Strengthening Kansas Family’s Ability to Navigate Systems of Care for CYSHCN Through a Holistic Care Coordination Program

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Today’s Learning Objectives

Our Vision
- Purpose
- Family Engagement
- Why Care Coordination?
- Definition

Implementation
- Timeline
- Program Development
- Care Coordination Process
- Evaluation

The Future
- Collaborative Efforts
- Integration Across MCH
- Expansion Opportunity
Our Vision

FAMILY ENGAGEMENT

WHY CARE COORDINATION?

DEFINITION
We Believe...

- **Children with special health care needs are children first.**
- **Families must be at the center to everything we do.**
- **Collaboration is critical to service provision.**
Kansas Title V Family Engagement

- Families as Leaders as Council Members
- Families as Leaders as Professionals
- Families as Leaders as Experts
Why Care Coordination?

Strategic Plan – Identified as #1 need

Holistic Approach

Families wanted:

- Help navigating, but not someone to do everything for them
- To be listened to
- To be a partner
Care Coordination is.....

“Patient and family-centered approach that utilizes team-based and assessment activities designed to meet the needs of children and youth while enhancing the capabilities of families.

It addresses interrelated medical, behavioral, educational, social, developmental, and financial needs to achieve optimal health.”
Multi-Tiered Approach

1. Care Coordination within the SHCN program
   Expansion to Satellite offices across the state

2. Partnership with other organizations

3. Partnership with Pediatric offices
implementation

TIMELINE
PROGRAM DEVELOPMENT
CARE COORDINATION PROCESS
EVALUATION
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Training for Topeka Team</td>
<td>Fall/Winter 2016 &amp; 2017</td>
</tr>
<tr>
<td>Care Coordination Pilot</td>
<td>February – June 2017</td>
</tr>
<tr>
<td>Partnership with FQHC</td>
<td>July 2017</td>
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<tr>
<td>Satellite Office Team Training</td>
<td>July – September 2017</td>
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<tr>
<td>Statewide Implementation</td>
<td>October 2017</td>
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<tr>
<td>New Data System Development</td>
<td>Spring 2018</td>
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<tr>
<td>Statewide Data System Launch</td>
<td>Fall 2018</td>
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<td>Partnership with CP/MC Clinic &amp; School For the Deaf</td>
<td>Winter 2018/Spring 2019</td>
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<tr>
<td>Pediatric Partnerships Development &amp; Implementation</td>
<td>Coming in 2020!</td>
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<tr>
<td>Patient Portal</td>
<td>Coming soon in 2019!</td>
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Program Development

Models
- Boston Children’s
- Health Homes
- Kansas Medicaid Case Management
- Others

Pilot Process
- Uninsured
- Medicaid
- Private Insurance
Training Process

- All Team In-Person Training
- 1-on-1 On-Site Trainings
- Case Studies
- Role Playing
- Ongoing Technical Assistance
- Brain Trust Calls
- Webinars
Who Receives Care Coordination Services.....
Eligibility Determination

- Completed Application
- Financially Eligible
- Medically Eligible
- Signed Family Agreement
Care Coordination Process

Eligibility Determination
Initial Assessment
Coordinator Assignment
DAP Recommendations
Action Plan Development
Initial Assessment

- Strengths based
- Needs driven
- Holistic
  - Medical
  - Legal
  - Social
  - Financial
  - Educational
### Coordinator Assignment

<table>
<thead>
<tr>
<th>Introduction Letter</th>
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<tbody>
<tr>
<td>Notice and Acknowledgment of Requirements &amp; Responsibilities by Client/Family</td>
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<tr>
<td>Direct Assistance Program Overview Chart</td>
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Primary Care Coordinator (PCC)

PCC provides ongoing follow-up per agreed upon schedule

- Level Determination
- Action Plan
- DAP Selection
- Service Authorizations
- Safety Evaluation
DAP Recommendations

For All: (Selection of 2 programs)
Family choice
Needs-based
Adaptable

For Care Coordination Clients:
More direct contact with CC to make changes throughout the year

