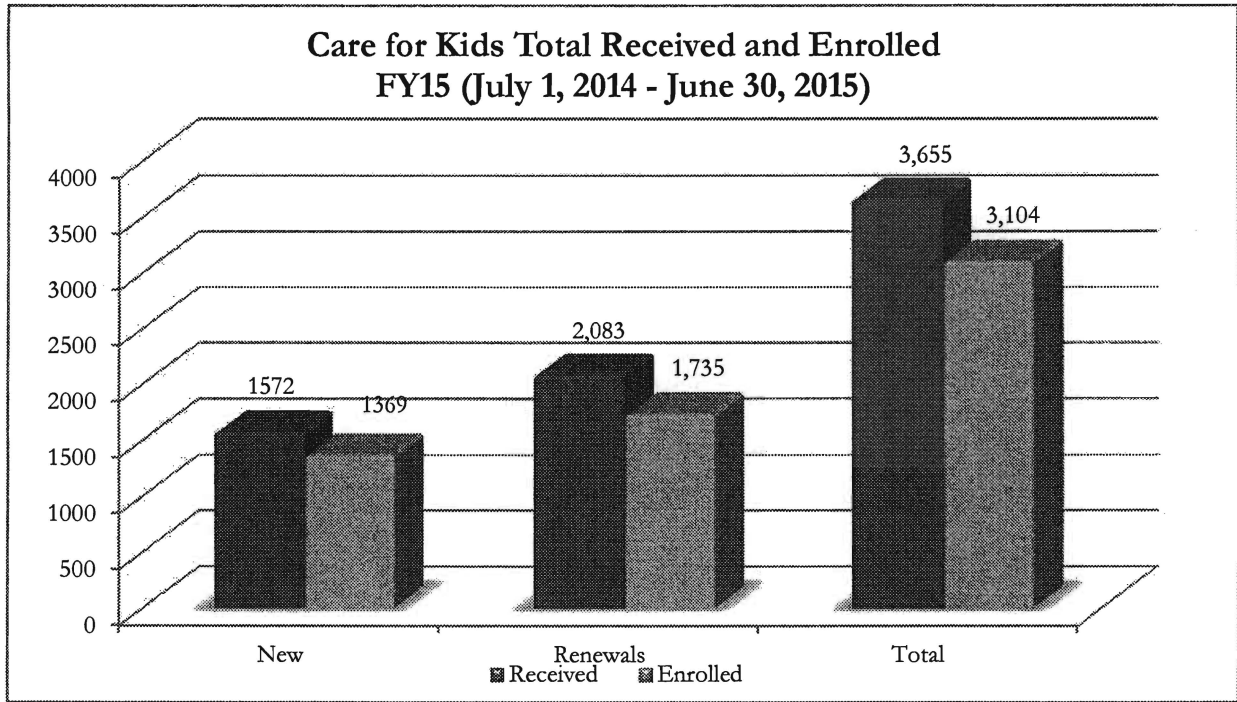
Client Services Coordinator – The coordinator is responsible for coordinating the enrollment activities and providing direct referral management services information and community resources, to insure that eligible children have access to primary health care. The coordinator makes daily assignments to the Client Services Specialists and coordinates outreach events to promote the program.

Client Services Specialist (2 FTEs) – These individuals are responsible for providing high quality enrollment services to eligible children and families in a timely manner. The Client Services Specialists respond to all client calls and requests for assistance, and participate in outreach activities to increase program visibility in targeted communities.

Children Medical Services (CMS) Specialty Care Coordinator –The specialty care coordinator supports children who qualify for this program by coordinating care with providers and insuring that families receive adequate information related to the health care needs of the child. The coordinator ensures that there is appropriate coordination with and linkage to Care for Kids and social services.

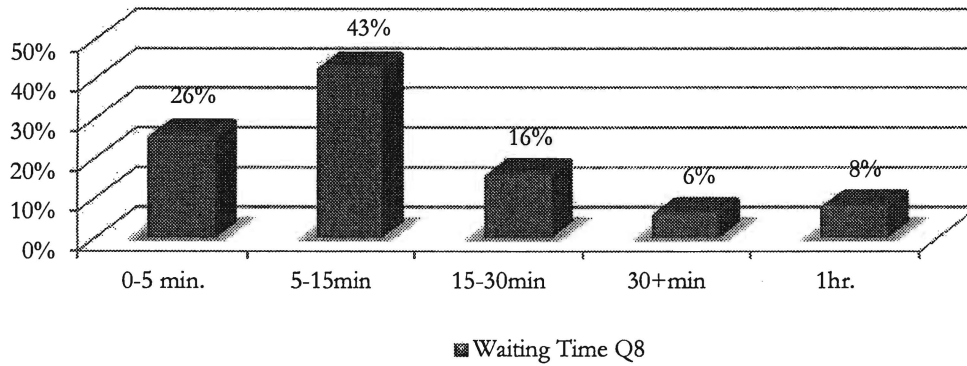**Contracts and Payable Administrator** – This position is responsible for Care for Kids invoicing, billing and contracting processes, as well as insuring contract compliance.

Care for Kids
Comparison of Total Enrollees and Average Monthly Enrollment

	FY12	FY13	FY14	FY15
Enrollees	2,812	2,770	3,024	3,919
Average Monthly	1,990	1,981	2,139	2,512

Care for Kids Total Received and Enrolled
FY15 (July 1, 2014 - June 30, 2015)

Bar chart data:
- New: Received 1572, Enrolled 1369
- Renewals: Received 2,083, Enrolled 1,735
- Total: Received 3,655, Enrolled 3,104

Care for Kids Client Satisfaction Survey
FY15 (July 1, 2014 to June 30, 2015)

	Very Satisfied	Satisfied	Not Satisfied
Q1 Facilities clean & pleasant	74%	26%	0%
Q2 Location convenient	72%	27%	1%
Q3 Got appt when needed	68%	28%	3%
Q4 Treated with Respect	73%	26%	1%
Q5 Answered my questions	73%	26%	1%
Q6 Dr/RN tol me how to be healthy	72%	27%	1%
Q7 Overall care	71%	28%	1%

