

MEAB EPSDT Workgroup Meeting - February 6th, 2015

Attendees: Betty Morse, Wendy Davis, Breena Holmes, Sara Barry, Janet Kilburn, Kirsten Murphy, Terri Edgerton, Kay Van Woert, Pam McCarthy, Susan Coburn, Clark Eaton, Kristen Bigelow-Talbert, Cindy Tabor, Marilyn Mahusky, Nathaniel Waite.

Agenda:

- Introductions
- EPSDT Workgroup Introduction for Guests
- New Issues
- Early Intervention Discussion
- Help Me Grow Update

New Issue:

Pediatric (and other primary care) reimbursement rates were rolled back on January 1 to approximately 80% of 2014 and 2013 levels due to a loss of enhanced federal reimbursement. The group agreed that this would likely reduce access to EPSDT services. This issue will be added to the issue “matrix” and flagged as an item for future discussion.

Early Intervention (EI) Discussion:

Suggestion was made to refer to EI as “developmental evaluation and treatment” for better accuracy and clarity.

Barriers identified:

- Not all providers are currently following Bright Futures guidelines for screening.
- Lack of Vermont planning focus on whole of Medicaid children’s issues, which are unique given EPSDT.
- Providers and DVHA may disagree on “medical necessity” (a 1967 term): developmental delay needs to better trigger a determination of medical necessity. Duration and frequency limits also need to better meet EPSDT standards.
- Medical necessity definition for children needs to cover rehabilitative and habilitative services.
- The process of documentation of medical necessity can itself be overly onerous and a barrier.
- Coding and language interpretation issues. (Sometimes DVHA billing codes are not available, or unclear, or providers don’t know which codes to use, e.g. speech delay vs. disorder.)
- No mechanism for non-medical homes to code for developmental screening (i.e. home visitors, early care providers, HEADSTART)
- For those with a positive screen, Children’s Integrated Services is an excellent service but CIS has some capacity issues, services may vary by area, program funding level is not based on EPSDT required services as needed for each child served.

Possible solutions:

- Consider creating an infrastructure for a “Children’s State Plan” or something similar in Vermont.
- Create a “correct coding initiative” (Pediatric Council, VCHIP could assist with this?)
 - Ensure DVHA billing codes available
 - Assist providers with appropriate coding

Next Steps:

- Explore Children's Medicaid policies and procedures in other states.
- Legal Aid and others will find examples from other states of children specific policy and practice.
- Review rehabilitation/habilitation language.
- DVHA and VCHIP will consider working together to launch a correct coding initiative.
- Susan will talk with her leadership about medical necessity definitions etc.

Help Me Grow (Janet Kilburn)

- See Final Fast Facts- Help Me Grow attachment
- A suggestion was made to share this information with Integrated Family Services
- The call center launch is 7/1/15
- There are connections to Building Bright Futures and VCHIP
- The Health Department is adding a developmental screening tab to the registry hosted on the Health Department website for providers to be able to access to see if a child has had an age appropriate developmental screening.
- Starting training with LAUNCH providers.
- Data import from HEADSTART
- Connecting with Children's Integrative Services
- Training early education folks