

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 with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<i>Identify point person, telephone number, e-mail address:</i> Jackie McPhee, Director, Children’s Village, (509) 574-3200, JackieMcPhee@yvmh.org <i>Which organizations were involved in developing this project suggestion?</i> Greater Columbia Accountable Community of Health
Project Title	<i>Title of the project/intervention:</i> Physical, Occupational & Speech Therapies for children with special health care needs (CSHCN)
Rationale for the Project	
<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>Problem statement – why this project is needed.</i> The U.S. Department of Health and Human Services defines CSHCN as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services [including care coordination] of a type or amount beyond that required by children generally.”¹ Children’s Village serves more than 5,000 children with special needs annually from birth through age 18. Services are provided in a rural, geographically isolated, culturally diverse and economically disadvantaged region, 60% of families served are Hispanic and 85% of clients are eligible for Medicaid. All services are provided in a culturally competent manner and offered in English and Spanish. Children’s Village identifies, engages, and serves the highest percentage of children with special needs in Washington State, as well as the largest number of Hispanic children.² The role of physical, occupational, and speech-language therapists in the overall treatment of children with motor disabilities and their therapeutic interventions....may improve function and participation for CSHCN.^{3,4} Therapies for a child with motor impairment are required to be provided by the school if the disability interferes with the educational process.⁵ Recently, managed health care has made it more difficult for children with special needs to receive therapy services outside of school, with insurance companies denying services for children who attend school, maintaining that therapy is mandated at school and is partially funded with education and third-party monies.⁶ However, many of these therapy services need to be supplemented in a home visiting setting as well as a clinical setting. • <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.</i> The physician's prescription for therapy should contain, in addition to the child's diagnosis: age; precautions; type, frequency, and duration of therapy; and designated goals. Goals for physical, occupational, and speech-language therapy do not depend solely on the diagnosis or age of the child, and they are most appropriate when they address the functional capabilities of the individual child and are relevant to the child's age-appropriate life roles (school, play, work).⁷ The pediatrician should work with the family, child, therapists, 	

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2009–2010*. Rockville, MD: Author, 2013.

² WA State, King County, Yakima County Profile of Children & Youth with Special Health Care Needs 2004

³ Consensus statements. *Pediatr Phys Ther.*1990;2 :175– 176

⁴ Piper MC. Efficacy of physical therapy: rate of motor development in children with cerebral palsy. *Pediatr Phys Ther.*1990;2 :126–130

⁵ American Academy of Pediatrics, Committee on Children With Disabilities. The pediatrician's role in development and implementation of an Individual Education Plan (IEP) and/or an Individual Family Service Plan (IFSP). *Pediatrics.*1999;104 :124– 127

⁶ O'Brien MA, Huffman NP. Impact of managed care in the schools. *Lang Speech Hear Serv Sch.*1998;29 :263– 269

⁷ O'Brien MA, Huffman NP. Impact of managed care in the schools. *Lang Speech Hear Serv Sch.*1998;29 :263– 269

school personnel, developmental diagnostic or rehabilitation team, and other physicians to establish realistic functional goals.⁸

- *Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries. The project will: 1) increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations as it will coordinate care for CSHCN across providers; 2) improve health outcomes for Medicaid and low-income populations as coordinated care improves behavioral health outcomes for CSHCN;⁹ and 3) increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks as coordinated care improves satisfaction for parents of CSHCN.⁴*

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

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders). In the U.S. population, 4–6% of young children have severe disabilities, 12–16% have special healthcare needs, and 30–40% suffer from behavioral, mental health and learning problems¹⁰. In Yakima County (population 247,687) and the surrounding area, almost 10,900 children ages birth to 19 are affected by physical, emotional or behavioral delays and impairments, and an estimated 3,292 of these children are under the age of five¹¹. The project will impact CSHCN in the Greater Columbia Regional Service Area (RSA).*
- *Relationship to Washington’s Medicaid Transformation goals. The project will: 1) Reduce avoidable use of intensive services and settings as coordinated care decreases hospital admission, length of stay, and readmission for CSHCN;⁴ 2) Accelerate the transition to value-based payment (payment model 2, encounter-based to value-based) as Federally Qualified Health Centers, Rural Health Clinics, and Critical Access Hospitals provide services for CSHCN; and 3) Ensure that Medicaid per-capita cost growth is two percentage points below national trends as the benefit to cost ratio of home visiting for physical, occupational and speech therapy for high-risk populations is \$1.96.¹²*
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities. The project goal is to provide physical, occupational and speech therapies in both a home and clinical setting, and via telehealth for CSHCN in the Greater Columbia RSA. Early*

