

**CHMS Provider's Association of Arkansas
Savings Proposal for Five Year Period (SFYs 2017-2021)
2/11/16**

Children's Therapy (occupational, physical, speech 0-21 years)

CHMS PROPOSAL:

Create and implement a set of dosing standards for OT, PT, and SLP based on specific evaluation indicators, such as standardized testing results, language and motor impairments based on objective measures, patient's actual level of function, and patient's environmental liabilities. (CHMS*, DDTCS, Stand-alone, and School-based)

Eliminate ability for children to receive duplicated therapy services between center-based and stand alone therapy providers

Continue retrospective reviews for all therapy billed that is not subject to onsite review by an ASO.

PROJECTED SAVINGS: \$108,000,000 to \$140,000,000

Children's Day Habilitation

CHMS PROPOSAL:

Eliminate ability for providers with dual and/or triple licensure of CHMS/DDTCS/RSPMI to bill day treatment for a Medicaid beneficiary through any of the above licensures during the course of a CHMS or RSPMI prior authorization time frame (start date to end date)

PROJECTED SAVINGS: \$30,000,000

CHMS PROPOSAL :

Implement a "pilot" plan of reform for a system of entry for children 0-3 years using **Part C of IDEA, and for children 3-5 and 6-18 years using a duplicate model to ensure all families are provided due process and given choice of services/funding/providers available to them. Included in this plan:

Appendix B

Enter and track all children into a centralized database for the purposes of collecting data on outcomes, and to assist providers in recognizing if patient has been recently assessed/served.

Encourage and incentivize PCPs to screen patients with a universal developmental screening tool during EPSDT screens before referral

Establish a universal developmental evaluation all for children birth to 5 years, and a functional universal assessment to be used for all children 6 to 18 years

Train and certify all evaluating therapists in Arkansas

Cost Settlement

Evaluate methodology of the UAMS-CHMS cost settlement for reasonableness and consistency in practice and expectations for controlling costs. No other CHMS program receives a cost-settlement at the end of each year.

PROJECTED SAVINGS: \$20,000,000

*Adding factors for qualification for therapy such as level of function will likely result in less children qualifying for CHMS, although those numbers cannot be accurately verified.

**Part C of IDEA must be restructured and aligned with all other states for this to be a viable solution