*Note: SSI only clients are not eligible for a DAP
<table>
<thead>
<tr>
<th>DAP</th>
<th>Support Available</th>
<th>General Guidelines (100% Coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication (DAP-Rx)</td>
<td>Prescribed Medication (For medications not covered by insurance) <strong>The client must pay a $5 co-pay for every $100 of medication per prescription at the time of pick-up.</strong></td>
<td>Up to $10,000</td>
</tr>
<tr>
<td></td>
<td>Nutritional Supplements, Vitamins, or OTC medications (limited to specific medical conditions)</td>
<td>Up to $500</td>
</tr>
</tbody>
</table>
| Medical Equipment and Supplies (DAP-ME/S) | Prescribed Durable Medical Equipment (DME) **The client must pay a co-pay as follows:**  
   - $25 co-pay for DME under $500  
   - $50 co-pay for DME $501 to $1,000  
   - $100 co-pay for DME over $1,000 | Up to $5,000 Includes a minimum of one (1) or up to four (4) KS-SHCN Clinic appointments |
<p>|                                          | Medical Supplies:                                                                  | Up to $2,000                                |
|                                          | - Up to a maximum of $1,200 for up to 12 boxes of catheters.                       |                                            |
|                                          | - Up to a maximum of $600 for ostomy supplies.                                     |                                            |
|                                          | - Up to a maximum of $1,500 for diabetic testing equipment and supplies (only for Cystic Fibrosis-related diabetes). |                                            |
|                                          | - Up to a maximum of $500 for diapers or pull-ups (only for age 5-21).              |                                            |
|                                          | - Up to a maximum of $250 for special bottles or feeding supplies.                  |                                            |
|                                          | - Up to a maximum of $500 for hearing aid molds, repairs, and batteries.            |                                            |
|                                          | - Up to a maximum of $1,000 for glasses, lens replacement, or prosthetic eyes.      |                                            |
|                                          | - Other medical supplies, not otherwise identified, up to $250.                     |                                            |
| Travel (DAP-T)                           | Reimbursement at State rate                                                        | Up to $1,000                                |
| Co-Payments/ Deductibles/ Co-Insurance (DAP-C/D/Ci) | Co-Pays                                                                             | Up to $1,000                                |
|                                          | Deductibles/Co-Insurance                                                          | no more than 50% of deductible/Co-Insurance Up to $5,000 |
| Hemophilia (DAP-H)                       | One (1) comprehensive treatment center visit                                       | Up to $7,500                                |
|                                          | Factor (limited to $2,500 per authorization)                                       |                                            |</p>
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<tr>
<td><strong>Medical Services (DAP-MS)</strong>&lt;br&gt;Must be uninsured, or ineligible for KanCare and/or insurance through the health insurance marketplace.</td>
<td><strong>Medical Appointments:</strong>&lt;br&gt;- One (1) well-child/well-adolescent, or preventive care appointment, with established provider.&lt;br&gt;- Up to six (6) specialty care appointments <strong>Client must pay a $15 co-pay per appointment</strong>&lt;br&gt;<strong>Medical Testing:</strong>&lt;br&gt;- Laboratory Tests&lt;br&gt;- X-rays&lt;br&gt;<strong>Specialty tests:</strong>&lt;br&gt;<strong>Hospitalization/Surgery</strong>&lt;br&gt;- Hospital Bill <strong>Client must pay $500 towards hospital bill</strong>&lt;br&gt;- Hospital/Surgery Related Service&lt;br&gt;<strong>Other Services</strong>&lt;br&gt;- Physical, Speech, Occupational Therapy <strong>Client must pay a $15 co-pay per appointment</strong>&lt;br&gt;- Interpreter Services (limited to authorized appointments)&lt;br&gt;<strong>Other specialty care services, not listed</strong>&lt;br&gt;</td>
<td>Up to $500&lt;br&gt;Up to $500&lt;br&gt;Up to $1,500&lt;br&gt;Up to $4,500&lt;br&gt;Up to $2,500&lt;br&gt;Up to $1,200&lt;br&gt;Up to $700&lt;br&gt;Up to $800</td>
</tr>
<tr>
<td><strong>Orthodontic Treatment Services (DAP-OTS)</strong>&lt;br&gt;Must be diagnosed with a craniofacial anomaly, such as Cleft Lip/Cleft Palate</td>
<td>KS-SHCN CL/CP Clinic: A minimum of one (1) or up to four (4)&lt;br&gt;Orthodontic Evaluation&lt;br&gt;Orthodontic Treatment Plan&lt;br&gt;</td>
<td>Up to $300&lt;br&gt;Up to $5,000</td>
</tr>
<tr>
<td><strong>Metabolic Products (DAP-MP)</strong>&lt;br&gt;Must be diagnosed with PKU, or other amino acid disorders, requiring treatment with metabolic products.</td>
<td>Formula (limited to $750 per month)&lt;br&gt;*PKU clients with special circumstances may be eligible for additional assistance per program approval.**&lt;br&gt;<strong>PKU clients who are pregnant or nursing (limited to $1,000 per month)</strong>&lt;br&gt;Low-Protein Food Items (limited to individuals 18 or younger)</td>
<td>Up to $9,000&lt;br&gt;Up to $12,000&lt;br&gt;Up to $1,500</td>
</tr>
<tr>
<td><strong>Caregiver Relief (DAP-CR)</strong>&lt;br&gt;Client must be diagnosed with a complex medical condition that requires specialty medical care. Eligibility will be determined by the KS-SHCN program.</td>
<td>Reimbursement for trained and approved care providers (limited to $250 per month)&lt;br&gt;<em>Services cannot be reimbursed for primary caregivers</em></td>
<td>Up to $2,000</td>
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Safety Evaluation

Smoke & Carbon Monoxide Detectors

How many levels does your home have? ______

How many bedrooms does your home have? ______ Are they all located on the same level? ______

Are there any special smoke or carbon monoxide detector accommodations that you need? (Strobe light detector due to hearing impairment, etc.)

Hearing impaired ______ Vision impaired ______ Other (explain) ________________________________

Detector(s) Requested:

Smoke & CO2 detectors ______ Smoke detector only ______ CO2 detector only ______

What is the best day and time for the fire service provider to install your detector(s)?

