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DIRECTOR OF HEALTH

#### DAVID Y. IGE

GOVERNOR OF HAWAII

**STATE OF HAWAI῾I**

STATE COUNCIL

ON DEVELOPMENTAL DISABILITIES

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**HEALTH & CHILDREN & YOUTH COMMITTEE MEETING**

**Monday, July 30, 2018**

**10:30 a.m.-12:00 p.m.**

**Princess Victoria Kamāmalu Building, Room 003**

**1010 Richards Street, Honolulu, Hawaii 96813**

**MINUTES**

**PRESENT:** Michelle Pestel-Maga (Chair, DDC-Parent**),** Rebecca Hartman (Care Coordination Supervisor with Partners for Quality Health), Michelle Muralt (DDC, Self-Advocate); Vaipapa Soliai (DDC, Self-Advocate – SAAC, Feeling Safe Being Safe Trainer) and Destiny (Facilitator), Shana Metsch (DDC, Parent), Tasha Kama (DDC-Parent); Stacy Kong (DOH-Children with Special Health Needs Branch)

**ABSENT:** Dr. Santo Triolo (DDC-Parent); Catherine Sorensen (DOH-CBCAP); Charlene Robles (DOH-Children with Special Health Needs Branch

**STAFF:** Roxann Kehus

1. **CALL TO ORDER**

Chair Pestel-Maga called the meeting to order at 10:39 a.m.

1. **INTRODUCTIONS**

Committee members introduced themselves.

1. **STATEMENTS FROM THE PUBLIC**

There were no comments from the public.

1. **CONSENT ITEMS**
2. **Minutes**

The minutes of April 9, 2018 were approved.

**B. Agenda**

The agenda was approved as circulated.

**V. REPORTS:**

1. **Co-Chairs**

No reports

1. **Department of Health (DOH)**

Stacy Kong, Department of Health - Early Intervention Section, reported on behalf of Charlene Robles. Ms. Kong stated funding was received to develop their web-based system. The new system will provide real time integration of information for children birth to 3 years old by tracking health care providers and assist those individuals having problems finding doctors.

The information does not follow the child though a memorandum of understanding (MOU) with University of Hawaii is in development for a longitudinal study to track kids, both those that go directly into special education and those that do not enter special education to see at what point kids show up in special education. The MOU with UH is going through the process and once approved, the new database will take about a year in development. The initial request presented to the legislators was downsized in cost with funding secured.

A systemic improvement plan is to work on social emotional development. Trainings are provided with primary service providers around teaming and coaching. The Early Intervention program uses a model to work with parents to build their skills, not a medical model. Training is provided to all programs statewide on standardized evaluations which includes functional assessments that looks at family life and the needs so meaningful goals are created for both individual and family.

Tele-practice is now available at the core 4 demonstration sites to help with resource availability due to staff shortages and opens the possibility for connection to mainland resources. There was discussion around the increased educational requirements for occupational therapist (OT), and speech therapist (ST) to PhD level. This requirement makes staffing very difficult because of the lower reimbursement rate with the State.

1. **Center on Disability Studies**

Not present

1. **Assistive Technology Resource Centers (ATRC)**

Ms. Kehus will follow up to see who the committee member from Hawaii Assistive Technology Resource Center will be.

**VI. UNFINISHED BUSINESS**

**A**. **DD Council State Plan FY 2017-2021**

No discussion

**B. DD Council Two-Year Work Plan**

Rebecca Hartman, Care Coordination Supervisor for Partners for Quality Health was invited to the meeting to assist with Objective 3 which is to “Advocate for a higher reimbursement rate to increase the percentage of primary care providers in a health plan who serve individuals with intellectual and developmental disabilities under the age of 18 by September 30, 2019.”

Ms. Hartman explained that HMSA introduced a program last year changing their reimbursement schedules. The traditional model was called Fee for Service and was based on a specific cost per service, so more procedures equated to more billing. Now a payment structure called Payment Transformation or Capitated Payment reimburses the doctor a specified amount each month regardless of the number of times the patient visits that doctor. Other states use the same method. Ms. Pestel-Maga requested to find out what states use this model and the impact for people with complex medical needs.

There are pros and cons to this system. Some say a doctor may not enroll patients with complicated or complex health care needs because of the fixed monthly payment regardless the number of times the patient visits. There are models of Capitated systems that work for individuals with complex health needs though Hawaii’s system is not one. Ms. Hartman spoke about “risk adjustment” that considering complex needs and through a formula add cost to ICD 10 coding to help doctors be reimbursed for working with patients with high needs. Currently there is no adjustment with HMSA’s Payment Transformation system. HMSA has a sizable percentage of a doctor’s panel.

Members discussed ways to collect data within the counties, 5 Medicaid health insurance options, HMSA, Kaiser, out of state insurance options and many private primary care providers within the state. Ms. Hartman works with 43 providers in her role at Partners for Quality Health Operationally defining IDD is important for data integrity. The question was asked if primary care providers can easily pull records within the parameters of this objective (ICD 10 codes for IDD)?

Ms. Hartman suggested getting a random sampling and extrapolate information. Due to the complexity of the project, Ms. Hartman asked if a research student or statistician might assist. Could the DD Council advocate for legislative measures that support risk adjustment payments for specific IDC 10 codes effecting people with intellectual and developmental disabilities? Is Payment Transformation only for HMSA or are other insurance carriers going to use a similar model in the state? Ms. Metsch thought it would be interesting to talk to lobbyist about payment structures to see what is happening on a national level. Ms. Hartman suggested one reason there not enough private practice doctors for IDD. Younger doctors are not going into private practice for work life balance reasons and most private doctors are older and may not have training or updated training for treating people with IDD. Doctors may not accept IDD because they don’t know how to treat them. Outreach and training may help them.

**VII. ANNOUNCEMENTS**

DOH Maternal & Child Health Services priorities brochure was distributed.

**III. NEXT MEETING AND AGENDA**

Next Meeting:September 24, 2018

**IX. ADJOURNMENT**

The meeting was adjourned at 12:04 p.m.

Respectfully submitted, Roxann Kehus