ASD Advisory Committee Early Identification & Referral Workgroup

November 3, 2015

Attendees: Kim Elliot, Rene Bartos, Karie Taylor; Phone: Don Fowls, Janna Murrell, Sydney Rice

Facilitator: Sharon Flanagan-Hyde

Note-taker: Theresa Gonzales

Updates:

- Crosswalk of terms used by different agencies: need the BH section filled in. Want it sent to Margery Ault for review and not sure if it went to her. The rest was completed and recommendatios is to see if there's a way to get closer in definitions b/c programs and requirements are different. Early Intervention program dictated by federal requirements with some flexibility for states. If not, the recommendation is to be sure that the crosswalk is available.
    - **Action: Recommendation that all BHS and AHCCCS definitions should be the same. AHCCCS will discuss with BHS and finalize draft of crosswalk in 2 weeks and send to the Sharon. (Kim/Karie)**

- Flow Chart that maps out screening and diagnosis process (see chart): made changes

- Provider education:
    - Consider having a Step process for Providers in the EPSDT manual and include info about referrals for other services that can also be made to programs such as AzEIP
    - Educate providers on how to access in the RBHA system
    - Make sure the process to refer to the RBHA for diagnosis is clear
    - Include info on referral options for families (see step 3 in the flow chart)
        - **Action: Rene to take the lead and bring back for discussion. Different versions already exist on how to navigate the system. Coordinate with Reducing System Complexity Workgroup findings and recommendations. Also consider what Family Flow Chart says and try to line up. Theresa Gonzales to set up working meeting.**

- Communication Plan
    - Who are we trying to reach and what are we trying to communicate?
    - What about other stakeholders like state agencies, governor's office, legislature?
    - Consider communication for schools, cities, etc.
    - Will be specific for children in AHCCCS.
    - For providers, consider the professional organizations like Arizona Academy of Family Physicians, Arizona Chapter of the American Academy of Pediatrics, etc.
    - Add all behavioral, acute and DDD plans.

- Make info specific for provider relations staff and EPSDT coordinators, utilizing materials they already have and ensure it's a topic discussed at every visit.
  - **Action: Make general so applicable to all contractors, RBHAs, HPs. Moving forward, AHCCCS/Operations would be responsible for getting out. (Kim/Rene)**
- Consider adding Flow charts to the AMPM (in Chapter 400) once finalized.

- Data pulls
  - Include BH CPT service codes
  - Included both ICD 9 and 10, but should only be 2014 so ICD 9
  - Get service codes we think will be utilized. Need BH codes.
  - A list of about 17 HCPC codes that are the BH procedural codes will be sent by Don.
  - A few codes were added.
  - Be sure to include all services, not just therapies.
    - **Action: Sharon will compile and send to Lauren at AHCCCS.**
- DRAFT Recommendations
  - Once we create communication plan, implement system wide and communicate with providers.
  - Implement and maintain crosswalk and flow chart for families and providers.
  - Who can diagnose ASD - different plans out there. What are the final recommendations?
    - None yet. We have clarity what comes from what for DDD (policy vs. rule)
    - AHCCCS doesn't have restrictions.
    - **Recommendation: DDD to make rule change to add developmental pediatricians to the rule change in addition to psychiatrists and psychologists.**
  - Children need to start services early regardless if child is in DDD or ALTCS.
    - Until child is diagnosed, should not have delays in getting services.
    - Broaden BH network to include more developmental pediatricians who can diagnose.
    - Developmental pediatrician in Tucson received a contract but never received referrals.
    - Goes back to PCPs not thinking autism and referring to RBHA, so the RBHA wouldn't engage even if the network is there.
    - **Recommendation: Have network plan to encourage RBHAs to expand provider network to include developmental pediatricians.**
    - **Recommendation: Many children with ADHD also have ASD…RBHAs should evaluate children, particularly those w/ ADHD, for ASD also. Should be looking for ASD and not rely on PCP to raise the concern. Should be part of child's intake and evaluation plan. If there are signs of autism, look at it and not just when PCP asks for it. Include in Provider Education: when referring for ADHD, also consider referring for ASD.**
    - **Recommendation: Promote best practices and ensure BH network has providers who can identify and serve. Have adequate children's services.**

- PAS tool not adequate for ASD. If trying to do early identification and referral, need to address.
    - Not the PAS tool. It is doing an adequate job, but DDD side is doing a different assessment.
    - PAS tool evaluates for at risk of institutionalization. Not all children with autism can get through that.
    - Per data, most kids w/ ASD are acute, so DDD can't provide services, so HPs need to provide services. Keep in mind DDD can provide services HPs can't.
    - When an appeal is done (through an attorney), they can get approved. The issue is that whoever is submitting application doesn't include information needed.
    - Consider provider education to gather info for ALTCS determination.
    - Are there parents who want things ALTCS provides (habilitation, respite) that is not an acute benefit? Yes. What about broaden access to those services to a wider range of people on the spectrum? It is a fiscal decision.
    - Therapies: If someone is 10 or 12 years old and has received Speech and OT for 10 years, leaves the HPs wondering. Is it effective?
    - Anything that's medically necessary should be covered regardless of rehab or hab.
    - Barriers: HPs through prior authorization see where system breaks occur in terms of getting information from providers. Doesn't work. It just holds up prior authorization and kids don't get what they need. If medically necessary they need to cover it whether or not getting services through the school. HPs cover rehab through EPSDT. AHCCCS is looking at it.
    - **Recommendation: Clarify HPs cover everything medically necessary when it comes to therapies (PT, OT, speech), should not matter if it's hab or rehab.**
    - **Recommendation: Improve coordination b/t DDD and HPs. HPs should manage therapies- PCP should go to HP for authorization (vs. DDD). HPs and DDD will need to align their therapy networks.**
- Content for full Committee meeting
    - Sharon will send e-mail to see where everything is and what's ready to be shared with the full group.