

Developmental Screenings & Ohio's EPSDT Program



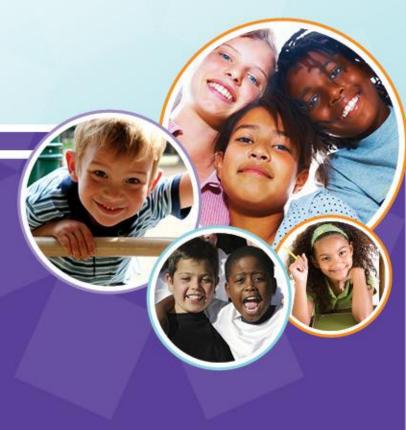
Participate. Show Support. Stay Informed.



- Non- partisan
- Multi-Issue Focus
- Lead in Children's Health, Oral Health, Youth Development, & other issues



- Packard Foundation Grant
- Maximize Screenings
- Improve Care processes
- Voices 1 of 5 pilot states



Project Purpose

Produce recommendations about ways to improve Ohio's EPSDT program to:

- Maximize developmental screenings
- Ensure that parents & caregivers are focus of care processes

How does Ohio Compare to Other States?

2014 Screening Ratio

Total Screens Received / Total Expected Screens

44th out of 45 States

How does Ohio Compare to Other States?

2014 Participant Ratio

Total Eligibles Receiving at least 1 Initial or Periodic Screen/Total Who Should Be Receiving

44th out of 45 States

Early Focus

- Developmental Screenings take place in context of the complex, multifaceted EPSDT program
- Discussions will touch on a broad range of issues, systems & processes
- Central focus is still limited to 2 project goals
 - Maximize developmental screenings
 - Ensure that parents & caregivers are focus of care processes

Process

- Three Groups
 - Interagency, Stakeholder, HUB group
- Timeline
 - 3 to 4 meetings/group by mid August
 - Recommendations Late September

Interagency Group

- Medicaid,
- Health,
- Mental Health,
- Education,
- Job and Family Services,
- Youth Services,
- Department of Developmental Disabilities
- Family and Children First Councils,

Stakeholder Group

- American Academy of Pediatrics Ohio Chapter,
- Ohio Association of Community Health Centers,
- Ohio Children's Hospital Association,
- JFS Directors Association,
- Ohio Association of County Boards of Developmental Disabilities,
- Ohio Association of County Behavioral Health Authorities;
 Ohio Family and Children's First Council Association,
- Ohio Council of Behavioral Health Providers,
- Ohio Association of Community Health Plans.

Scope of Discussions

- How EPSDT is currently communicated to Ohio families
- What Ohio's EPSDT program covers for families vs what Fed regs allow covered
- What families know they can access through the program
- Ways to improve state outreach efforts re: developmental screenings



Scope of Discussions

- Ways to improve managed care plan (MCP) outreach efforts related to care coordination
- Ways to improve service linkages
- Ways to utilize varying levels of care coordination to maximize screenings & optimize health outcomes for children.

Data

- CMS 416 form & Developmental Screens
- Need to Drill down by screen type
- Marry with HMG & Head Start data
- Providers workflow & coding screens
- Periodicity & MCP HEDIS scores

Emerging Themes Developmental Screening Proposed Measurement

Numerator:

Number of children receiving 3 developmental screens and 2 autism screens by 36 months in CY 2014.

Denominator:

Number of eligible children ages 9 to 36 months in calendar year 2014.

Communication & Outreach

- State focus: compliance not active engagement
- Feedback loop State to Provider
- Healthchek should be same as Kids Medicaid

Communication & Outreach

- Lots of entry points need to be covered
- County vs Plan responsibilities best fit
- MCP's can be more proactive re: screens, benefits & care coordination available

Definition of Medical Necessity

- New Ohio Administrative Rule has potential to improve EPSDT program
- Need for provider training
- Need for MCP Prior Auth Standards alignment wnew language re: "Correct or Ameliorate w/
- Definition should be in MCP contracts

Gaps in Coverage

- Referrals to programs (e.g. WIC, HMG, Head Start)
 - Must actually occur
- Families not aware of support services (clothing, heat, housing, transportation assistance)



Thank you for your continued engagement!