DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Goldfinch	10-31-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER J00238	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ CC: Ms. Forkner, Depo Cleared 11/5/08, response attached	[X] Prepare reply for appropriate signature DATE DUE 11-9-08 [ ] FOIA DATE DUE _____ [ ] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From: Jan Polatty
To: Brenda James
Date: 10/31/2008 8:50 am
Subject: Re: Fwd: NASHP's scan of policies and strategies that promote care coordination: Medicaid

CC: Meghan Goldfinch
Bren, Please log this to Meghan and copy EF & DDs. Thanks, Jan.

Bren -
Nov 10th is due date - so assign 9th =
Mke

>>> Emma Forkner 10/30/2008 6:14 PM >>>
Please send this to Meghan.

Emma Forkner
Director
Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201
(803) 898-2504
(803) 255-8338 fax

>>> Jan Polatty 10/30/2008 4:39 pm >>>
FYI - Please let me know how or who you would like to handle. Thanks, Jan.

>>> Ann Cullen <acullen@nashp.org> 10/30/2008 4:05 PM >>>
National Academy for State Health Policy

Policies and strategies that promote care coordination for young children:
50-State Scan of Medicaid, Title V, and Early Intervention agencies

Dear Jan:

Thank you for your assistance on the phone!

The National Academy for State Health Policy is attempting to identify the types of state policies and programs that promote coordination of resources so that young children who are identified by pediatric primary care providers as experiencing or being at risk for delays in development receive follow up care.

We are requesting your assistance by responding to a brief survey intended to identify how your agency promotes this kind of coordination (we are surveying state agencies responsible for Medicaid, Title V, and Part C programs).

The purpose of this project is to lay the groundwork for a new ABCD III collaborative (Assuring Better Child Health and Development -see www.abcdresources.org for more information) that will assist states in their efforts to better coordinate screening, referral, and coordination of services that promote young children's healthy development. We are specifically interested in policies that help pediatric primary care providers:

Learn about and understand community medical and non-medical referral resources
Initiate and facilitate referrals to community medical and non-medical referral resources
Assure that referrals are completed
Integrate information received back from referral resources into ongoing care

By participating in this survey, you will be helping to develop a compilation of information that we will then

share with you, so that you can learn from the experiences and examples in other states.

Please complete and return as an attachment or copy into the body of a new e-mail and sent to Ann Cullen, acullen@nashp.org by November 10. If you have questions, please call Ann Cullen at 207-822-3920.

Medicaid scan

Respondent:
Respondent agency:
Respondent title:
Respondent state:

1. Please describe how your state Medicaid program delivers pediatric primary health care. Check if your state uses:
__ PCCM model - if yes, approximate percentage of children enrolled in Medicaid 5%
__ MCO model - if yes, approximate percentage of children enrolled in Medicaid 44%
__ FFS model - if yes, approximate percentage of children enrolled in Medicaid 53%

2. Please check which policies and strategies your agency has used to support care coordination and communication among pediatric primary health care providers and referral resources (defined as those medical and non-medical agencies and providers in the community that can provide follow up services for children who may have or be at risk for developmental delays, including Part C /Part B Early Intervention services, family resource centers, therapeutic child care, mental health centers, etc) . Please note if any strategies are not statewide (e.g. pilots or demonstrations).

Primary care practice strategies
__ Developed universal referral or consent forms (please specify programs included-Part B or C, Head Start, mental health, academic medical centers, diagnostic clinics, etc)
__ Developed and monitored performance standards for managed care plans or PCCM models related to care coordination that includes developmental and mental health services for young children
__ Assessed quality of current practice and/or implemented quality improvement initiatives related to care coordination (e.g. performance improvement projects (PIP), contracts with External Quality Review Organizations EQROs)
PCCM ✓ Developed payment mechanisms (e.g. reimbursement, care coordination payment, bonus programs) to support pediatric primary health care providers' care coordination efforts (please describe)
PCCM ✓ Initiated a medical home strategy that supports care coordination (the medical home concept emphasizes a personal health care provider; whole-person orientation, delivery within the context of family and community; and coordinated care across providers, conditions, and settings.)
__ Other (please describe)

