### 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 ol 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?

<table>
<thead>
<tr>
<th>What are we doing in this area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• IFSP – physician signature</td>
</tr>
<tr>
<td>• Newsletters</td>
</tr>
<tr>
<td>• Physician outreach</td>
</tr>
<tr>
<td>• Medical passport for foster kids</td>
</tr>
<tr>
<td>• Medicaid waiver</td>
</tr>
</tbody>
</table>

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?