______________________________

After completing this form please send to kelly.totty@ks.gov for processing. If installation is needed, a service provider will contact the family to schedule an installation date and time. This process may take up to 4 weeks to complete.

If only a standard CO2 detector(s) is needed, the device will be shipped directly to the family. The Care Coordinator will follow-up with the family to ensure they have no questions or concerns.

Fire Safety Quiz

This is used to identify the parent’s knowledge on fire safety protocols prior to submitting their application for a smoke detector.

1. How often should a smoke alarm be tested?
   - Monthly
   - Every 3 months
   - Every 6 months
   - Once per year

2. How many routes out of the house should each member of your family know?
   - One
   - Two
   - Three
   - Four

3. After you and your family are outside of the house do you have a designated meeting place?
   - No
   - Yes

4. Do you and all your family members know what to do if there is a fire? How to get out safely?
   - No
   - Yes

5. Where should you be before calling the fire department?

Share the fire safety information with the client located on the Safe Kids Kansas website. This can be printed and mailed with the action plan or you can give them the e-mail link.
Goals (w/ SMART Objectives)

Family Driven

Focused

Adaptable

Continuous
### Goal Example #1

**Identify an adult care provider**

**Objectives/Objetivos #1:**
Talk to primary care doctor about adult doctors he would recommend.

**Objectives/Objetivos #2:**
Look up information about the referred doctor on line.

**Objectives/Objetivos #3:**
Schedule an appointment to meet with the referred doctor.

### Goal Example #2

**Plan college visits that include Student Services**

**Objectives/Objetivos #1:**
Identify what colleges you want to visit.

**Objectives/Objetivos #2:**
Schedule a visit with Student Services.

**Objectives/Objetivos #3:**
Make a list of questions for Student Services.

**Objectives/Objetivos #4:**
Gather paperwork you want to take with you to show Student Services.

**Objectives/Objetivos #5:**
Got to the college appointments and talk to Student Services.
Evaluation

Evidence-Based Strategy Measures

National Performance Measures

Ongoing Quality Assurance

Continuous Quality Improvement
Tracking and Monitoring

- Direct Assistance Programs & Budget
- Care Coordination Time & Activities
- Number of Clients Served
- Client Level Activity (Opt-out, Levels 1 through 3)
- Focus of Care Coordination Services
- Client/Family Outcomes (from Action Plan)
- Service Authorizations
Electronic Record System

Welligent© data system designed to meet the needs of Care Coordination Services

Electronic EHR
HIPPA Compliant
Internal secure e-mail system
Calendar
All client records stored
DAP tracking/budget
Tracking of all Care Coordination Services

Coming soon... Patient Portal!
The Future

COLLABORATIVE EFFORTS
INTEGRATION ACROSS MCH
EXPANSION OPPORTUNITY
Collaboration is the Foundation for the Future
KanCare (Medicaid)

**CURRENT**

- MCO Shared Client Report
- Shares SHCN and MCO Care Coordinators (including contact information)
- Outlines services being provided to client
- Collaborative Planning with MCO Care Coordinator and client/family
- Single Case Agreements

**FUTURE**

- Prior Authorizations
- Extended Single Case Agreements
- OneCare Kansas (revived Health Homes initiative)
- Medicaid Expansion
- Family Engagement Partnerships
Integration Across Systems

Title IV MCH
- Replication opportunities at local level and with other MCH populations

Title X Family Planning
- Resource distribution & screenings

Early Childhood Systems & Child Care
- Resource distribution, screenings, & referrals

Nutrition & WIC
- Resource distribution, screenings, & referrals
Caregiver Health

Caregiver Toolkit  Family Supports

- Self-Assessment
- Evaluation Survey
- Resources & Tools
- Supporting You
- Standards of Quality
- Family Leadership Activities

"Supporting the physical, emotional, social, and financial well-being of families with CYSHCN, particularly that of the family caregivers."

*A family caregiver is any individual, including siblings, who supports and cares for another person and may or may not be a biological relative.
Supporting You

What is Supporting You?

- This peer-to-peer network provides a place where individuals and families who have similar needs can communicate with each other and gain support from one another.

- Our goal is for Kansans to gain emotional support from a caring and compassionate peer who share a connection and is willing to tell their own personal story, while they walk alongside someone else as they tell theirs.

- We believe people desire to be supported by others who have experienced similar situations where they can express their grief, concerns and questions, without feeling judged. We also know that peer support is one of the strongest measures of individual/family support.

For more information, visit www.supportingyoukansas.org.
SHS Family Advisory Council

Advocacy Training
Leadership Skills
Make a Difference in Your Community
Peer Support
Assist State Programs with Planning/Policy
Conference Opportunities
Charting the LifeCourse™

www.lifecoursetools.com/planning/
Plans for the Future

- Care Coordination Satisfaction Survey
- Expand Eligibility Requirements
- Primary Care Practice Pilots
- Enhanced MCO Collaboration
- Focus on Behavioral Health & Foster Care