Cross-Systems Collaboration: Working Together to Identify and Support Children and Youth with Special Health Care Needs

Tuesday, March 3, 2015
3:30 – 4:30 pm ET

For audio, please listen through your speakers or call: (844) 302-6774

This webinar is made possible through the support of the Health Resources and Services Administration (HRSA)
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<td>3:30 pm – 3:35 pm</td>
<td>Welcome and Introductions</td>
<td>Barbara Wirth, Program Manager, NASHP</td>
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| 3:35 pm – 4:10 pm| State Experiences with Cross-Systems Collaboration | * Pam Lester, Clinical Project Manager, Health Home Program, Iowa Medicaid Enterprise  
* Colleen Sonosky, Associate Director, Division of Children’s Health Services, Health Care Delivery Management Administration, District of Columbia Department of Health Care Finance  
* Heather Smith, Special Health Services Director, Kansas Department of Health and Environment, Bureau of Family Health  
* Moderator: Barbara Wirth, NASHP |
| 4:10 pm – 4:30 pm| Audience Question and Answer              | Barbara Wirth, Program Manager, NASHP                                             |
Cross-Systems Coordination in Iowa

Pamela Lester
Clinical Project Manager
Health Home Program
RN, BSN, NCQA PCMH CCE
March 3, 2015
Agenda

- Cross-Systems Silos
- Challenges to Coordinate Across Silos
- Work Being Done to Improve Coordination
Silos will always be around. The focus needs to be how do we connect the silos to provide comprehensive coordinated care.

http://www.farmshow.com/a_article.php?aid=1880
Iowa’s Title V Program

- Shared between the Iowa Department of Public Health (healthy population) and Child Health Specialty Clinics (Children and Youth with Special Health Care Needs [CYSHCN] population)
  - Both provide care coordination under the EPSDT (Early and Periodic Screening, Diagnostic and Treatment) program
  - Child Health Specialty Clinics (CHSC) assisted with implementation of SAMHSA SOC (Substance Abuse and Mental Health Services Administration System of Care) award
  - I Smile Coordination (IDPH funded program)
  - IDPH/CHCS Partnership springboards into the Pediatric Integrated Health Home (P-IHH) Program
Who is Eligible for the P-IHH (Pediatric Integrated Health Home)?

- Children under the age of 19, on Title 19/Medicaid; and,
- A diagnosable mental, behavioral or emotional disorder of sufficient duration to meet DSM diagnostic criteria that,
  - Results in functional impairment
  - ~16,000 children/youth potentially eligible as identified through claims information
Chronic Condition Heath Home Member Qualifications

Adults and children with at least two chronic conditions, or one chronic condition and at risk of a second condition from the above list. (Note overweight vs. obese)
Home & Community Based Services (HCBS) Programs (Waivers)

Integrated Health Home

- Habilitation
  - Children’s Mental Health (CMH)

- AIDS/HIV
- Brain Injury (BI)
- Health & Disability (H&D)
- Intellectual Disability (ID)
Approaches to Connect the Silos

• Outreach and education
• Learning collaborative approach
• Use the Model for Improvement
Case Study
Cross System Collaborations in DC to Promote Better Child Health Outcomes

Colleen Sonosky, JD
Division of Children’s Health Services
Health Care Delivery Management Administration
Department of Health Care Finance

March 3, 2015
NASHP Cross-Systems Collaboration Webinar
Children’s Health Coverage in DC

• Insurance Coverage & Medicaid/CHIP Participation
  – Low Numbers of Uninsured: Only 3% of DC children lack health care coverage; enrollment of children in Medicaid/CHIP increased by 13% from 2008-2010.
  – High Participation Rate in Public Insurance: In FY11, about 95% of eligible children were enrolled in Medicaid/CHIP according to Urban Institute (behind only Vermont, Massachusetts, and Connecticut).

• Medicaid Enrollment Overview
  – FY 2013: 93,000 children were enrolled in DC Medicaid
  – About 70% of the District’s children are enrolled in Medicaid/CHIP
  – Over 40% of DC Medicaid enrollees are children

• Service Delivery for Pediatric Care under Medicaid
  – All beneficiaries under 21 receive the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit through Managed Care or Fee-for-Service arrangements
Serving Children through the Health Care System in the District of Columbia

DC Medicaid’s Service Delivery Systems:

• Managed Care [approximately 90% of Medicaid children]
  – AmeriHealth DC
  – MedStarFamily Choice
  – Trusted Health Plan
  – Health Services for Children with Special Needs (for disabled children up to age 26)

• Fee-for-Service [approximately 10% of Medicaid children]
  – Children with Disabilities not residing in an institution
  – Children residing in long-term care (LTC) facilities
  – Department of Youth Rehabilitation Services (DYRS)-linked children
  – Children under custody of Child & Family Services Agency (foster care, adopted)

• Provider Types Serving Children in the District of Columbia
  – Federally qualified health centers (FQHCs) (e.g., Unity, Mary’s Center)
  – Facility-Based (e.g., Children’s National, Georgetown)
  – Provider Practice Groups
Cross-System Collaboration

• Memoranda of Agreement for Data Sharing Among DC Medicaid, DC Public Schools and Department of Health (Medicaid, Schools and Public Health)

