

Attachment A:

## TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

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| <b>Contact Information</b>  | <i>Monica Burke, 360-715-0170 x303, <a href="mailto:MonicaB@arcwhatcom.org">MonicaB@arcwhatcom.org</a></i><br><br><i>This project suggestion was developed by Whatcom Taking Action for Children with Special Healthcare Needs – a collaborative partnership that includes The Arc of Whatcom County, the Whatcom County Health Department, the Opportunity Council, Whatcom Alliance for Health Advancement, PeaceHealth Medical Group, Catholic Community Services, Within Reach, Developmental Disabilities Administration, Children’s Administration, Brigid Collins Family Support Center, local School Districts, private healthcare practitioners, and families of children with special health care needs.</i> |
| <b>Project Title</b>  | <i>General Interdisciplinary Developmental Evaluation System (GIDES)</i>   |
| <b>Rationale for the Project</b>  |  |
| <p>Based on a provider survey performed by the Whatcom County Health Department in July 2015, evaluation wait times for children are long and increasing. Children under three with a developmental concern will be evaluated within three weeks. However, for children 3-8 years of age, the wait for an evaluation will be 2-6 months. For children of all ages in need of an autism evaluation, the wait will be 3-8 months. There are equally concerning wait times for service initiation after the evaluation. Providers are reporting that children are commonly waiting 3 or more months prior to initiating functional services such as Occupational, Speech/Language and Physical Therapy. There is also a lack of access to care coordination and case management services.</p> <p>The necessary elements of a functional system of care for children with special needs and their families have been well documented on the national level (Association of Maternal Child Health Programs, 2014; USDHHS HRSA). The special needs of children must be identified as early as possible through appropriate screening and timely evaluation. Care needs to be delivered within a well-coordinated easy to navigate system with a medical home as the pivotal component of that system of care. Families need to be at the center of decision-making for care and medical providers and community providers need to work in collaboration with one another to support the needs of the child and family. Families need to have access to insurance to pay for all of the services they need. And, beyond that, families need to be well supported to create the positive and nurturing home environment necessary for a child to grow and flourish.</p> <p>We know that our local system of care does not currently provide all of these elements to our families adequately. How well is our local system of care serving children with special needs? Our Federal Individuals with Disabilities Education Act, Part C Birth-to-Three program, Early Support for Infants and Toddlers (ESIT), consistently reaches a greater number of children than the state average, but our public schools continue to report an ever-increasing number of children who arrive at kindergarten in need of extra services which they did not receive previously (2013 Roundtable Discussion, School Psychologists). We have local capacity to evaluate for autism but the capacity is so severely limited that most families end up waiting up to a year to receive the diagnosis and many need to travel outside the area for the evaluation. Whatcom County does have local high-caliber providers for speech, physical and occupational therapies but the waiting list for evaluation and services can be quite lengthy. This is especially true for children in poverty. Those with Medicaid are forced to wait for a more limited number of slots for both evaluation and care. Our community is also increasingly aware of the needs of children affected by toxic stress but we have not yet developed infrastructure to screen, evaluate and support these families.</p> <p>Help Me Grow National Center and Washington State’s Help Me Grow affiliate, WithinReach, have demonstrated the effectiveness of a mid-level developmental assessment. The supporting research can be found at the Help Me Grow national center at <a href="http://www.helpmegrownational.org">www.helpmegrownational.org</a>.</p> |  |

Establishment of a coordinated local evaluation system will help address the following objectives:

- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

**Project Description**

*Which Medicaid Transformation Goals are supported by this project/intervention? Check box(es)*

- Reduce avoidable use of intensive services
- Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

*Which Transformation Project Domain(s) are involved? Check box(es)*

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement – prevention activities

Based on both national recommendations and local community needs assessments, the establishment of a mid-level evaluation system has been identified as a priority by Whatcom County stakeholders. This type of evaluation would provide an intermediate level of evaluation between the screening done by primary care providers and tertiary center diagnostic evaluations. This proposal for a truly collaborative, interagency, community-based evaluation system has been developed by Whatcom Taking Action, a community collaborative working to create a cohesive, family-centered system of services and supports for children, youth and families that are impacted by developmental, behavioral and other special health care needs.

Basic to the proposed collaborative model is the goal of creating a General Interdisciplinary Developmental Evaluation System (GIDES) that would provide community-based, mid-level developmental-behavioral assessments with a medical diagnostic component as needed. By incorporating established community evaluation pathways and common intake data and tools, GIDES will reduce costly duplication of services and delays in evaluation and treatment services, while increasing capacity to provide optimum care for the children and families in our community.

