Notes for ASD Advisory Committee

Wednesday, July 8, 2015

Reducing System Complexity

Q: Re where to get References to health plan policy manuals. Can be accessed online.

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

As someone who uses the system, we need to know who is eligible for these services and where are they accessing the services and where the services are provided. As a parent, I balance 7 distinct provider networks, 3 due to private insurance. Different things are available in each different system. It's very difficult for parents. A lot of people who are not DD but are AHCCCS – e.g., Asperger or PDD-NOS - don't know that there are services available.

Looking at all the payors…how to people get to them all? Then eligibility; how are you eligible for services. It's very confusing about what is available, what should be available. Going back to the beginning is helpful to all of us.

Once a need is identified, the timing when a family requests a service to actually getting the service needs to be expedited.

One parent's problem with her son is the one professional charged under Medicaid law that should know where the resources should be didn't have a clue. In this case, the pediatrician.

Not just understanding how to navigate the system, figure out how to simplify so there aren't so many steps and agencies involved…that would be amazing.

That would help us make recommendations.

In order to fix system, have to understand what is going on and then we can figure how to fix it.

Do we include the adults in our discussion of focus for this workgroup?

Someone who has the diagnosis, how do they access the services? There needs to be a way to know, this is the path – and that is across the lifespan.

And even stepping back, how do you get there…how to you get there into the public system. Getting into the diagnosis, it is multiple people…pediatrician, school, etc. How about a no wrong door so if pediatrician misses it, someone else picks it (screening, assessment) up. As adults, we also have PCPs who need to know the system.

Focus is not services for this group, but it's about the system and navigating it. Maybe connecting more with community based partners.

Providers need to have codes and rates established so there isn't confusion.

An age old argument re splitting head from body from DD…etc. It doesn't work. Discussion about need for an integrated model.

Makes sense to map out how complex the system is. What are the variables of a system, fiscal, referral patterns, organization missions, mandates, laws, policies…what adds to the complexities of the system

Starting fresh…

One way to immediately simplify it, have one entry point re eligibility to a system.

Eligibility is different 0-3, 3-5… What do people mean by "eligibility." The group means eligibility for medically necessary services…I raised the issue re payor that dictates this as well. Because private payor dictates where you go for services – networks.

You would want to have whichever door the kid appears at to be able to serve that person and that there is a person trained to connect the kid to services. People are skilled at assessment, diagnosis, so wherever the kid appears, that step should happen. Then it's about simplifying … is there a team that coordinates the care.

Eligibility is for: Medicaid, ALTCS DDD, AzEIP -- your payor – and then medically necessary services, … first you have to be eligible for the program and then you have to be medically eligible for the right services that are medically necessary for you.

Train stakeholders: who can do appropriate assessment, figure out best treatment plan based on medical necessity, then having a network of providers that can provide the services

Understanding what does a service package look like and who are the players that offer those services.

Where does the care coordination piece fit into this? Why are we burdening the families? People need to be trained, there needs to be a care team and a team lead for that care team.

When we are talking about payors, make clear to families, private insurance pays first, Medicaid second, AzEIPs last. Many families, because private insurance … more people getting bunch of services from all systems and none are maximized. Becomes frantic. Especially because you can't find everything you need in one system. Some research shows private insurance reduces need for Medicaid but not in AZ.

If one agency provides x service and another agency provides x but the coding is different and the two agencies can't communicate with each other.

Capacity and capability of system…if you're not getting what you need, then there is more shopping in the system.

Sharon: what do you want to do between now and next meeting on august 12…e-mail, phone conference, face meeting, Sharon will facilitate. She wants us to make sure we get through all the questions.

2. *Data: what data do we have?*

Would help to know what data we have re diagnosis, where members with ASD access services, what services do they get.

Magellan RBHA had that data – the number of people with ASD and services they were getting.

DSM V .. explained that DSM V cannot be used for billing so it won't be captured in AHCCCS data since we have claim and encounter data.

Can we get data re age, when application for ALTCS was made, when they got services…AHCCCS reply that some of that is complex data pull, but there is data we can get and Dr. Salek has started that process. So AHCCCS will regroup and take a look at what data is available.

Process map…once I apply, how long to services…

Sharon: what would we do with that data…how to develop that into a recommendation. Group needs to focus on shaping recommendations

Key for this group: Getting in, getting what you need, getting through different parts of the system

1. *Back to 1, who is eligible, what the services are, who are all the payors, who are their providers*

Not just how you get into the system, but what happens when you get in…does it mean you've had a diagnosis, had a screening?? Lots of issues from screening to diagnosis to treatment especially if there is no assessment.

Perhaps we need to look at models – maybe we need a distinct model for the ASD population and are there some existing models we can draw from.

CRS is an interesting case study…how do kids get diagnosed…access services…and what do you give up going into a CRS type concept. Give up: choice…of provider, health plan.

Create an array within one specialty plan.

CRS in Tucson has all the specialists so it might work, what would that look like…would it be helpful. In different parts of the state, it is different.

Integrated RBHA for SMI is another model.

AzEIP? Many parents say it is a big shiny star you take home and then the glitter falls off when you take it home.

DDD is another system. They do that for a small subset. They have the care coordination. That is a model of care coordination.

Integrated systems…models.

Education. Community needs to know who should be paying the bills. Providers and parents are confused. Tie in Medicaid in the schools: School based claiming. Monica explained that may not be the best model but there is certainly need to bring in the schools

Group Wrap-up:

- Need to Look at different integrated models where there is strong care coordination component to reduce burden on families and facilitate navigation of the system to improve access to services.
- Need to look at some data – numbers of members with ASD, utilization patterns