EPSDT PIP Tag Conference Call of February 23, 2009

Meeting notes

1. **Introductions**

2. **Reactions/Questions as a result of the presentations made by Tulare, Butte, and San Diego counties on February 9, 2009:**
   - Very useful
   - Should AB 3632 clients be included/excluded from the study group?
     Answer: AB3632 clients can be included in the study group if they are included in the Medi-Cal claims
   - Can Healthy Families clients be included in the study group?
     Answer: These clients can be part of the EPSDT PIP, however DMH is not interested in these clients. A PIP always has to have Medi-Cal beneficiaries

3. **Information shared by Counties**

Marin County: Initially looked at the top 5% for
- Number of hospital visits
- Number of different services
- Number of diagnosis
- Number of providers

Findings:
- Clients with multiple diagnosis also had multiple service providers
- Clients receiving Wraparound services were/are doing well
- Only a "handful" of clients were receiving day treatment services

Preliminary questions:
- Are we using the right evaluation tool (Child Behavioral Checklist-CVC)?
- Can we get compliance with the CVC tool?
- Can we do a better process? (Need to survey clinicians regarding the use of the CVC tool)

San Francisco: Looked at
- Modality of services clients are receiving

Findings:
- Day Treatment is predominant
- Day Treatment episodes were two to three years long; maybe the high cost is due to the length of the treatment episodes
  - San Francisco is currently looking into "benchmarks", standards, or a reasonable length of stay for a Day Treatment service
  - It seems that transitioning out of Day Treatment is challenging

Comments: Day Treatment is also associated with special education

Fresno:
- Fresno found that clients with many diagnoses which included "No Otherwise Specified" (NOS) also had many providers. Based on these findings, their question will be focused on professional collaborations. Fresno would also work on reducing the number of diagnoses per client:
  - Fresno will survey service providers and families
  - Fresno is yet to determine how they will measure collaboration

4. **APS Technical Assistance update** (Sandra Sinz)
    - Counties' biggest challenge has been the selection of the right study group population; some counties are over narrowing the study group population
    - Counties need to use their criteria; A or B as assigned, and every child that is excluded from the study group must include a strong justification for exclusion
    - Counties need to find a way to add new clients to their study group using "real time"; the idea is to add clients to the sample as they are being "high users"
    - Ideally, a monthly study group update is best
    - APS can address small counties issues separately
    - Any small county wanting to join other small county to work on the EPSDT PIP, can do so by e-mailing Sandra Sinz at SSinz@apshealthcare.com
    - Some of the EPSDT PIP goals are:
        - Find out the reasons for why clients are "high users"
        - Find out ways for "high users" to become "low users"
        - Find better and accurate interventions

EPSDT PIP Tag Conference Call of February 9, 2009

Meeting notes

1. **Introductions**

2. **DMH Personnel changes:**
   - Kathleen Holderson and David Jones will be joining the EPSDT PIP project; Caroline Castaneda may continue with the project, Heidi Lange may be leaving the project

3. **Discussion of Data Reporting Requirement:**
   - Not all counties have submitted their data

4. **Completion of Survey:**
   - Counties that have not submitted their surveys yet, need to do it

5. **Item added to the agenda (Contra Costa):**

   - Can the EPSDT PIP project be postponed/deferred since there are not State payments going to the counties? Has a deferment been discussed at DMH level?

   DMH answer:
   - Deferment has not been discussed, this request will be addressed internally

     - California Alliance for the Mentally ill representative supports postponing the project

6. **County Action Plans:**

Tulare (Handout provided via e-mail)
- Original data sample was of 268, it was reduced to 223 due to closed cases, never open case, age 21 or older and death
- Decisions for further data set are EPSDT clients excluding categories listed above, and AB3632 clients

Butte (Handout posted in the website)
- Made an analysis similar to San Diego; looked at a high billing sample
- Their sample is of 177; it includes Psychiatric hospitalization
- The higher the claim the higher variety of services
- Will look at the Ohio Scales to analyze the data

Comment from APS:
Diagnosis needs to be updated in the information system

San Diego (Handout provided via e-mail and posted in the website)
- Henry Tarke introduced Jennifer Rolls-Reutz
- Jennifer provided a step by step description of San Diego' s process

Suggestions from other counties:
- Sexual abuse/trauma can be a variable to rule out
- From Lake County: Is there a correlation of a particular diagnosis with a particular service?
- Great analysis!

