ASD Workgroup- Building Network Capacity

July 8, 2015

1. What are the areas of focus of this work group?

-The group should identify best practices for ASD.

-We need to look at the system and determine what services are covered, who can provide those services and where those services are available.

-We should look at emerging practices to help fill out the network and help develop services in a more innovative way. For example, we could identify someone other than a PhD or BCBA to do patient evaluations.

- We need to develop a tier system that correlates levels of service delivery and corresponding provider types.

- We need to address inconsistencies in billing systems between payors to avoid an unintended burden on providers and families. Right now, different payors are using different billing codes for the same services, which is burdensome on providers.

-The State should fund copays to reduce the burden on providers who must write off unpaid copays.

-There are urban and rural network capacity areas. We need to look at creative ideas to train, retain and recruit providers. For example, the State used to fund a loan repayment program to address urban and rural provider shortage issues.

-We need to start recruiting providers at the high school level, instead of waiting until college when many students have already selected a career path.

- The group needs to identify all the providers that are needed to develop network capacities including speech therapy, occupational therapy, physical therapy, private duty nursing, DME, home health, vision, hearing and dental providers.

- The group should also consider the role proposed policy changes may have on the system. For example, the KidsCare program may be reinstated and the Legislature may enact a dental benefit for adults. What impact will these changes have on the system?

-What programs do you need to be effective with ASD? How do we make sure the network can include those programs?

- What role do schools play? What do they have to pay for? What role does DDD play? What role does the RBHA play?

- What regulatory barriers exist that curtail the delivery of services and place additional burdens on providers?

-What billing standards are we going to adopt as a state and what role does the DSM-V play, especially with the adoption of ICD-10? There is disagreement about the efficacy of the DSM-V.

-Should we use the diagnosis to develop a treatment plan? There are many providers that still do and this is not the best way to develop a treatment plan for individuals with ASD.

-Should there be standardized training for providers? Who would do this training and could you develop a training curriculum everyone would agree upon? There should also be training for families who are navigating services. Who would provide this training?

2. What do we collectively know about each area of focus?

-Supervision is not being paid for separately. Reimbursement should account for all costs incurred to care for the member.

-There are not enough providers graduating with the degrees that are needed to treat individuals with ASD. There are also not enough providers staying in practice.

-There are too few developmental pediatricians and not enough diagnosing providers to meet the need. This is creating a backlog of patients waiting for services. A number of providers are scheduling a year and a half out.

  - Idea: Stat-MD is a company that does telemedicine and could help fill the gaps in conducting initial assessments.
  - Idea: Local pediatricians could be trained to do a provisional ASD diagnosis to identify and triage at-risk kids. Children receiving these provisional screenings that are initially diagnosed with ASD could continue to receive services while awaiting the formal diagnosis.

-Some services cannot be paid for, but that does not mean they are not needed.

-It is important to prioritize quality over quantity, which is not recognized by all payors. This also speaks to the inconsistencies between payors in treatment and reimbursement for individuals with ASD.

-There needs to be some way for families to know about the quality of the services they are receiving.

-There is a lack of service supports for adult behavioral health programs.

3. What data do we have?

-Do we know how many people have autism, where they are, and what services they need? This information is available through DDD.**-**

4. August 12th Meeting Needs

-Obtain email feedback on questions from those who are not in attendance.

- Identify when/how to hold future meetings.