



Utah Children's Care
Coordination Network

September 2018 Resources of the Month

UCCCN Website

Medical Home Portal

Dear UCCCN members and interested parties,

Here are your resources of the month:

Announcements:

We have chosen to begin using Constant Contact to communicate with our UCCCN members, and this is the first Resources of the Month in the new look! We hope you like it.

If you went to the AUCH Care Coordinator training on September 20 - 21st, please let Mindy know what you thought of it.

From Kali Iverson, 6 free parent workshops in October & November in SLC through [RiteCare of Utah, MHP 12505](#). Contact Mindy if you didn't receive the flier that was emailed on 9/19.

Brainstorming:

Case #1: from Eric Christensen with Wesley Smith, Tri-County Health, Vernal - how do you deal with divorced households with communication? 2 yo girl, non-verbal, coming in for services, psych eval. Dad couldn't make it to the testing, wouldn't involve mom. DCFS was able to help get mom involved and she provided needed details. Wes had a good relationship with the DCFS person; he was very careful not to reveal any health info.

Heidi Bates has had similar situations with custodial parents. Had Risk Management involved in both cases. Has interviewed mom and dad separately. When a Guardian ad litem has been assigned is definitely the easiest scenario. It's important to understand which parent has medical decision rights.

Case #2: from Carrie Martinez, ISP—2 kids, ages 7 and 10 with neuropsych issues, both from Native American families in Blanding; both have Medicaid. PCP is unable to find neuropsych specialists in the area. Difficult for families to travel long distance, travel reimbursements are minimal, and gas money is needed up front. Suggestion made to contact System of Care in Medicaid's Human Services. Possibility of Navajo medical services for one of the kids.

- [Outpatient Community Mental Health Agencies](#) services category
 - [Blanding Family Practice, Utah Navajo Health Systems](#)--A Community Health Center providing medical, dental and behavioral health care in neighborhoods throughout the northern portion of the Navajo Nation and southeastern Utah. [MHP 11100](#)
 - [San Juan Counseling Center](#), Blanding--To strengthen and maintain emotional wellbeing, growth and dignity for individuals and families in San Juan County by providing professional treatment, education and advocacy in a caring and collaborative manner. [MHP 11025](#)
- [Medicaid's Overview of Utah's System of Care](#) for Children with Serious Emotional Disturbances and their Families.

Case #3: from Cassie Crane—A mom with 9 kids ages 10 and younger with various mental health issues, anxiety, depression; mom has stage 4 colon cancer and is on Medicare; working husband has recently left the family; little money, in Kearns, LDS. DCFS has visited once. Kids are not on SSI; 9 month-old born prematurely is being cared for by great grandparents. All other kids are more stable but with a lot of anxiety.

- [Care Coordination Agencies](#) services category
 - [Integrated Services Program \(ISP\)](#) for care coordination and support through the process. Can file for duty of support through Workforce Services; and get kids on SSI. [MHP 23910](#)
- [Wish Foundations](#) services category
 - [Angel Hands Foundation](#) assists those with special needs primarily with medically related expenses, either not covered or partially covered by insurance; non-medically necessary equipment, and educational, moral, social support. A Utah-based foundation. [MHP 17440](#)

You can find a custom list of these service providers that can be printed, emailed, and more, here: [UCCCN Resources Sept 2018](#)

Presentation: PCH Connector Service, Som Ameri and Karine Romero

The PCH Connector Service Program is going once again. A research grant pays for the program. The criteria to be in program is for children 0 - 17 years of age with 3+ complex issues (organ systems). They go into the home and meet with the family, can accompany the family to appointments, help with medications and equipment, and remain as point of contact. Every 6 months the family is asked to complete a research survey. Conditions they don't take: hem/onc, spina bifida, cystic fibrosis, transplants, HOME Clinic patients. Right now their service area goes from Centerville to Riverton, but they will take names of potential patients who are out of the service area for the future. They take all patients that meet the criteria and live in the catchment area; insurance doesn't matter. They create Shared Plans of Care (SPoC). Not focused on the medical side, more other community resources and social determinate of health. The Connector Service doesn't have a referral system in iCentra yet, but will in the future.

To refer a patient, send Som patient name and other information; Som can email you a form, too. He will bring to the team to consider the fit. Initial visit - intake forms. Families want the SPoC asap - very helpful for trips to the ER. Depending on acuity, program home visits can be weekly, or less frequently.