Service provider partnership strategies
__ Adopted policies that facilitate reports back to pediatric primary health care providers from referral agencies (please describe)
__ Developed hotlines for pediatric primary health care providers to obtain information on referral agencies
__ Developed centralized referral systems for use by pediatric primary health care providers
__ Developed provider training/technical assistance activities for pediatric primary health care providers to obtain information on referral agencies
__ Financially supported co-location of community-based referral resources (e.g. Part C early intervention, mental health, WIC, family support) with pediatric primary health care providers
__ Used EPSDT outreach staff to assist providers and families in completing referrals
__ Contracted with public health programs for care coordination assistance
__ Incorporated pediatric primary health care provider participation into early intervention individualized family service plans (IFSPs) (e.g. signature, etc)
__ Made provisions for serving children who are found to be at risk but ineligible for Part C services
__ Supported child care health and mental health consultants to provide information and guidance to early

care and education programs
__ Developed ongoing advisory committees of providers and/or families to identify issues in care coordination
__ Other (please describe)

Community or state systems-wide strategies
__ Improved coordinated care planning across state agencies with support for local implementation
__ Developed uniform standards for care management plans
__ Adopted common definitions of special needs or special risks across state programs
__ Implemented data and information sharing strategies to improve care coordination
--- Supported electronic medical records and health information technology to improve care coordination
__ Conducted surveys on care coordination to guide state planning for early childhood health and developmental services
__ Other (please describe)

3. In what ways, if any, has your agency attempted to expand service capacity for early childhood developmental and mental health services?
__ Workforce development and service enhancements (e.g., regionalization, telemedicine)
__ Cross training efforts for an array of community providers serving families with young children - (e.g. home visitors, child care staff)
__ Parent-to-parent services and supports
__ Professional development for service providers (e.g. CME or CEU programs, courses for providers in training)
__ Developed reimbursement policies for mental health services for children under the age of three
__ Increased reimbursement for services (please specify)
__ Other (please described)

4. What are your greatest barriers to care coordination and communication and how have you addressed them (e.g. HIPAA, CMS regulations including targeted case management rule, etc)? Are there additional ways that you would use targeted case management if authorized?
(Please respond here, take as much space as you need)

5. Please note any policies in your agency or state that impede care coordination.

6. What else should we know about your agency's or state's efforts to help pediatric primary health care providers link with community referral resources? Is there anything external to your agency? Anything specific to Part C? Part B?
(Please respond here, take as much space as you need)

Thank you for participating in this survey!

We appreciate your time and efforts, and hope you will find the resulting information useful in future projects. If you provide your full contact information below, we will send you a copy of the competed report.

Ann Cullen
Research Assistant
National Academy for State Health Policy
Please note our new address
10 Free Street 2nd Floor
Portland, ME 04101

207-874-6524
fax: 207-874-6527

NASHP's 22nd Annual State Health Policy Conference
October 5-7, 2009, Long Beach, California
www.nashp.org

From: Meghan Goldfinch
To: acullen@nashp.org
Date: 11/5/2008 9:18 AM
Subject: NASHP Survey

CC: Emma Forkner; Felicity Myers; Jeff Stensland
Medicaid scan

Respondent: Meghan G. Goldfinch
Respondent agency: Department of Health and Human Services
Respondent title: Public Information Coordinator
Respondent state: South Carolina

1. Please describe how your state Medicaid program delivers pediatric primary health care. Check if your state uses:
_X_ PCCM model - if yes, approximate percentage of children enrolled in Medicaid __13%
_X_ MCO model - if yes, approximate percentage of children enrolled in Medicaid __44%
_X_ FFS model - if yes, approximate percentage of children enrolled in Medicaid __43%

2. Please check which policies and strategies your agency has used to support care coordination and communication among pediatric primary health care providers and referral resources (defined as those medical and non-medical agencies and providers in the community that can provide follow up services for children who may have or be at risk for developmental delays, including Part C /Part B Early Intervention services, family resource centers, therapeutic child care, mental health centers, etc) . Please note if any strategies are not statewide (e.g. pilots or demonstrations).

