Reducing System Complexity

Workgroup Notes for Nov. 4, 2015

Meeting location: AHCCCS

Participants: Diedra Freedman, Terry Matteo, Rene Bartos, Cynthia Macluskie, Jared Perkins; On phone: Robin Blitz, Don Fowls, Brian van Meerten, Chris Tiffany

Facilitator: Sharon Flanagan-Hyde

Note-taker: Monica Coury

- Introductions – in person and by phone.
- Sharon opened to discuss data request. She will consolidate all the data request email strings. She asked if this group had any additional requests for data needs.
    - A question re some of the codes ICD-9 and CPT codes and she did not recognize those as they are not used by developmental peds. Clarification that she wanted to expand – eg, neuropsych, other services that extend beyond developmental peds. Sharon clarified psychologist codes. Goal was to look at all the codes that might be related to services for full spectrum of services for children with ASD.
    - A participant did not understand the other data request email string – cost of life. Identifying members with ASD and at-risk on 2 or more claims… . One person wants to separate out for ALTCS vs acute, etc because the cost will be higher for ALTCS members. Monica said we can pull by health plan type/eligibility category. Sharon summarized: desire to get all codes related for members with ASD and then once pulled, divide by health plan and eligibility category.
    - Participant asked if we are pulling data by PCP only or by members across the board. Wants to be sure because for instance, a PT claim won't have an ASD diagnosis on it. Concern re when the ASD diagnosis was – so Lauren's email says diagnosis in first two claims…will talk to Lauren about how best to recognize. Also concern re people with commercial insurance where we won't see all their expenditures. Concern re tracking ASD. Monica discussed perhaps assigning a tag like AHCCCS does with SMI.
    - Sharon raised question: why do we want this data. What does it tell us. Monica explained for instance with SMI, allows us to see utilization trends over time.
    - Perhaps consider recommendation of use of HIE – Health Information Network of Arizona.
    - Participant concern re screening for autism, seizure disorders, etc. Another participant says RBHAs or health plans should be ensuring getting child through all the steps and provider has information re screening. Is the PCP checking for all things that are best practices? Health plans want to have the key components to make sure the right questions are asked. Participant says not every child requires a screening for seizures. How you screen for that is asking about it. Participant explained this is part of her training for pediatricians – autism screening, using M-CHAT, using standardized

questionnaire (did not catch the acronym). In other words, there is no screening for co-morbidities. It is basically taking the health history. Participant explained by "screening" we don't mean an actual screening but asking the right questions. Health plans can help with that. Another person explained she means more like a checklist. Participant explained Down's Syndrome guidelines exists because American Academy of Pediatrics put one out. We can put one together and go through the Arizona Chapter of the Academy of Pediatrics as well as to families and through AHCCCS, health plans, etc. Participant explained that medical field just doesn't know what to do with members with ASD because clinical practices change so quickly.

    - Sharon: to review: recommendation topics would be (1) how to track in the future and use HIN AZ for that; (2) awareness of co-morbidities and history – ties in to flow chart for PCPs. Participant said we can actually look at Harvard study to know what the cost is. Participant said not sure we need it for this committee.

- Sharon raised second issue re cross-workgroup list of covered services being led by Aaron. Participant mentioned no counseling services. Also, Aaron was using up to age 17. This group suggested should be up to age 21 to conform to EPSDT. Discussion re dieticians. Participant: Recommendation would be cover registered dieticians with no prior authorization to see children. Is there some way to train dieticians re understanding of ASD. Also, what is covered by RBHAs. Monica said didn't see some services like Living Skills, Health Promotion, Family Supports.
- Further discussion re behavioral health services. Participant said MMIC said they put an exclusion on any psych testing for autism but he used to be able to do it for Magellan. Participant explained that there may be a difference re full battery of neuro-psych tests vs psych eval. Participant says families are asking to see psychologist at RBHA and not getting one for an ASD diagnosis. Participant said he sent 3 people to MMIC who were denied for some basic ASD testing. The families were denied and appealed. Then MMIC changed policy to allow psych testing if psychiatrist had done diagnostic interview and still had a question. Participant says she also has 3 families that she's referred and still no services. Participant says crosswalk other states info re evidence based with Aaron's chart. Cynthia said she would do this. Participant said short abbreviated battery for psychologists is not equivalent of full neuro-psych battery.
- Group said this was big Maricopa problem. Participant said in Pima County it's about who makes the diagnosis and will DD accept that diagnosis. In Pima they said DDD was not taking psychiatrist diagnoses from RBHAs so families were going to developmental peds.
- Can we think about a recommendation to improve communication between acute plans and RBHAs. HIE/EHRs is one way.
- Whatever system takes over, we need to be sure to address rural areas. Telemedicine can help.
- Recommendation: DDD inform the health plans when someone gets enrolled in DDD targeted case management because the kids are not known as DDD to the acute plans. So acute plans cannot coordinate.
- Recommendation re what the RBHAs are supposed to be covering from ASD and then the RBHA expressly states to providers what is expected. In Tucson, Cenpatico will develop specialty