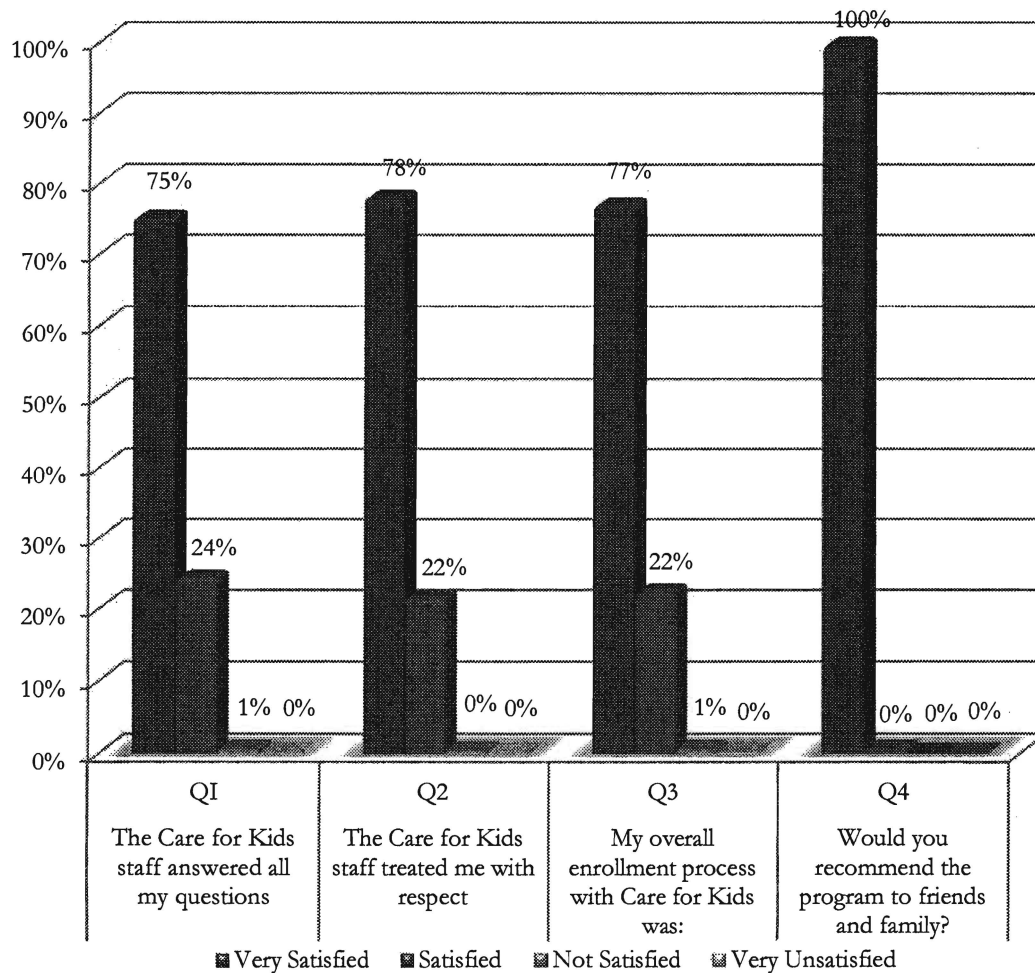■ Very Satisfied　■ Satisfied　▒ Not Satisfied　■ Very Unsatisfied

Care for Kids Client Satisfaction Survey
FY15 (July 1, 2014 to June 30, 2015)
Overall Providers - Scheduled Appointment Waiting Time

Bar chart showing waiting time (Q8):
- 0-5 min.: 26%
- 5-15min: 43%
- 15-30min: 16%
- 30+min: 6%
- 1hr.: 8%

Legend: Waiting Time Q8

Care for Kids Client Satisfaction Survey
FY15 (July 1, 2014 to June 30, 2015)
Care for Kids Program

Bar chart:

Question	Very Satisfied	Satisfied	Not Satisfied	Very Unsatisfied
QI - The Care for Kids staff answered all my questions	75%	24%	1%	0%
Q2 - The Care for Kids staff treated me with respect	78%	22%	0%	0%
Q3 - My overall enrollment process with Care for Kids was:	77%	22%	1%	0%
Q4 - Would you recommend the program to friends and family?	100%	0%	0%	0%

Legend: Very Satisfied, Satisfied, Not Satisfied, Very Unsatisfied

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Appendix E: Montgomery Cares Program Highlights Fiscal Year 2015

Prepared By:
Rosemary Botchway, Senior Manager, Primary Care Coalition
Barbara Raskin, Montgomery Cares Program Manager, Primary Care Coalition
Deepa Achutuni, Montgomery Cares Program Assistant, Primary Care Coalition

Program Performance

FY 2015 was another challenging year for the Montgomery Cares program
- For the second year in a row, the number of patients served decreased; down 13% from 28,011 to 24,455 and the number of encounters decreased 10% from 76,596 to 68,806. The average patient/encounter ratio increased slightly from 2.7% to 2.8%
- Following the second year of implementation of the Affordable Care Act, clinics have reported that a significant number of patients have obtained Medicaid or other insurance coverage
- A total of seven clinics serve both uninsured and Medicaid patients
- Several of the clinics were recruiting for primary care providers. During Q3, seven of the 12 clinics were short staffed due to turnover, maternity leave and/or sabbaticals
- There is capacity to accept new uninsured patients at nine clinics; three clinics have significant wait times for new patient appointments (over 21 days)
- The demand for specialty care, behavioral and oral health services continues to exceed supply
- Clinics continue to report shortages of essential POS medications