Primary care practice strategies
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__ Developed and monitored performance standards for managed care plans or PCCM models related to care coordination that includes developmental and mental health services for young children
__ Assessed quality of current practice and/or implemented quality improvement initiatives related to care coordination (e.g. performance improvement projects (PIP), contracts with External Quality Review Organizations EQROs)
_X_ Developed payment mechanisms (e.g. reimbursement, care coordination payment, bonus programs) to support pediatric primary health care providers' care coordination efforts (please describe)
_X_ Initiated a medical home strategy that supports care coordination (the medical home concept emphasizes a personal health care provider; whole-person orientation, delivery within the context of family and community; and coordinated care across providers, conditions, and settings.)
__ Other (please describe)

Service provider partnership strategies
__ Adopted policies that facilitate reports back to pediatric primary health care providers from referral agencies (please describe)
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__ Developed provider training/technical assistance activities for pediatric primary health care providers to obtain information on referral agencies
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__ Used EPSDT outreach staff to assist providers and families in completing referrals
__ Contracted with public health programs for care coordination assistance
__ Incorporated pediatric primary health care provider participation into early intervention individualized family service plans (IFSPs) (e.g. signature, etc)
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__ Supported child care health and mental health consultants to provide information and guidance to early care and education programs
__ Developed ongoing advisory committees of providers and/or families to identify issues in care coordination
__ Other (please describe)

Community or state systems-wide strategies
__ Improved coordinated care planning across state agencies with support for local implementation
__ Developed uniform standards for care management plans
_X_ Adopted common definitions of special needs or special risks across state programs
__ Implemented data and information sharing strategies to improve care coordination
---_X_ Supported electronic medical records and health information technology to improve care coordination
__ Conducted surveys on care coordination to guide state planning for early childhood health and developmental services
__ Other (please describe)

3. In what ways, if any, has your agency attempted to expand service capacity for early childhood developmental and mental health services?
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__ Developed reimbursement policies for mental health services for children under the age of three
__ Increased reimbursement for services (please specify)
__ Other (please described)

4. What are your greatest barriers to care coordination and communication and how have you addressed them (e.g. HIPAA, CMS regulations including targeted case management rule, etc)? Are there additional ways that you would use targeted case management if authorized?
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Greatest Barriers:
- Reimbursement- All providers want to be paid for time spent (i.e on phone call, advisement, etc.)

-CMS regulations- CMS put regulations into place that limit and make care coordination inflexible.

5. Please note any policies in your agency or state that impede care coordination.

N/A

6. What else should we know about your agency's or state's efforts to help pediatric primary health care providers link with community referral resources? Is there anything external to your agency? Anything specific to Part C? Part B?
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Right now, DHHS is working in conjunction with DAODAS, DMH, and primary care Pediatricians on a program which focuses on screening adolescents for behavioral health (mental and substance abuse) problems.

DHHS has worked to increase coordination between primary care doctors and oral health providers. We added reimbursement for flouride varnish in the primary care office; part of the expectation is that primary care doctors will stress the importance of good oral health care for young children and will refer families to dental homes.

Meghan Goldfinch
Public Information
SC DHHS
803-898-2719

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Date: 10/31/2008 8:50 am
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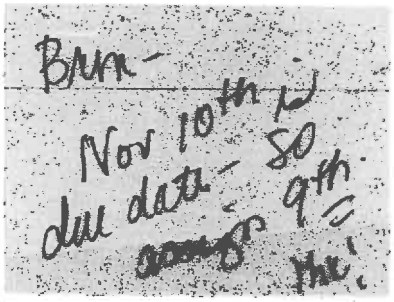
CC: Meghan Goldfinch



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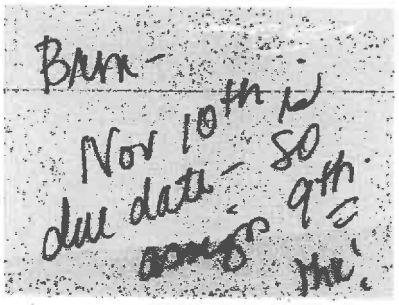

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