agencies for ASD. Maricopa county children's services is also working on this is. Participant impression. Sharon expressed identifying agencies with expertise working with adults with ASD is also in works. Participant expressed concern re limiting choice. Cenpatico respects choice and they moved from big providers to building networks of specialized providers and create the network. Participant said as a consumer, we are worried about limiting providers to save money and then limiting choice. Participant said make the contracting process easier for providers. If the family has a provider, simplify the process. Having Centers of Excellence does not necessarily have to limit choice. For instance, it used to be for CRS you had to go to the MSIC but now we are moving away from that to make that specialty care more accessible in communities where people live. Participant said CRS kids do not have the behavioral health services that the kids need. Participant explained there was no network of autism providers in Tucson so CRS had to build that up. Recommendation is CRS needs to have adequate network for ASD members.

- Recommendation re CMDP to be sure we identify foster children with ASD. Also tracking re ALTCS DDD members who then become foster kids – are we moving them into CMDP?
- Recommendation to clarify lines of business that CRS provides BH for. Community does not understand this.
- Sharon says lots of confusion re hab vs rehab debate and lack of clarity. Recommendation to all go to the health plans per participant. Perhaps EPSDT services go to the health plans – specifically PT,OT and speech. The issue is that the hab/rehab distinction has created issues with health plans thinking PT, OT and speech that is hab related should be done via DDD. Cynthia wants to make the recommendation that EPSDT services would be pushed to health plans, DDD would do HCBS. Michigan, Minn, NJ do it this way. AMPM language changes are needed to get rid of rehab/hab thing. Mesh the networks so therapies just go through the health plans. Participant said Northern AZ RBHA allows any ABA therapies comprehensive – saying also OT, PT and speech through RBHA. Others questioning?
- We are still trapped in where do I go. Participant said some other states have website: RBHA does X, health plan does Y, DDD does HCBS. Very explicit and easy to understand. Participant wants to recommend we do something like this. Participant reiterated that everything still hinges on where you qualify.
- Sharon: we have a flow chart for parents explaining steps. I hear some people explaining that we need some changes to the system and how those steps are structured. So since this is about the system, I want to hear from you whether we need changes to the system.
    - My recommendation is system change is needed because we can explain it as it is, but that isn't enough. Participant agrees that it needs to be some sort of integrated system, like we did for SMI members and as many things as possible to flow through the health plans.
    - Participant says if it moved to the health plans it runs more like a commercial plan. Another participant pointed out that there are some things missing like Children and Family Teams, case management.
    - Participant is saying key is where the care coordinator is located. Everyone who is an AHCCCS member uses that acute care plan. Whether the coordinator is physically

located at the health plan or peds office or hybrid depends on how best done but care coordinator should be located at the acute care plan. Don't want to lose as a parent, have AHCCCS continue contract with DDD who then contracts with health plans. So participant likes system as it is, but work more coordinated via health plan.

- Participant is saying multiple models may be needed: care coordination at health plan level, peds level, clinic level.
- Sharon wants clarity re integration for DDD. Participant says children with more intense needs qualify for DDD, still have support coordinator. The support coordinator would work with the care coordinator that lives at the health plan. Sharon: what I am hearing is integrating PH and BH like SMI and tightening up DDD. Recommendation: At the next contract cycle, we integrate ASD members to greatest extent, including BH moving into the acute plan. DDD would provide support coordinator and LTSS. Participant has a different perspective in that the health plan should be the MCO and the health plan subcontracts with DDD. Another participant says at the very least get DDD out of business of PT, OT and speech and feeding. Behavioral health is the other. Physical and behavioral health should also be integrated together. Health plan coordinates the services. DDD takes care of the HCBS package in their provider network. Recommendation to make sure health plan pays timely.
  - Preference is integration. Debate about whether to move BH from RBHA to acute plan. Maricopa struggles with interfacing with ASD community. Participant concerned re co-morbidities that are primarily medical.
  - The more people interface with RBHAs, maybe familiarity grows and once people can access services, maybe it gets better.
  - Participant says integrated RBHA has brought people together and providers learning more.
- Acute ASD members (same as above subsets)

- Let's summarize recommendations:
  - DDD: DDD is the MCO and provides HCBS services. DDD contracts with acute plan to do care coordination, PH and BH. Acute Plan's care coordinator is in charge of ensuring access to services for members with ASD. Each member with ASD is assigned a care coordinator. Recommend this for DDD's next contract cycle.
    - Note: Clarify AMPM to get rid of hab/rehab distinction to ease implementation of this change
  - Acute members: Have the acute plans develop an ASD network. This means BH providers contract with the acute plan. (Note: reason for moving into acute plan is concern re the multiple medical needs of members with ASD with which the acute plan has greater level of expertise.)
  - To ensure smooth implementation for both: Be sure credentialing is streamlined so that these providers can easily contract with the plans.
  - Additional recommendation: Ask Dr. Jacob Venter at PCH to review
  - Additional Recommendation: Require participation in HIN-AZ