7. APS – Technical Assistance update (Mike Reiter)

- Counties should find out who their lead reviewer is, and address any EPSDT PIP questions with him/her
- PIP's should include clients that met the dollar criteria
- When narrowing the data sample, make sure that there is an analysis that supports it

8. Questions from Counties

When calculating high costs, were SMA's used?
Answer: High costs were based on approved claims.

What are the questions counties are coming with?
Answer: Probably, the counties that presented today are the most ahead in the process. Counties are welcome to share their question.

Calaveras County only has 12 clients in their sample and would like to combine their sample with other county/ies.
Answer: Pick a study question that reaches more clients. However, combining with other counties is a good idea. Early on in the process, Madera County was looking to connect with other counties.

EPSDT Conference Call
1/26/09
2:30 pm – 3:50 pm

Data

- The counties have said that they want more structure for the biweekly phone calls.
  - Suggestions include:
    - 1. that they could do an agenda building at the end of each call to talk about what they want to see for the next call.
    - 2. Another suggestion is that APS could lead the discussion on where the counties should be at this point.
    - 3. Another suggestion is to have rotational minutes – producing minute in a collaborative manner. And once the minutes are prepared, they will be posted and/or distributed.
  - Minutes
    - Meeting minutes are needed, and the counties are going to have to volunteer and then the state will review them.

Questions with EPSDT email address

- The questions are still being accepted through the website/email. However, the majority of the questions are specific to the counties, so they are not applicable to the rest of the counties. Thus, the questions/answers have not been posted for those questions.
- Roadmap – One participant asked for assistance on how to complete the roadmap. There are some participants that are new to the PIP process.
- Timeliness of responses – One participant said that she has left phone messages, but no one has responded. DMH clarified that there is no PIP phone line in particular.
- Which questions should go to APS and which should go to DMH? Anything that is "technical assistance" (indicators, data analysis) that is more county-specific should go to APS. Extensions or trouble with upload/download should go to DMH (nuts and bolts).
- There are no phone numbers, all questions are email based.
  - Epsdt.pip@dmh.ca.gov (DMH)
  - Ssinz@apshealthcare.com (lead reviewer from APS who volunteered to be the point of reference. She stated that you can CC her to emails to EPSDT pip email)
- The APS team reminded participants to go to the website. www.caeqro.com (you do need to register to see the different tabs)
- One participant also said that she wanted to have an online forum to discuss where the counties are and the suggestions for intervention. The state said that they have tried to do this, but counties are reluctant to talk about their data and interventions. Therefore, the item is on the agenda, but it's not always acted upon.
- APS said that they have noted that other counties have analyzed the data, and it's helpful even if it's not "sophisticated."

- Butte county said that they sent the preliminary data to the state, but it has not been posted yet. The state said that they would go back and look at the data.

APS perspective – where should the counties be?