Montgomery Cares Growth FY 2005 – FY 2015
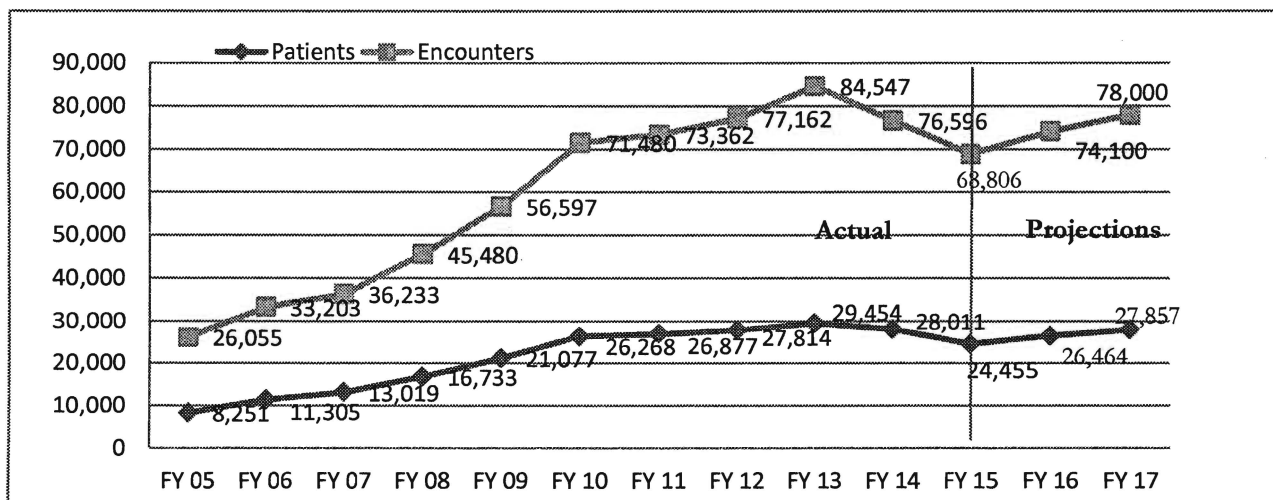
- Program grew approximately 20% from FY 2005 – FY 2010 followed by a two year plateau.
- Program peaked in FY 2013.
- In FY 2015 the number of patients served and the number of encounters provided declined 13% and 10% respectively compared to FY 2014.
- Clinics saw 77% of the projected number of unduplicated patients
- Clinic saw 80% of the projected number of encounters
- 6 clinics saw between 82-86% of their projected number of encounters
- Reasons for the decline in encounters are multifactorial

Budget and Resources FY 2015

- Program expenditures of $10,230,113 were 90% of the fiscal year 2015 budget and represent a slight decrease from FY 2014 (largely due to fewer primary care visits).
- 81% of expenditures were for direct patient care and medications; 11% was spent on program administration (invoicing, contracting, and reporting) and 6% on information technology.
- Several programs were expanded or added in FY 2015
  - Behavioral Health - $225,000
  - Pharmacy - $150,000
  - Patient experience survey $50,000 and
  - Medicaid support $20,000
- In total for FY 2015, $1,140,837 of the FY 2015 budget was not fully expended; the largest amounts in primary care visits - $712,000 and preventive services.
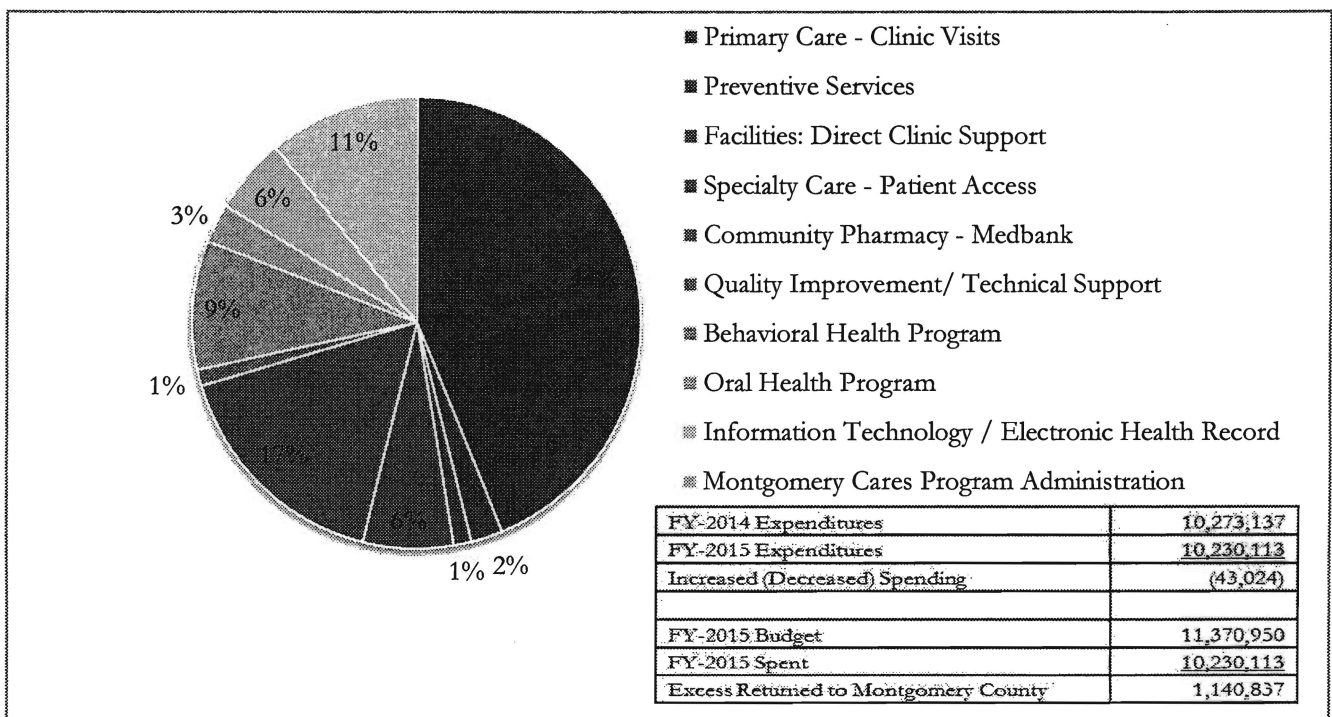

Pie chart legend:
- Primary Care - Clinic Visits
- Preventive Services
- Facilities: Direct Clinic Support
- Specialty Care - Patient Access
- Community Pharmacy - Medbank
- Quality Improvement/ Technical Support
- Behavioral Health Program
- Oral Health Program
- Information Technology / Electronic Health Record
- Montgomery Cares Program Administration

FY-2014 Expenditures	10,273,137
FY-2015 Expenditures	10,230,113
Increased (Decreased) Spending	(43,024)
FY-2015 Budget	11,370,950
FY-2015 Spent	10,230,113
Excess Returned to Montgomery County	1,140,837

Figure 1: FY2015 Montgomery Cares Expenditures (PCC Budget)

Highlights and Challenges for Community Pharmacy and MedBank

- Highlights – Community Pharmacy
  - Behavioral Health Formulary expanded to include Escitalopram and Mirtazapine
- Challenges Community Pharmacy
  - Meeting the Clinics requests for: additional funds to support flu vaccine purchases, expanding the existing injectable formulary (which currently includes only Fluzone and Pneumovax), allocations to purchase over the counter medications under current pharmacy budget
  - Addition of new Holy Cross Health Center – Germantown - May 2015
  - Funds were reallocated to accommodate the addition of this clinic
  - The FY 2016 pharmacy budget was not increased; this will impact the budgeted amount for each Montgomery Cares clinic

