

Commonwealth of Virginia
 System of Payments Stakeholder Group
 December 18, 2006
 Proceedings Summary

In addition to this summary chart, please also refer to the VA Service Pathway (draft) chart.

| <u>What Works? Referral:</u> | <u>What Needs Improvement/Further Inquiry? Referral</u> |
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| <ul style="list-style-type: none"> o Contact with the family in a timely fashion | <ul style="list-style-type: none"> o Confusion – CPOE (isolated to Richmond, Chesterfield, Henrico) |
| <ul style="list-style-type: none"> o Usually contact is friendly, respectful, appreciated by the family | <ul style="list-style-type: none"> o Verification of family consent for referral prior to system response |
| <ul style="list-style-type: none"> o Referral sources are getting to know us better | <ul style="list-style-type: none"> o Variations in local intake practices – multiple points vs. central point |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o Significant number of people, agencies, who don't know about VA EI; who don't refer – this is across the board in VA |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o Specialty providers who don't know about VA EI and don't refer – this is probably regional |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o No consistent telephone book listing |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o System branding – lots of different names, logos – may indicate the need for “branding” effort; concern indicated re: spending \$\$ for this |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o VA is not finding children early enough (<age 1) |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o Cost for services is sometimes a barrier to family consent ... question is, how do they know this at this point in time? |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o Public education in general is needed about the program in general |
| <ul style="list-style-type: none"> o | <ul style="list-style-type: none"> o Physicians/MCOs are referring to specialty providers/clinics – not going to EI “panel”/network |

| What Works? Referral: continued | What Needs Improvement/Further Inquiry? Referral continued |
|---|---|
| o | o Medicaid MCO contract language change re: EI |
| o | o MCOs and large medical practices refer to internal/network providers until insurance is gone ... then refer to VA EI. |
| o | o No specific \$\$ for ChildFind – need this to get directly to physicians and others |
| o | o Need an online intake form for families to complete which would then go electronically to the CPOE directly |
| o | o Physician orders and authorizations |
| o | o Medicaid changes - from one doctor to another; need timely monthly verifications |
| o | o Intake/Service Coordinator is not a discipline of itself |
| o | o Surrogate parent is difficult to determine if there is no TPA |
| o | o |
| o | o |
| o | o |
| o | o |
| o | o |
| What Works? Eligibility | What Needs Improvement/Further Inquiry? Eligibility |
| o | o Some areas have multiple choice of providers |
| o Multiple choice of provider in some areas | o \$ can determine who/provider |
| o Process is individualized in some areas; families can have up to 3 visits | o Availability also an issue – provider schedules |
| o | o Family schedules sometime challenging especially in rural areas (e.g., provider shortage) |
| o | o Teams may be established for all children |
| o | o 45 day timeline difficult to meet if we don't use an already established team |

| What Works? Eligibility continued | What Needs Improvement/Further Inquiry? Eligibility continued |
|--|--|
| ○ | ○ Intake/Service Coordinator role could be another discipline |
| ○ | ○ Intake/Service Coordinator is not a discipline of itself |
| ○ | ○ Receipt of medical records – difficult to get in a timely way; information not available for eligibility usually |
| ○ | ○ Terminology, definitional difference between E/A |
| ○ | ○ Atypical definition |
| ○ | ○ Waive 5 day written prior notice (?) |
| ○ | ○ Everyone needs CPR (concerns, priorities and resources) training |
| ○ | ○ |
| ○ | ○ |
| ○ | ○ |
| ○ | ○ |
| ○ | ○ |
| What Works? IFSP Development | What Needs Improvement/Further Inquiry:? IFSP Development |
| ○ | ○ |
| ○ | ○ |
| ○ | ○ |
| What Works? IFSP Implementation | What Needs Improvement/Further Inquiry? IFSP Implementation |
| ○ Services are identified after outcomes | ○ Consultative/Primary Provider Model not supported by funding; can't pay for teaming |
| ○ Multiple models of service are provided including primary provider with a team who supports the primary provider (consultative) as well as individual service type with individualized frequency | ○ Consultative/Primary Provider Model is not clear to all participants; Service model training: semantics vs. practice |

| What Works? IFSP Implementation | What Needs Improvement/Further Inquiry? IFSP Implementation |
|--|--|
| ○ | ○ Definition of PPM – varies a lot; no training, no experience |
| ○ | ○ |
| ○ | ○ |
| ○ | ○ |
| What works? GENERAL | What Needs Improvement/Further Inquiry? GENERAL |
| ○ | ○ Rates to promote teams, capacity development |
| ○ | ○ Ask parents re: their experiences |
| ○ | ○ Mechanics of collaboration between public and private sectors |
| ○ | ○ Insurance won't pay for team/consult without face:face; consequently no parent training |
| ○ | ○ Insurance – the % covered; disconnect with EI treatment preference |
| ○ | ○ Private insurance won't pay for evaluation/assessment since this is a "free" service, resulting in co-pay issues |
| ○ | ○ Medicaid won't reimburse for blended Service Coordination model (MR/TCM) |
| ○ | ○ |
| ○ | ○ |
| ○ | ○ |
| ○ | ○ |

Parking Lot:

- Find values document
- MCO rate setting
- Not able to serve the kids that they have especially <age 1
- GSEG - any tool? Not Informed Clinical Opinion (ICO)