- Counties should have their data, looking at it and analyzing the data.
- The data was posted was 07-08 data, and some of the 08-09 data depending on where the counties were in terms of billing. The 07-08 data is really the starting place, and this is to give an understanding of where the high-end users may be and who they may be. Meanwhile, there is a new group a high-end users that have not been identified, and counties need to use own internal data to get the more up-to-data data on the high end users.
- The study criteria – this has been a challenge because it's a combination of a) knowing dollar threshold; b) additional criteria to create study population based upon what each county saw in the analysis of data. (i.e. if you found that your high end users were all coming out of juvenile hall, that would be the second criteria). Not everyone who meets the dollar threshold will be in the study population. When counties are identifying criteria for inclusion and exclusion, very clearly define why and how. Also, watch for the size of the study population. A study population of 20 is not big enough for a large county. If you have identified your study population, run it by APS to determine if it is "reasonable."
- Data uploaded to ITWS – one county asked if this needed to be the entire study set? Or is this only those in the study sample? DMH needs to know what children will be receiving interventions. The purpose of uploading the data will be to look at the trends for all the data across the counties. This will help DMH provided the report to the legislature on who is in the study group and who are the kids that are not (and differences thereafter). The state clarified that the data needs to be useful data, and if the county is not going to provide an intervention on the kid, the kid should not be entered into the upload with DMH. Counties can upload all data and say later on to exclude some of them (100 people uploaded, later reduced to 50)
- Can counties just focus on day treatment? This depends on the identified problem and the size of the county. The data, not personal interest, needs to lead to day treatment if needed.
- The data needs to be written up in the logic model – how the barriers identified leads to the selected study population.
- One participant said that the smaller counties have a smaller dollar amount (583 dollars/month), and this is not a lot of services. APS clarified that you would have the 07-08 data and the 08-09 data included as well, so this would include more clients.
- DMH encouraged having the providers, the county staff and family members as members of the PIP committee.
- There is no direct timeline for when things need to be done, but near the end of the fiscal year, APS will be sending out questionnaires to the counties that asks the status of the PIP (study question, barriers, etc).

- Upload – “date of enrollment” – what does this mean? This is the date that we started to intervene with the set of kids. This date will be shared by several clients. As you get into real time with enrolling kids, they will be enrolled at different dates.
    - The enrollment date could be “wrong,” (some counties used the date that they started services). DMH said that they need to talk to their data folks to determine what they can do about these wrong enrollment dates.
- The FAQs need to be checked on the website to make sure they are up to date.
- PIP acronym list – Butte county has created one, so that it can be used.
- Hospitalization data was not included in the initial data. It is not considered the EPSDT. If counties want to find this data, counties would have to pull it from the inside.

Agenda building

- February 9th – next phone call
- Topics:
    - Tulare county is on the agenda to talk about what their process is.
    - APS’s update on technical assistance provided to other counties.

EPSDT PIP Tag Call of Jan 12, 2009

Here is the summary of the EPSDT PIP conference call:

- San Clara County asked if APS Healthcare was planning on providing additional data that would assist in putting together the data sample. The answer was: “That was a one shot data” and that there are no plans to update the data. From now on counties need to look at their data in the monthly basis
- There will no be any more extensions for sample data submission
- DMH can connect counties with similar interests; counties interested in sharing information can submit it via e-mail to DMH
- As of right now these are what some groups are focusing on:
  a) Diagnosis: Bipolar, ADHD, Oppositional behavior (high costs)
  b) A second group is focusing on clients diagnosed with ADHD; they will be looking for the effectiveness of the services
  c) El Dorado county is trying to find out if there is any correlation between level of need and cost of care
- Some counties are also concerned about finding an appropriate assessment tool. San Francisco county does not recommend using the LOCUS; they will use the CANS instead