- Highlights - Medbank
  - o Medbank patients whose PAP applications were denied because they appeared to be eligible for Medicaid successfully utilized the online Medicaid applications processing system for immediate determination. Status letters facilitated an appeal to the PAPs for reinstatement or initiation of a new application
- Challenges - Medbank
  - o Pharmaceutical companies changing applications and guidelines
  - o Impacts efficiencies of staff workflow
  - o Diminishes availability of medication to patients due to residency and legal status

FY 2015 Pharmacy Expenditure

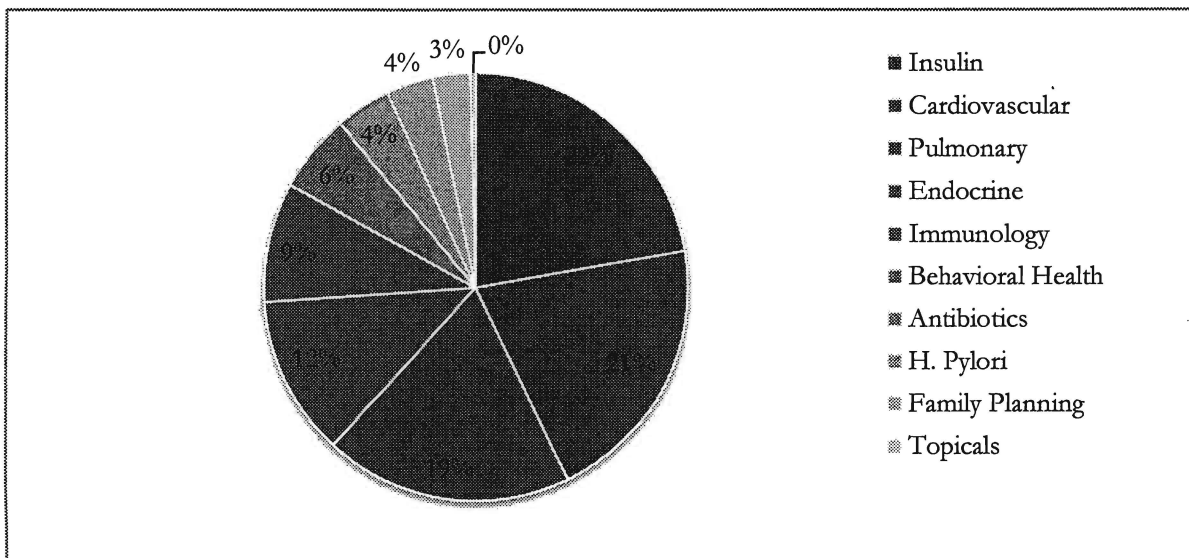|	
Point of Service Medications	$1,091,712
Diabetic Supplies/H. Pylori	$328,708
Bradley (Bridge Medications)	$199
Total	**$1,420,619**

Figure 2: Pharmacy Expenditures Breakdown by Category

FY 2015 shows a decline in the value of medication received consistent with patient level decline due to Medicaid and QHP transitions. Changes in pharmaceutical companies guidelines, specifically the requirement for documentation of legal residency or copy of a work permit attached to the Patient Assistance Program application also contributed to the decline.
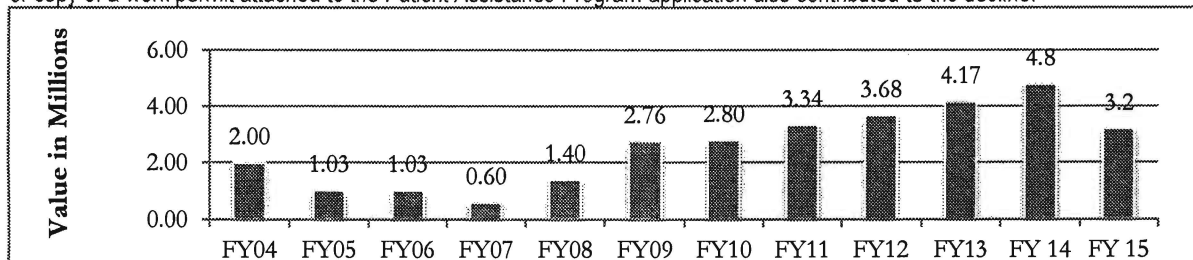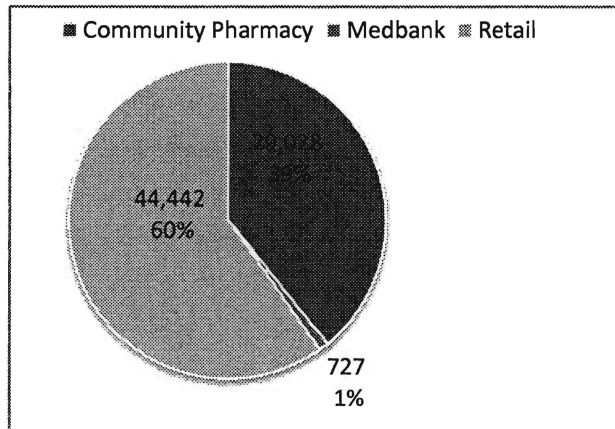

Figure 3: MedBank Fiscal Year Values OverTime

Pharmacy Utilization by Resource FY 2015

Pie chart legend: ■ Community Pharmacy ■ Medbank ■ Retail

44,442
60%

727
1%

- 60% of Montgomery Cares patients using retail pharmacy
- Data represents 8 clinics using Montgomery Cares Instance of eCW
- Number will be over 100% due to overlap of resource utilization

Patients by Resource	
Community Pharmacy	13,969
Medbank	567
Retail	20,896
Unique Patients	26,346

Specialty Care Highlights

- During FY2015 Q4, contracts were renegotiated achieving more cost effective rates
  - The 2015 Medicaid fee schedule was reduced by CMS, plus negotiated a reduction of two providers to 95% of Medicaid rates, 6 providers to 90% of Medicaid rates, and 2 providers to 95% of Medicare rates
  - A detailed report of projected amount to be saved will be reported by September 2015
- Project Access staff and Adventist Leadership will continue meeting quarterly in order to reach and maintain a clear understanding of the charity care relationship between Project Access, Shady Grove Adventist Hospital, Washington Adventist Hospital, and Adventist Healthcare system as a whole
- Project Access will continue to work with Holy Cross Health System, Suburban Hospital, MedStar Health System, and Johns Hopkins, striving to maintain a similar charity care relationship
- 7% increase in the number of visits compared to FY2014

