

## MEDICAL HOME NEEDS ASSESSMENT

- **What is being done to encourage medical providers to conduct regular comprehensive developmental assessments?**

### **What are we doing in this area?**

- Pediatricians are taught to do this at well child visits – screening
- Anticipatory guidance
- Bright Futures is the model for this
- Medicaid – set of 5 questions to be used at enrollment to key MD into possible children with special health care needs
- Developing computer-based screening questions for parents to do before seeing physician
- EPSDT – every Medicaid child should be getting this assessment

### **What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?**

- Prescreens that families fill out seem to be working
- Adding lead screening data to immunization registry so providers can look results up – being implemented
- Working on national EPSDT electronic standards

### **What are the challenges?**

- Time to fit all this into a short MD visit – has come down to a few short questions
- Not sure if family practitioners using Bright Futures
- Getting paid for time to do complete visit is a big issue
- Foster children are not getting appropriate assessments (most of them have challenges)
- Cultural and language barriers

- **What is being done to ensure that the State Medicaid system recognizes developmental assessment as a critical component of the well-child visit and reimburses providers for the service?**

**What are we doing in this area?**

- EPSDT Electronic billing
- Referrals are being made to developmental specialists

**What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?**

- Referrals are being made to developmental specialists

**What are the challenges?**

- Problem about how to bill for parts of screening. Right now it's all or nothing with Medicaid.
- The number of developmental pediatricians are limited so only most extreme cases are referred
- A lot of commercial insurance plans do not cover well child care, immunizations

- **What is being done to ensure that medical providers are able to provide appropriate referrals if a developmental screening test reveals areas of concern?**

**What are we doing in this area?**

- First Steps
- Head Start

**What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?**

- First Steps has been well publicized at least in Indianapolis
- Use of Head Start form gives MD the opportunity to recognize problems

**What are the challenges?**

- Need to increase referrals into First Steps from physicians statewide
- Lack of knowledge of what to do after First Steps for 3-4 year old school age child
- Parents are forced into making choices e.g. 2 ½ year old with speech defect or child three years old or older
- 3-5 year old, where to get services, child has to make progress
- Need for source of information for parents
- Effort being made to recognize mental health needs for out of home placed kids

- **What is being done to ensure that once a referral is made information about the results of the referral are shared and the relevant providers and family members are involved in making follow-up decisions?**

**What are we doing in this area?**

- First Steps excels in this area at least in getting information back to MDs

**What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback?)?**

- Immunization Registry has been successful in providing information

**What are the challenges?**

- Even in First Steps, information parent gets is dependent on what physician gives
- Language is a barrier, Spanish also just laymen's terms for medical information
- For 3-5 year olds, problem of getting information from school to MDs and parents
- HIPAA Hysteria – people afraid to communicate

**• What is being done to ensure that children and parents have access to health insurance?**

**What are we doing in this area?**

- Covering Kids and Families
- HIFA studying
- Simplified enrollment form
- Lake County pilot on presumptive eligibility
- Combined enrollment form
- CSHCS requires children to sign up for Medicaid
- Financial Counselors

**What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?**

- Enrollment data
- Longitudinal data from NCHS
- In the past: continuous eligibility and marketing/outreach

**What are the challenges?**

- Cost effective
- Loss of continuous eligibility in Medicaid
- Low income jobs without health insurance
- Percentage of ERISA to non—ERISA
- Outreach and marketing/timing
- Cost
- Data
- Flat lined Medicaid budget
- Political Will
- Face to Face required interview

**• What is being done to ensure that children are connected to a medical home?**

**What are we doing in this area?**

- IFSP – physician signature
- Newsletters
- Physician outreach
- Medical passport for foster kids
- Medicaid waiver

**What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?**

- Increase in number of referrals

**What are the challenges?**

- How do we define medical home within a practice?

- **What is being done to reduce unnecessary turnover in health insurance status so families and children are not losing coverage?**

**What are we doing in this area?**

- Medicaid notice renewal
- Private insurance has presumptive re-upping

**What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?**

**What are the challenges?**