EPSDT PIP Tag Conference Call of 12/29/2008

- Some counties have not received a reply from the DMH Secure Mail service
- Marin and Glenn county submitted their data batch but have not received confirmation of their batch being received by the State
- The deadline to submit the data sample has been extended to January 30, 2009. Counties needing an extension, need to send a request to EPSDT.PIP@dmh.ca.gov
- There are about 8 small counties that would like to do this project together and are asking other small counties to join them
- 41 of 58 counties responded to the survey. The survey responses do not have enough information/ideas to share with the counties
- Counties need to establish their own criteria for dis-enrolling a client from the sample
- Counties would like to hear more specifics about what other counties are doing; Study questions, how the data is being analyzed, etc.
    - ✓ Any information that counties would like to have posted for sharing should be e-mail to EPSDT.PIP@dmh.ca.gov
    - ✓ APS will connect counties with similar Study questions/similar activities for information/ideas sharing
    - ✓ The next EPSDT PIP conference call will include: Data sharing as an agenda item (optional)
- Additional comments from different counties:
    - ✓ Ventura county has not established a question
    - ✓ Mendocino county is planning to do case conferencing with high users
    - ✓ How many providers does one client has? Duplication of services?
    - ✓ Butte county is finding clients with multiple diagnosis

EPSDT Conference Call
12/15/08
2:30 -

Batch Data Upload

- We are able to do the batch data upload. The State asked for a request to be sent to the epsdt.pip@dmh.ca.gov if you wanted to do this. You need to email the request to do this.
- Other counties have emailed for this request (santa clara, Mendocino), and they were saying that they received email responses saying that the spreadsheets were not done.
- The State emphasized that the 12/31/08 deadline is still present, but if a county wants an extension, then email epsdt.pip@dmh.ca.gov

APS technical assistance

- The question was raised whether or not the conference calls were the only technical assistance, or can the counties still get the APS technical assistance?
    - APS clarified that they are participating in the conference calls and the question answers.
    - APS said that they hoped to get counties together and host more localized conference calls (this has not been organized yet).
- APS reviewers said that they can contact their reviewers still. Everyone can look at the reviewers on the calendar online.

Collaboration of Small Counties

- Rita and Caroline from the State are going to talk about collaborating with the small counties to do a PIP together.
- This is going to be a discussion tomorrow, at 12/16/08 @ 2:00 pm – 916-552-6505 -- about this issue.
- The small counties were reporting on their data:
    - One county said they had 25 people in their threshold
    - Shasta county said that they had 90 in the Criteria A, 550 in Criteria B.

Criteria

- The data that the State found was those that would be eligible as of last year. If they are still in services, they are eligible for the study. We need to use the DMH criteria to create a new list of clients for eligibility.
- Just because a client is eligible, this does not mean that they will be picked for the study. The study population still needs to be picked from the regular study PIP progress.
- If someone hit the criteria one month of the 12, then they were included in the eligibility pool.
- The State wants the Counties to maintain that eligibility is when the clients hit the $3000/mark in one month – this is not a revolving door.

- The State did not create an exit strategy (in other words, there is no method to exit people from the eligible list. We as Counties might even want to check those that drop out of the services as part of the PIP).
- Again, the State reported that there was no "rule of thumb" for the "meaningful" population for the study population.
- EPSDT said that it is a "fact" that some counties are taking "all" of their eligible people, and this is important to note because larger counties should have larger study populations.
- The PIP is due to last for several years.
- High Turnover Rate – Fresno County said that 220 of the original clients, half have been discharged. Fresno County asked if this was going to be a problem when analyzing the data. The State said that this is not unusual if you look at the data about this population. The State said that we can look at whether these discharges are "planned" or "unplanned."

IRB

- The State said that there was no need to go through an IRB/human subjects committee because the PIP is "not research."

Next Call: 12/29/08 @ 2:30 pm

12/1/08
Time: 2:30 pm
Meeting: Weekly EPSDT PIP Conference Call

Where are we now?

Calls

- The number of clients in the study group must be a "meaningful" number. However, the State did not define the criteria for "meaningful" because each county and study question would be different.
- One of the counties reported more Caucasian, English-speaking in the EPSDT criteria
- DMH will provide training on entering the data into ITWS. Reminded counties that the data of the individuals in the study group must be entered by December 31, 2008.
- Many counties asked for an extension to the deadline due to mandatory furloughs at the end of December, upcoming holidays and the time required to manually enter the data
- Counties asked if an upload process could be developed for the larger counties. DMH would not commit to such a process stating that Counties often omit a lot of data and it requires DMH staff to spend more of their resources to get complete data. DMH did agree to discuss with their IT folks
- Orange County compared the study group against all other clients and found that females, ages 15-16, English-speaking with psychotic or bi-polar disorders were identified. When asked further, they did state that in the study group, the males outnumbered females by 2:1.