Appointment Source	Q1	Q2	Q3	Q4	FY 2015 Totals
Clinic On-Site Specialty Care	1,651	1,689	1,529	1,859	6,728
CCHCN	596	634	719	645	2,594
Project Access	761	674	503	590	2,528
MM Heart Clinic	137	116	99	145	497
Totals	3,145	3,113	2,850	3,239	12,347

Figure 4: Specialty Care Appointments by Source FY2015

Specialty Area	New Providers
Urology	Expanded from 1 to 8 providers - Chesapeake Urology Associates
Cardiology	Capital Cardiac and Thoracic Surgical Associates
Radiology	Drs. Groover, Christie, and Merritt
Nephrology	Drs. Hecht, Bass, Schwartz, and Hila

Ambulatory Surgical Services	Friendship Ambulatory Surgical Center
Podiatry	Mid Atlantic Foot and Ankle Specialists, Kensington

Figure 5: Project Access Recruitment Summary FY2015

Specialty Area	Procedures Commonly Performed	Procedures in FY 2015
Cardiology	Cardiac catheterization	9
ENT	Head/neck tumor removal; Sinus surgery	13
General Surgery	Gall bladder removal; Hernia repair; Tumor biopsy/removal	97
Gastroenterology	Colonoscopy; Upper GI endoscopy	115
Neurosurgery	Brain/spine surgery	1
Ophthalmology	Treatment of cataracts and glaucoma	24
Orthopedic Surgery	Arthroscopic joint and fracture repair	25
Urology	Kidney stone removal; Prostate biopsy/resection	47
Vascular Surgery	Vein repair; Arterial procedures	3
Total		*334

Figure 6: Project Access Hospital Procedures by Specialty Area fy2015

Oral Health Highlights

In FY 2015 12% of the Montgomery Cares population received oral health services through one of the Montgomery Cares oral health providers. The addition of MCC Dental clinic in August 2015; and Spanish Catholic Center expanding services - SCC had a 23% increase in the number of patients served and a 45% increase in encounters; they still have a 4 month wait time for new patient appointments
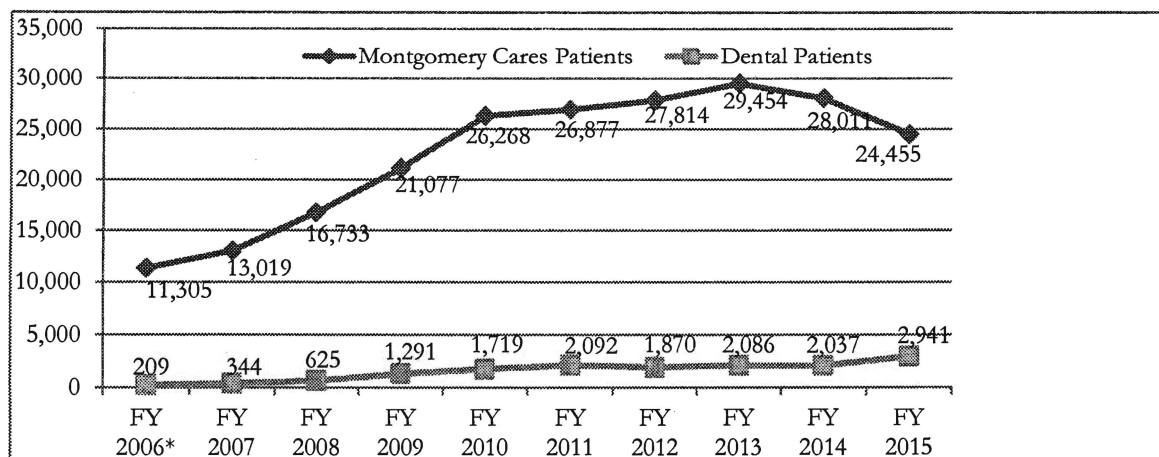

Figure 7: Oral Health Program FY2006 - FY2015

- Metro Court had a 11% increase in the number of patients served and a 2% decrease in the number of encounters compared to FY 2014; Metro Court has a 2 week wait for new appointments; The DHHS Colesville Clinic serves homeless and Montgomery Cares patients

- Muslim Community Center Medical Clinic began offering dental services to Montgomery Cares patients in August 2015; they have a 5 day wait for new patient appointments

- Spanish Catholic Center had a 23% increase in the number of patients served and a 45% increase in encounters; Spanish Catholic Center has a 4 month wait time for new patient appointments

In addition, CCI and Mary's Center offer dental services on a sliding fee schedule based on patient income

Provider	Unduplicated Patients	Encounters	Ratio
DHHS Adult Dental Services Metro Court	840	1,401	1.7
DHHS Adult Dental Services Colesville	154	298	1.9
MCC Medical Clinic - Dental	621	1,153	1.9
Spanish Catholic Center	1,326	5,417	4.1
Total	2,941	8,269	2.8

Figure 8: Oral Health Program Encounters by Provider FY2015

Montgomery Cares Behavioral Health Program Highlights

Behavioral Health Service Expansion

- **Community Ministries of Rockville – Mansfield Kaseman Clinic:** Additional full-time Care Manager

- **Spanish Catholic Center:** Added psychiatric consultation, provider education and access to psychiatry clinics

- **MCBHP Psychiatry:**
  - Added .4 psychiatrist (fourth psychiatry clinic)
  - Delay in establishing a fourth psychiatry clinic at MCC Medical Clinic and at Holy Cross while Georgetown University hires replacement psychiatrist

Behavioral Health Documentation and Quality Measures

- MCBHP developed behavioral health templates in eCW; commissioned additional modifications to eCW to enhance behavioral health documentation

- Four Quality Measures developed and approved by QHIC

- Significant gains in screening over FY 2015

Unique Patients Receiving Behavioral Health Services	Number of Unique Patients at Participating Clinics	Percent of Clinic Patients Receiving Behavioral Health Services
1,393	15,836	11%

Figure 9: Unduplicated Patients Receiving Clinical Behavioral Health Services in FY2015

Montgomery Cares Patient Experience Survey Results

- A total of 1,741 patients from the 15 clinic locations completed the survey during fiscal year 2015. The survey was conducted in English and Spanish.

    o The survey was translated into Mandarin Chinese, allowing us to survey 42 CCACC patients.
    o Care for Your Health's panel was surveyed in the fourth quarter
    o 4 surveys from a panel of 39 patients

- Respondent Profile

    o Average length of time with provider is 2.6 years, with an average of 4.5 visits within the last 12 months.

    o 41.0% of respondents rated their overall health as Excellent or Very Good. 56.4% of respondents rated their mental health at Excellent or Very Good.

    o The average respondent age was 46.0 years; 71.6% of the surveyed population were female; 32.4% had at least some college education; 69.8% identified as Hispanic/Latino; and 40.0% identified as White/Caucasian.