It is anticipated, based on data from similar models<sup>1</sup>, that as many as 80% of the children in our community who now wait up to 8 months for evaluation at tertiary centers, will not require out-of-county evaluations. This is expected to lead to earlier entry into intervention services and to significant savings in medical costs, travel costs, and time for families. In addition, integrating the evaluation system with our county-wide intake and referral system will facilitate data collection on gaps in service capacity that can be utilized for advocacy at the local and state levels.

In order to provide locally appropriate care and improve coordination among providers, this project should be implemented on a county or regional level with the focus population of children 0-21 who are at risk for or have special needs and their families. These children and youth include those with health concerns, developmental concerns and behavioral health concerns.

The main goal of this mid-level evaluation system is to reduce unnecessary intensive evaluation at tertiary centers as well as providing a mechanism for evaluating and addressing children’s issues earlier preventing more costly care in the future. Catching developmental and behavioral issues early on and connecting families to appropriate services prevents more severe and costly health and societal costs as children age.

**Project Goal 1:** Improve the health and education status of children with or at risk for developmental-behavioral disorders.

**Project Goal 2:** Improve the healthcare system capacity and sustainability for children with or at risk for developmental-behavioral disorders and their families.

**Project Goal 3:** Improve the well-being of families of children with or at risk for developmental-behavioral disorders. Outcomes anticipated during the waiver period are:

- Shorter wait times for local evaluation
- More options for evaluation for children on Medicaid
- Reduction in the need for costly tertiary evaluation for local children.

The lead agency for Health Homes for children in Whatcom County is a member of the Taking Action partnership and therefore the GIDES and Health Homes staff can collaborate on care coordination for GIDES clients served by the health homes, avoiding duplication of services.

Currently, the Taking Action Leadership Team provides overall guidance and oversight for our collaborative work. The Leadership Team is comprised of representatives, typically at the Administrator level, of key stakeholder groups and organizations. There are representatives from mental health, primary pediatrics, public K-12 education, early learning, higher education, child welfare, early intervention, public health and family support and advocacy. Additionally, our Leadership Team includes parents of children with special needs and community members.

Our GIDES Project Planning Team has also included key representatives from organizations currently conducting childhood evaluations. The team includes mental health professionals, occupational therapists, a speech-language pathologist, a social worker, a pediatric nurse practitioner, early intervention specialists, a school psychologist, a public health nurse, a pediatric neurologist, a pediatrician, parents and community members.

**Core Investment Components**

Activity 1 – Implement a community-based collaborative interdisciplinary mid-level evaluation system for young children with developmental/behavioral concerns - GIDES (General Interdisciplinary Developmental Evaluation System). ARNP evaluation and developmental assessment is estimated at \$400 per child.

Activity 2 - Include family support and service coordination in GIDES. Care and Evaluation Coordination is estimated at \$200 per family.

Supporting program costs are estimated at \$200 per family. This results in an estimated total cost of \$800 per child/family served by the system including mid-level evaluation and care coordination services.

We currently receive an average of 57 referrals a month through our Single Entry Access to Services line for children needing developmental and/or medical diagnostic evaluations. Of those 25 receive evaluations through the birth to three (ESIT) system. Therefore, we would expect to serve approximately 30 clients per month once fully implemented. Currently we are serving 8-12 per month.

GIDES evaluations began in Whatcom county in June 2015 with a small sub population of children with suspected autism spectrum disorder. It is expected that it will take approximately 2 years for the program to be fully implemented (given adequate funding).

We do not currently have the data to calculate a return on investment for this project, but previous pilot projects have demonstrated a savings of \$540 per child over more costly tertiary evaluations<sup>1</sup>.

**Project Metrics**

Expected outcomes include earlier diagnosis of developmental conditions, more cost effective and efficient use of both primary care and specialty resources, and improved communication between health/medical and developmental/behavioral services.

**Project Outcome 1:** Increased % of Birth to Three cohort enrolled in Early Support for Infants and Toddlers.

**Project Outcome 2:** Decreased % of kindergarten enrollees that are newly qualifying for special education services who have never received specialized intervention and support

**Project Outcome 3:** Increased % of kindergarten enrollees at or above grade level in the social-emotional domain on the standardized Washington State kindergarten assessment (WaKIDS).

<sup>1</sup>Honigfeld, Chandhok, Fenick, Martini Carvell, Vater, Ward-Zimmerman, "Mid-level Developmental and Behavioral Assessments: Between Screening and Evaluation". IMPACT, Farmington, CT:CHDI, May 2012