Study Question
- No County has established their study question.
- Fresno County mentioned the NOS diagnoses observed in the Fresno data (there were a lot of NOS diagnoses in the study population, and this indicates possible diagnostic uncertainty).

Next meeting:
- Next Meeting is December 15th @ 2:30 pm.

11/10/08
Time: 9:00 am
Meeting: Weekly EPSDT PIP Conference Call

Phone calls

- There has been discussion about whether or not to even have conference calls every week.
- The time needs to change to 2:30 so that APS can join on the conference calls.

Where are we now?

- Smaller counties feel that they are further along: They are forming the committees, meeting with stakeholders, etc.
- Humbolt County has submitted questions to the website on 11/12/08, and they have not been answered yet. DMH said that they would get on the answers quickly. DMH said that the counties should take advantage of the conference calls to ask the questions.
- Stanislaus took the data, and met with 20 stakeholders. Many people wanted ethnicity broken down, how many in placement, how many cps, how many probation, etc.
- Fresno county discussed how sb 163 services are already so monitored that APS said that it might not be beneficial to focus the interventions on them.
- Other counties were concerned with the types of services that have been provided to the consumers, but the individual counties have to break it down by service code.
- Trainings will be scheduled outside of the Mondays at 2:30 pm call.
- Data needs to be submitted as soon as possible, and it needs to be linked to paid claims and CSI data so that DMH has an idea who the study group is.
- Batch data entry vs. client by client – at this time, data entry is individual right now, but it could be batch.
- Social security numbers need to be taken off the data for the data to be compliant with federal law.
- Ineligible for MediCal – what should counties do if the consumers become ineligible for MediCal during the intervention? DMH said that this is up to the individual counties what they want to do.
- Counties are encouraged to continue to send questions and suggestions. DMH will try to answer them week to week.

Calls

- Other calls are moved to every other Monday at 2:30 to involve APS.
- Next Meeting is December 1st @ 2:30 pm.

11/10/08
Time: 10:00 am- 11:00 am
Meeting: Weekly EPSDT PIP Conference Call

Identification of Needs

- The purpose of the phone call was to discuss questions about the EPSDT PIP and to identify training needs of the MHPs.
- Members identified that there are few approved claims for June 2008, and this is because the claims did not have time to be approved by the time the data was pulled.
- The State reinforced that the local MHPs have to take the baseline data provided and determine who is going to be included and excluded from the study. The State clarified that there is no direct answer for whom to include and whom to exclude, but each MHP must make an informed decision and justify these choices in the write-up. The State did say that MHPs have to track how they are determining when new clients will be added to the study sample.
- Hospital data is not included in the ITWS data set. Counties will, based upon their study questions, determine if they need to include this information.
- Rapid Cycling – the State reminded the MHPs that APS is an advocate for rapid cycling – this means that APS wants MHPs to look at the results they are coming up with in their study and, if the results are not working, they need to adjust and tweak the interventions accordingly.
- The State also clarified that the focus of the PIP should be on quality, even though cost reduction is in the budget (this answer came in response to a statement made by a smaller county representative who said that they were conducting chart reviews and found that the clients who met their study population requirements sometimes did not have enough services).
- The counties all appeared united in the idea that they want more trainings and ideas on types of interventions that are being utilized by other MHPs to help with the problem.
- State wrap-up:
    - In sum, the following issues were identified by the MHP's
        - Types of Interventions
        - Types of local data other MHPs are looking at
        - Review of rationale re: inclusion or exclusion.