Results

CAHPS Composite Categories:

- Access: 72.9% Usually/Always

    o Highest Score: Scheduling appointments for routine care (83.7%)

    o Lowest Score: Seeing provider within 15 minutes of appointment time (53.5%)

- Communication: 89.3% Usually/Always

    o Highest Score: Provider showing respect (92.1%)

    o Lowest Score: Provider knew medical history (85.8%)

- Office Staff: 88.1% Usually Always

    o Highest Score: Staff were courteous and respectful (90.6%)

    o Lowest Score: Staff were helpful (85.6%)

- Additional Items

    o Follow-up with Test Results: 73.6 % Usually/Always

    o Provider Rating: 70.1%

    o Likelihood to Recommend: 96.4% of the patients surveyed would recommend their clinic to family and friends.

Montgomery Cares Clinic Participation in Medicaid

Clinic	United	Amerigroup	Maryland Physicians Care	Priority Partners	Riverside Health Plan	MedStar Family Choice
Care for Your Health	Yes	Yes	Yes	No	Yes	No
CCI	Yes	Yes	Yes	Yes	Yes	No
Community Ministries of Rockville	In Process	In Process	In Process	In Process	In Process	No
Holy Cross Health Centers	Yes	No	Yes	No	No	No
Mary's Center	Yes	Yes	Yes	Yes	Yes	Yes
Mobile Medical Care	No	Yes	Yes	Yes	Yes	Yes
MCC Medical Clinic	Yes	Yes	Yes	Yes	Yes	Yes
Proyecto Salud	Yes	In Process	Yes	Yes	No	Yes

Montgomery Cares System Transformation

Environmental changes

- Medicaid expansion and QHP's provided many previously uninsured residents with an insurance option (Estimate: more than 50,000 county residents are newly insured).

- Migration Policy Institute estimates more than 40,000 residents will remain undocumented and uninsured even after multiple ACA enrollment seasons.

- County budgets will be tight for at least next two fiscal years

Challenges continue

- Sufficient culturally and linguistically competent workforce

- Maryland All-Payer Model (Medicare Waiver) –hospitals' focus is on readmissions and Medicare

- The socio-economic needs of the population we serve; the impact this has on their health

Though the environment may change, the needs remain. Montgomery Cares as a network is transforming to provide comprehensive and culturally competent care for all low-income residents of Montgomery County. Many clinics have integrated service for Medicaid, so residents can retain continuity of providers as they move between insurance statuses.

Enrollment

- During FY2014, recommendations were developed by a workgroup representing clinics, payers, MCAB, DHHS and PCC to move Montgomery Cares from an eligibility program to an enrollment program in FY2015

- Future phase: Expand linkages with DHHS' Office of Eligibility and Support Services (OESS) and community partners for a standardized and integrated enrollment process; develop more extensive information about program resources and expectations

- Data - Continue to build data linkages and accuracy to support population health

Standardization: FY2016 work

- Determine policies for "alignment" of copay levels across all clinics

- Establish expectations for availability of standard set of services

- Establish performance standards for participating provider organizations
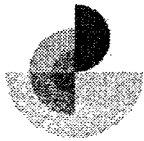
Triple Aim Goals

- Improve Population Health, Improve Patient Experience, Reduce Total Health Care Costs

Montgomery Cares Program Report
FY 2016 Third Quarter Report
April 27, 2016

Rosemary Botchway, Senior Manager

Barbara Raskin, Montgomery Cares Program Manager

Deepa Achutuni, Montgomery Cares Program Assistant

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of Montgomery County, Maryland

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Silver Spring, MD 20910

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YTD Patients and Encounters – March 2016

Benchmark for encounters is 75%; Actual 71%

Year to Date	FY16 Unduplicated Patients			FY16 Encounters			Reimbursement
Clinic	FY16 Projected Patients	FY16 Unduplicated Patients	FY16 % of Projection	FY16 Projected Encounters	FY16 YTD Encounters	FY16 % of Target Met	MCares Payment $67/Visit*
Catholic Charities Medical Clinic	1,479	1,075	73%	3,352	2,349	70%	$157,383.00
CCACC-PAVHC	250	202	81%	600	351	59%	$23,517.00
Community Clinic, Inc.	2,849	1,606	56%	6,281	3,150	50%	$211,050.00
CMR - Kaseman Clinic	1,700	1,063	63%	4,495	2,707	60%	$181,369.00
Holy Cross Hospital Health Centers	5,936	5,622	95%	15,967	12,379	78%	$829,393.00
Mary's Center	811	747	92%	1,924	1,591	83%	$106,597.00
Mercy Health Clinic	1,852	1,219	66%	6,000	4,278	71%	$286,626.00
Mobile Med	3,650	2,850	78%	12,000	7,870	66%	$527,290.00
Muslim Community Center Medical Clinic	2,200	1,833	83%	6,500	4,596	71%	$307,932.00
Proyecto Salud - Wheaton & Olney	5,201	3,700	71%	15,701	10,235	65%	$685,745.00
The People's Community Wellness Center	250	292	117%	485	591	122%	$39,597.00
General Medical Clinic Totals	26,178	20,209	77%	73,305	50,097	68%	$3,356,499.00
Montgomery Cares FY16 Budget	27,308		74%	71,000		71%	$4,757,000.00

Year to Date			
Clinic	Patient Panel	Encounters YTD	Payments YTD
Care For Your Health*	28	51 Primary Care	$5,484.43

*Care For Your Health is a pilot program paid on a capitation basis. The provider is reimbursed $16.67 per person per month.

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Montgomery Cares March 2016 Performance

The benchmark for March is 75%.

