

CHMS Provider's Association of Arkansas
Presentation to:
Health Reform Legislative Task Force

The CHMS Program

The CHMS program is an early intervention healthcare program for children birth to 21 years with special healthcare needs. The program provides an array of health care services to children who are eligible, which include:

- Day-treatment
- Medical & Nursing
- Speech, Occupational, & Physical Therapy Services
- Limited Behavioral Health Services

A child is determined eligible when they qualify in two of four areas as part of a multi-disciplinary evaluation. Areas include:

- Physical Therapy
- Occupational Therapy
- Speech Language Therapy
- Cognition

Once a child is eligible, he/she receives:

- Day-treatment
- Therapy services for which he or she qualifies
- *Nursing
- *Other Services

*The program can provide documentation and request a prior-authorization for any other services the team determines the child needs. However, in most cases, the prior authorization for the additional services is not granted.

All of these services are provided through one program. This is a great service to families as it:

- Allows for parents/caregivers to remain in the workforce
 - Gives CHMS providers the ability to coordinate care for families.
- Care coordination is identified by the Institute of Medicine as a key strategy that has the potential to improve the effectiveness, safety, and efficiency of the American health care system. Well-designed, targeted care coordination that is delivered to the right people can improve outcomes for everyone: patients, providers, and payers.*

Agency for Healthcare Research & Quality, ahrq.gov

Cost Containment

CHMS has undergone a significant amount of changes since it's beginning in Arkansas. Most changes were put in place to create a checks and balances system and contain costs.

Evaluation and service codes are capped

- All evaluation codes are capped both daily and annually.
- All service codes (other than therapy) are capped through a prior-authorization process.
- CHMS providers receive the same dollar amount for day-treatment for every child regardless of severity of needs.
- CHMS providers receive reimbursement for the equivalent of about 3.75 hours a day, but provide services for 6 + hours a day.

All referrals, evaluations, and subsequent treatment for each child requires:

- A prescription for an evaluation from the child's PCP
 - Multi-disciplinary evaluations that must meet Medicaid qualifications
 - A staffing with a center medical director who must approve the recommended services
 - Two prescriptions from the child's PCP for services:
 - One for day treatment and other services
 - One for therapy services
 - 6 month referrals from the child's PCP for on-going therapy services
- All of this documentation is then compiled and sent to AFMC for review and for prior-authorization to provide services.

*Children under 2 years are required to be re-evaluated every 6 months.

*Children over 2 years are required to be re-evaluated every year.

Annual On-site retrospective reviews and audits:

- AFMC review: personnel records, patient charts, billing records compared to progress notes, and policies and procedures
- Public Health/Environmental Health/Fire-department: physical location health and safety, physician and nursing personnel and service records
- Child-care Licensing: child-care licensing regulations
- Periodic On-site Reviews:
 - Office of Medicaid Inspector General

Long-Term Healthcare Cost Reduction

All current evidence supports the fact that investments in early intervention programs reap huge returns.

- Children diagnosed with special healthcare needs is on the rise: 12%
- Autism rates have risen to 1 in 68 children.
- Medical technologies are saving more low birth weight preterm babies.
- Toxic Stress is a new considerable factor in the rise of developmental delay.

The CHMS Provider's Association recognizes that there is work to be done and have identified several flaws in the program. We plan to work along with the state to create solutions in order to not only improve outcomes, but also reduce long-term costs associated with the CHMS program.

Flaw: Inconsistency with evaluations and recommendations for services

Solution: Train and certify evaluating therapists
Develop dosing standards for therapy recommendations
Use a consistent evaluation tool

Flaw: Unnecessary regulations for services that are billed and reimbursed that have no effect on quality of service delivery

Solution: Eliminate regulations and reimbursement

Flaw: No universal database for providers to collect and compare data for outcomes

Solution: CHMS providers to collect their own data and compare with state and national statistics until the state can develop a comprehensive data system for all children ages birth to 5 years referred, evaluated, and treated in Arkansas