⁸ American Academy of Pediatrics, Committee on Children With Disabilities. The pediatrician's role in development and implementation of an Individual Education Plan (IEP) and/or an Individual Family Service Plan (IFSP). Pediatrics.1999;104 :124– 127

⁹ Wise PH, Huffman LC, Brat G. A Critical Analysis of Care Coordination Strategies for Children With Special Health Care Needs. Rockville, MD: Agency for Healthcare Research and Quality, 2007.

¹⁰ UCLA Center for Healthier Children, Families and Communities “Transforming Early Childhood Systems,” Moria Inkelas, July 27, 2009

¹¹ Washington State Dept. of Health 2004 Yakima County Profile of Children & Youth with Special Health Care Needs.

¹² <http://www.wsipp.wa.gov/BenefitCost?topicId=>

intervention targets children who show a delay in cognitive, social, or communication skills and/or a delay in physical or motor abilities or self-care skills. Deficits in the areas of fine motor skills, sensory processing, motor planning, and communication are best addressed by social workers, speech therapists, occupational therapists, physical therapists, registered dietitians, developmental therapists and psychologists services that may be provided in the home or in the community, or via telehealth. Early intervention also helps overall family function and improves outcomes for children, and often leads to school readiness and less need for special education services later on.¹³ Expected project outcomes include a reduction in potentially avoidable emergency department visits, the percent of patients with five or more visits to the emergency room without a care guideline, annual state-purchased health care spending growth relative to state GDP, Medicaid per enrollee spending, and inpatient utilization. Children’s Village serves a 15 county region of Central and Eastern Washington.

- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3. Although Medicaid reimburses for pediatric therapy services, these services are underfunded.*
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project. The project will engage business, community- and faith-based, consumer, education, food system, health care provider, hospital, housing, local government, philanthropy, public health, social services, transportation, and tribal organizations in the Greater Columbia RSA.*

Core Investment Components

Describe:

- *Proposed activities and cost estimates (“order of magnitude”) for the project. Proposed activities include coordinated physical, occupational and speech therapies for CSHCN in both a home and clinic setting, and via telehealth to improve school readiness and reduce the need for special education services later on. The cost estimate is \$5,989,464 per year (1,027 participants x \$5,832 per participant.)*
- *Best estimate (or ballpark if unknown) for:*
 - *How many people you expect to serve, on a monthly or annual basis, when fully implemented. The Children’s Village will serve an estimated 1,027 CSHCN each year who need physical, occupational and speech therapies.*
 - *How much you expect the program to cost per person served, on a monthly or annual basis. The WSIPP estimates that home visiting services for high-risk populations cost \$5,832 per participant per year.¹⁴*
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in. N/A*
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline. The WSIPP estimates that home visiting services for high-risk populations benefits minus costs (net present value) is \$5,616 per participant per year, and the estimated ROI is 96%.¹⁵*

Project Metrics

¹³ Adapted from Autism Spectrum Disorders: What Every Parent Needs to Know (Copyright © American Academy of Pediatrics 2012)

¹⁴ <http://www.wsipp.wa.gov/BenefitCost?topicId=>

¹⁵ <http://www.wsipp.wa.gov/BenefitCost?topicId=>

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47. **Process measures will include the number of CSCHN in the Greater Columbia RSA who receive coordinated physical, occupational and speech therapy care. Outcomes measures will include potentially avoidable emergency department visits, percent of patients with five or more visits to the emergency room without a care guideline, annual state-purchased health care spending growth relative to state GDP, Medicaid per enrollee spending, and inpatient utilization.***
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation? **County-level benchmark performance data are available for the Washington State Common Measure Set for Health Care Quality and Cost.***