- Clinics have reached 74% of their FY 2016 projected number of unduplicated patients and reached 71% of their projected number of encounters.
- Expenditures for clinic visits is 71% of the budgeted amount.
- Care For Your Health, which is reimbursed on a capitated basis, has a patient panel of 28 Montgomery Cares eligible patients; 25% of its FY 2015 patient target of 110.

Length of Time to Next Appointment for New Patients

- CCACC-PAVHC, Kaseman Clinic, Holy Cross Health Center – Germantown, Proyecto Salud in Olney and Wheaton and can see patients within two days;
- Mobile Medical Care, Muslim Community Center Medical Clinic and The People's Community Wellness Center can provide appointments within 1 week;
- Care for Your Health, Holy Cross Health Centers – Aspen Hill and Gaithersburg, Mary's Center and Mercy Health Clinic can provide appointments within 2 weeks;
- Catholic Charities Medical, CCI Health & Wellness, and Holy Cross Health Center – Silver Spring can provide appointments within 3 weeks.
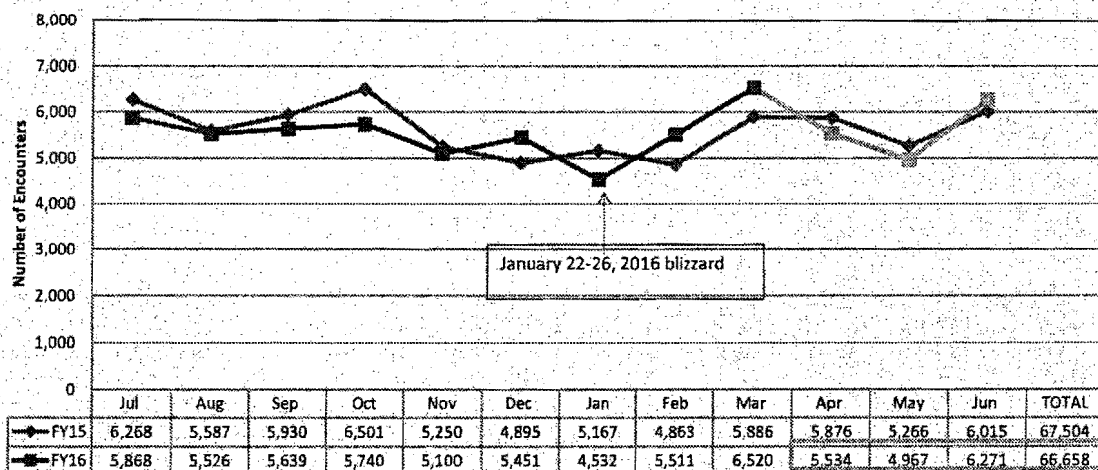
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FY 2016 Encounter Projection vs. FY 2015

FY 2016 encounters are .5% higher than in FY 2015 Q3
Projecting approximately 66,000 - 68,000 encounters for FY 2016
March 2016 encounters were approximately 1,000 more than February 2016

January 22-26, 2016 blizzard

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
FY15	6,268	5,587	5,930	6,501	5,250	4,895	5,167	4,863	5,886	5,876	5,266	6,015	67,504
FY16	5,868	5,526	5,639	5,740	5,100	5,451	4,532	5,511	6,520	5,534	4,967	6,271	66,658

*Numbers do not reflect Care for Your Health or Quarterly Reconciliations

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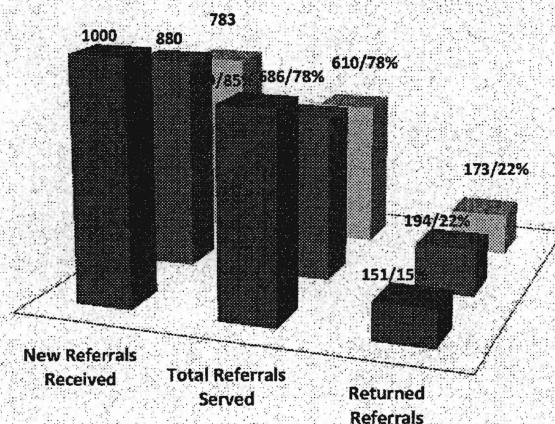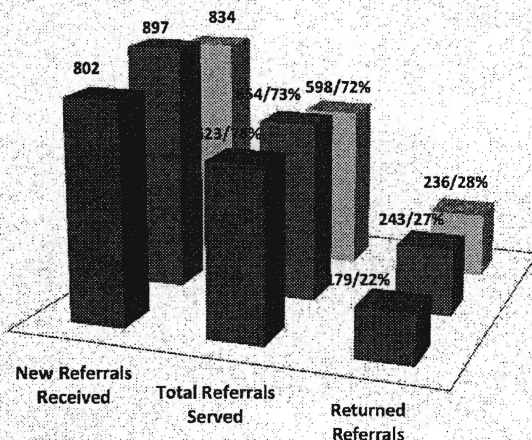of Montgomery County, Maryland

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Specialty Care Referrals Summary: FY 2016 Q3

- **Project Access** utilized increased FY 2016 funding, lower negotiated FY 2016 fee schedules, and an expanded provider network in order to reach a 78% rate of referrals served.
- **Project Access** was designated as DHMH's Maryland Cancer Fund Montgomery County site.
- 179 **Project Access** referrals were returned predominantly due to limited availability (22.5%), referral no longer needed/problem has been resolved/patient refuses appointment (12%), duplicated request (11%), and inappropriate referral/specialist returned (11%).

■ Project Access Q3FY16　■ Project Access Q2FY16　■ Project Access Q1FY16　　■ CCHCN Q3FY16　■ CCHCN Q2FY16　■ CCHCN Q1FY16

Montgomery County Medbank
FY 2016 Quarter 3

The value of medications received in FY16 YTD is 95% of total value received in FY15

Category	Q1	Q2	Q3	Q4	Total	FY 2016 Benchmark*
Value of Medications Received	$1,043,765	$952,245	$1,032,704		$3,028,714	$3,194,615
Applications Processed	767	832	848		2,447	2,852
Active Patients	1,300	1363	1430		1,430	1,223
New Enrollees (captured in active patient volume)	77	63	67		207	214

During ACA open enrollment Medbank staff received an increase in calls from individuals seeking health care services that were not related to medicine access. Staff assisted 37 individuals with language barriers and inexperience navigating health care services to connect with a Montgomery Cares clinic (23), Project Access (2), Medbank enrollment (3), and other (11). (Note: Numbers do not add up as individuals were referred to clinic for Project Access referrals)