Heidi: how does the PCP get the SPoC? Through email or when the family visits, but they are trying to get it shared via iCentra. Communication to the PCP is so important.

Main office phone: (801) 662-6721

Email: PCHICCTReferral@gmail.com or sommon.ameri@gmail.com

Page via Smart Web

iCentra: ICCT Primary Children's Connector Service (Pool)

Panel Discussion: What OT/PT/SLP Therapy can do for CYSHCN

- Michelle Carlton, OT, Primary Childrens Hospital Rehab, Taylorsville
- Jori Harris, SLP, University Developmental Assessment Center
- Theresa Golley, Director of Rehabilitation Services, Shriners Hospital for Children

Please tell us what you do as an OT / PT / SLP generally for kids, and especially those with special health care needs.

- Jori, SLP focuses on feeding eval/assessment. Speech eval/treatment (different than language). Language is putting sentences together. Specifically, SLP can help with assistive tech for non-verbal kids. Can help the family with communication. Cognitive testing with psychology.
- Michelle, OT. Daily occupations, how we occupy our time. For kids, play/leisure activities, school activities (can collaborate with school OTs), mealtimes, toileting, dressing. Always goes back to a functional activity. Putting on a shirt, reaching for a toy, etc. SLP and OT get compared a bit. OT can also do splints, casting, even some feeding.
- Theresa, oversees rehab at Shriners. PTs look at functional movement: walking, riding bikes, etc. At Shriners, they'll also look at equipment.

Recognizing the caveats of insurance coverage limitations, availability, and working with a group of therapists (like within a clinic), how do I assure the best match between my child/patient and the therapists covered by my/their insurance?

- Shriners: will see any kid, work with most insurances. Right fit: always try to open the door to see others for a better fit. A little trickier for speech because Shriners only has one SLP. Insurance: often won't know what is getting covered (happens in the billing side). Families can reach out about that to the therapist. Schedulers are also pretty knowledgeable (the families have to talk with them). Appeals: a peer review will bring in the therapist.
- PCH: we have 5 different outpatient locations; families always have the chance to move if therapist or location isn't a good fit. Every insurance covers different things, can be a little tricky. Billing for what they work on. Medicaid covers a set # of visits per year. Appeals process. Home programming, and episodes of care. Families are involved. Preservice discount: 40% off if paid that day. Families can call their insurance with a list of codes. Writing goals - be reasonable.
- UDAC: we just do interdisciplinary assessments. Kiddos see whatever they need to see. The after-visit summary tells the family what their rights are. UDAC utilizes Utah Family Voices, ISP. UDAC and insurance: SelectHealth prefers their own psychologists for evals. Verbiage matters - family should ask up front. Terms: disorder (better?) vs delay.
- Question: should the referral to a therapist be worded carefully? Not really.

How can I work with the therapist to set and meet reasonable and achievable goals? What are the options if our goals aren't met?

- PT therapists try to get families to look 3 months in advance (plus long term). If progress is made, can appeal for more visits. Usually insurance companies will grant this. PCH: families are involved at every

- visit. Look at goals with every episode of care. Episode of care = period of time working towards set, concrete goals. Then they take a break for families to work on goals at home. She thinks of herself as a coach. Makes sure in the visit that the family shows that they can do it.
- Question: no show policy? Theresa: patients get taken off the schedule at Shriners after 2 no shows, but we will work with them still. Michelle: PCH always f/u to understand why the no show happened. Families can schedule 4 visits at a time. Jori: UDAC tries to work with the family if there are no shows. Frequent no shows may not be able to do advanced booking.
 - Question: how do therapists keep families from getting discouraged? Theresa: break things down into foundational pieces necessary to get to the huge goal, celebrate the little things that help with progress. Michelle: same, talk at the beginning of the visit about how things are going at home. Highlighted the little progress marks.
 - Question: how can the Primary Care team know what progress is being made. PCH: can send reports. iCentra message log. Try to connect with the PCP. If the family fills out the release form. Shriners: Plan of Care has to be signed off by a physician, usually within the Shriners system. Outside Shriners, have to request it. *Must see a Shriners physician to get rehab at Shriners (and must have an orthopedic issue, except for the Motion Analysis lab).

Other:

Our next meeting will be **Wednesday, October 17th, 2018** at the SLC (Taylorsville) USU Campus and additional USU extension campuses. Our meeting topic will be Asthma.

Here is our [UCCCN YouTube Channel Playlist](#) of archived meeting recordings

Take care,

Mindy

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