• DC Collaborative for Mental Health in Pediatric Primary Care
Overview of Memorandum of Agreement with Medicaid, Schools and Public Health

• Shared principles among Medicaid, Schools and Public Health agencies
  – Common interest in ensuring District children receive preventive health care and oral health services
  – All agencies put forth public funds to ensure children receive needed health services
  – Collaboration and data sharing will decrease duplication of efforts and maximize appropriate stewardship of public funds

• Schools’ obligation to ensure all students are compliant on immunizations and completion of Universal Health Certificates and Oral Health Assessments

• Development of Memorandum of Agreement (MOA) between three agencies to share data on Medicaid claims, school enrollment and submission of forms to promote outreach for health services and target resources in schools
Overview of Data Sharing components between Medicaid, Schools and Public Health

- Schools provide Medicaid with complete enrollment lists and records of Universal Health Certificate (UHC) and Oral Health Assessment (OHA) submissions
- Medicaid provides schools with Medicaid status, information about last well-child visit and last dental visit (where applicable), and managed care organization (MCO) assignment
- Public Health provides immunization compliance information
- Medicaid combines data sources and works with schools to identify the schools with the greatest gaps in service utilization
- Public Health provides an updated report indicating the total number and percentage of UHCs and OHAs submitted by schools in fall and final report in summer
- Public Health provides a detailed report identifying children who submitted incomplete health forms or who submitted forms indicating that additional care is required
Development of Outreach Strategies from Data Sharing

- School information now includes messages about the importance of preventive care/well-child visits and submission of health forms in school enrollment packages and mailings.
- Target schools identified based on data sharing will receive increased outreach about the importance of preventive care/well-child visits/oral health services through Medicaid.
- Notification to principals and school nurses in targeted schools.
- Sharing of school enrollment data per MCO for their enrollees who are in need of well-child visits and needed health forms in schools.
- Health promotion and education events for schools with greatest need.
- Information on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to schools and public health provided by Medicaid for school events.
- All Title I pre-K 3 and 4 classrooms will be included in activities at targeted schools.
Oral Health Service Delivery at Targeted Schools

- Medicaid and Public Health will collaborate to develop provider application/agreement to identify approved providers to furnish oral health services at targeted schools

- For dentists to furnish oral health services
  - Public Health confirms DC licensure and approves scope of services
  - Medicaid ensures credentialing and enrollment in provider networks
  - Schools approve provider requests, obtain signed provider agreements and connect approved providers with targeted schools
  - Schools secure appropriate parental authorization
  - Schools provide on-site oversight of dental provider activities
  - Medicaid reimbursement for Medicaid-enrolled children

- Dental providers furnishing services must submit report (including date of service, provider information, and summary of services provided to beneficiary and whether follow-up care is needed)

- Report and Oral Health Assessments will be submitted to schools to facilitate tracking of services in schools
DC Collaborative for Mental Health in Pediatric Primary Care

• Multi-faceted project (provider, advocacy and government agency partnership) involving the following:
  – Primary Care and Mental Health Providers Surveys
  – Mental health screening tools recommendations to DHCF for pediatric primary care providers
  – Develop electronic tool-kits for pediatric practices
  – Children’s National Health System Quality Improvement Learning Collaborative to train pediatricians on mental health screening and referrals
  – Develop Child Behavioral Health Access program for pediatric practices to have direct linkages to psychiatric consults
Questions?

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Health Care Delivery Management Administration/DHCF

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Cross-Systems Collaboration for Children and Youth with Special Health Care Needs: The Kansas Special Health Care Needs & Managed Care Organizations Experience!
To promote the functional skills of persons who have or are at risk for a disability or chronic disease.

Kansas Special Health Care Needs
From the History Books

State and Federal Requirements

What this looked like in Kansas:

- Report of special health care needs (SHCN) clients with Medicaid #
- Submitted online
- Only feedback included an error report
From There to Here...

Until one day the burning question was asked...

What is this report for and WHY do we spend so much time on it?!?!?!
In 2013, Kansas launched our managed care Medicaid program to deliver whole-person, integrated care.
...Meeting of the Minds...

1 Title V Program
1 Medicaid Program
3 Managed Care Organizations

= Power team to make reporting meaningful

Our Mission: To protect and improve the health and environment of all Kansans.
Our Mission: To protect and improve the health and environment of all Kansans.

...Moving into the Future

That was Then...

- Report of SHCN clients with Medicaid #
- Submitted online
- Only feedback included an error report

...This is Now

- SHCN Reports to managed care organizations (MCOs)
  - error report still happens
- MCOs review case load & request SHCN care plans
- PDF of SHCN Care Plan shared via secured server
ULTIMATE GOAL
Sharing of Care Plans!

Kansas-Special Health Care Needs Program

Managed Care Organizations

Our Mission: To protect and improve the health and environment of all Kansans.
Our Mission: To protect and improve the health and environment of all Kansans.

Our Future

Shared Care Plans

= Less Chaos

= Empowered Families

= True Collaboration
Questions

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Our Mission: To protect and improve the health and environment of all Kansans.
Questions & Answers

Questions for the presenters?
Please type them into the chat box below!