* FY 2015 actuals are the reference point for FY 2016 Benchmark

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Community Pharmacy Expenditures
FY 2016 Q3

Overall Community Pharmacy expenditures in FY 2016 YTD (60%) is consistent with expenditures for the same time period in FY 2015 (62%)

Category	FY16 Budget Allocation	Q1	Q2	Q3	Total Expenditure	% Expenditure	Budget Remaining	% Remaining
General Formulary	$927,650	$151,371	$198,820	$224,387	$574,578	62%	$353,072	38%
Diabetic Supplies/ H. Pylori	$262,936	$6,170	$74,031	$45,623	$125,824	48%	$137,112	52%
Behavioral Health	$75,122	$4,447	$10,591	$9,821	$24,859	33%	$50,263	67%
Vaccines	$89,412	$89,412	$0	$0	$90,759	100%	$0	0%
Bradley*	$3,000	$0	$0	$1,846	$1,846	62%	$1,154	38%
Total	$1,358,120	$251,400	$283,441	$281,677	$817,866	60%	$540,254	40%

*Bradley Care Drugs provided medications to individuals during Medicaid transition and to one complex behavioral health patient resulting in 62% of the budget expensed in Q3.
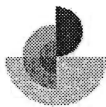
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Oral Health Program FY 2016

12% of the Montgomery Cares patients received oral health services in FY 2016 YTD

Provider	Unduplicated Patients	Encounters	Ratio
Catholic Charities – Dental Clinic	898	2,768	3.1
DHHS Adult Dental Services - Metro Court	651	1,435	2.2
DHHS Adult Dental Services - Colesville	51	106	2.1
Muslim Community Center Dental Clinic	779	1,746	2.2
Total	2,379	6,055	2.5

- Catholic Charities Dental Clinic has a 180 day wait time for new patient appointments.
- DHHS Metro Court and Colesville locations have 4 week wait time for new appointments
- Muslim Community Center Dental Clinic has a 3 day wait time for new patient appointments. The MCC Dental Clinic is open 6 days a week.

CCI and Mary's Center offer dental services on a sliding fee schedule based on income.

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Montgomery Cares Behavioral Health Program
FY 2016 Q3

Behavioral Health Measures:
- All MCBHP provided Behavioral Health Services to 8.8% (1,208) of the 13,769 patients served year to date at the 6 participating clinics.
- All five MCBHP clinics on eCW show progress over time towards annual screening for depression, Mercy Health Clinic, CMR and Proyecto Salud met the goal of 90% this quarter
- MCBHP clinics on eCW have shown improvement since Q1. CMR exceeded the 75% goal for depression screening during primary care visits.
- All five clinics have a low rate for patients who screen positive for depression having a behavioral health visit within two months.

MCBHP expanded services:
- MCBHP expanded services at Holy Cross Health Centers by adding a psychiatry clinic.
- Patient education – MCBHP distributed Behavioral Health Patient Education Files (English/Spanish) to all Montgomery Cares clinics. It is also available at the PCC website.
- MCBHP established a BH Leadership Group that will meet quarterly with the goal of supporting integration of behavioral health services in primary care settings

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Number of Unduplicated Patients Receiving Clinical Behavioral Health Services FY 2016 YTD

Goal: MCBHP will provide services to 15% of all clinic patients.
Outcome: At the end of this quarter MCBHP had served 8.8% of all patients seen YTD.

	Unduplicated BH Patients				Number of Unique Clinic Patients YTD	Percent of Patients Receiving Behavioral Health Services YTD
	Q1	Q2	Q2	YTD		
CMR– Mansfield Kaseman Clinic	62	61	63	110	1,063	10.3%
Holy Cross Health Centers						
Holy Cross - Aspen Hill	37	47	38	76		
Holy Cross – Gaithersburg	81	62	66	133	5,662	8.0%
Holy Cross – Germantown	14	34	44	72		
Holy Cross - Silver Spring	103	104	93	168		
Proyecto Salud - Wheaton & Olney	200	192	261	420	3,700	11.4%
Mercy Health Clinic	69	85	102	142	1,219	11.6%
Muslim Community Center Medical Clinic	27	23	42	68	1,833	3.7%
People's Community Wellness Center	6	11	9	19	292	6.5%
Total	599	619	718	1208	13,769	8.8%

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Quality Measures Update

- All clinics are submitting data for the quality measures; we are in the process of working with CCI and Holy Cross Health Centers to validate their data.

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Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

April 22, 2015

Nancy Floreen, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Floreen:

The Commission on Health (COH) thanks the County Council for their ongoing support of the Montgomery Cares program. Even though many low-income residents have gained access to health insurance coverage through the Affordable Care Act (ACA), many County residents remain uninsured and dependent on DHHS programs, such as Montgomery Cares and Care for Kids for meeting their basic health care needs.

The Montgomery Cares Advisory Board is asking for $1,536,100 in additional funding for FY16 to help improve quality of care and increase access to needed services such as behavioral health, specialty care, oral health and pharmaceuticals. The Montgomery Cares program is serving over 30,000 low-income adults in the County, even after full implementation of the ACA. In order to maintain medical staff and provide much needed behavioral and specialty care, the commission supports the request of $860,000 for Montgomery Cares.

The Maternity Partnership, Care for Kids, and Healthcare for the Homeless programs support the most vulnerable members of our community, and the Commission on Health also supports the Montgomery Cares Advisory Board budget request for these programs.

Finally, the Commission on Health has made several requests on behalf of the County Dental Clinics. We strongly believe in the importance of oral health in the overall measure of public health. The Commission on Health has not forgotten Deamonte Driver who died in 2007 due to a tooth abscess that infected his brain resulting in a call from the Maryland Dental Action Committee to never allow this to happen again[1]. The increase in funding that is being requested will not cover all of those in need in the County, but will be a significant step in the direction of meeting the needs of more County residents who do not have, and are unable to obtain health insurance. The Commission endorses the Montgomery Cares Advisory Board's request.

Sincerely,

Daniel Russ, Ph.D.
Chair, Commission on Health

Cc: Uma Ahluwalia, Director, DHHS
       Dr. Ulder Tillman, Health Officer, DHHS

Attachment: MCAB Advocacy proposal

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[1]Dental Action Committee, "Access to Dental Services for Medicaid Children in Maryland",
2007, http://dlslibrary.state.md.us/publications/JCR/2007/2007_107a.pdf