

MEDICAID

EPSDT and "*Wraparound*"

Federal Entitlement

VS.

Treatment Philosophy

These slides are only a few from the training collection assembled by the Founder and Executive Director of the Institute for Behavior Change to teach others how to create an effective, cost-efficient Behavioral Health Rehabilitation Service (BHRS) treatment program in Pennsylvania and elsewhere.

Steven Kossor

PA Licensed Psychologist & Certified School Psychologist

Founder & Executive Director, The Institute for Behavior Change

Clinical Director, The Children's Behavioral Health Center

The short version....

PROMISING TREATMENT FOUND FOR CHILDREN WITH INAPPROPRIATE BEHAVIOR

Researchers Dr. Natasha K. Bowen and Erica Richman of the University of North Carolina at Chapel Hill studied 301 treatment records of children age 3 to 17 between 2002 and 2007. They found that Behavioral Health Rehabilitation Services (BHRS) as implemented by the staff of the Institute for Behavior Change had a statistically significant association with reductions in physical aggression, noncompliance with adult prompts, socialization deficits and communication deficits. An association was also found with improvements in the environmental safety of the children. The results were presented at the prestigious bi-annual meeting of the Training Institutes sponsored by Georgetown University and the Substance Abuse and Mental Health Services Administration in Nashville, TN on July 16th. This is the first study to measure the relationship of BHRS to the outcomes of so many children; previous studies involved fewer than 30 subjects. Because there was no comparison group, no claims of causality can be made, but the consistent findings of association between the intervention and outcomes is promising. More research is planned to study the treatment effects in greater detail.

A word of thanks....

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Steven Kossor

US Congressman Jim Gerlach has been a strong supporter of the Institute for Behavior Change and of my efforts to bring quality mental health treatment services to people, especially those who have developmental disabilities, for many years. I deeply appreciate his consistent and enthusiastic endorsement of my work and look forward to future opportunities to share new ideas with others.

Steve Kossor



United States
of America



Congressional Record

PROCEEDINGS AND DEBATES OF THE 110th CONGRESS, SECOND SESSION

House of Representatives

Honoring the 11th Anniversary of the Institute for Behavior Change

HON. JIM GERLACH
OF PENNSYLVANIA
IN THE HOUSE OF REPRESENTATIVES

Monday, September 29, 2008

Madam Speaker, I rise today to recognize the 11th Anniversary of a professional organization dedicated to improving the lives of children in Southeastern Pennsylvania with autism and other developmental disabilities.

The Institute for Behavior Change of Coatesville, Chester County was founded in 1997 by Steven Kossor, a licensed psychologist and certified school psychologist. Mr. Kossor's vision was an Institute that would recruit and train those providing quality in-school and in-home psychological treatment and behavioral support to children.

Since the Institute's inception, its dedicated staff has served more than 500 children throughout Philadelphia and the surrounding Chester, Delaware and Montgomery Counties.

The Institute will commemorate its 11th Anniversary during a conference at the Eden Resort in Lancaster, Pennsylvania on November 21, 2008.

Madam Speaker, I ask that my colleagues join me today in celebrating this special milestone for The Institute for Behavior Change and thanking the staff for its outstanding professionalism and commitment to helping youth with developmental disabilities fulfill their maximum potential.

EPSDT Benefits

- Treatment AND **Prevention** services
- Physical, Speech & Related Therapies
- Hearing Services
- Eye Examinations & Eyeglasses
- Durable Medical Equipment
- Home, Residential & Inpatient Care
- Dental Care
- Other Services (including **mental health care**)

The remainder of this presentation will focus on the *Behavioral Health Rehabilitation Services* that can be delivered to disabled children through the EPSDT mandate of Medicaid. See 42 CFR §1396d (r) (5).

Key concepts in treatment funding

- 1. EPSDT** services must be provided to children enrolled in Medicaid **whether or not** the services are provided for in any State Plan.

- 2. Medicaid**, not the school, must pay for covered services to a child if funding is in dispute.

EPSDT is “a program within a program”

“EPSDT is Medicaid’s ‘comprehensive and **preventive** child health program for individuals under the age of 21.’ Designed to promote child health and development as well as treat diagnosed illness, EPSDT has a striking scope of coverage. Under EPSDT Medicaid children are entitled to health care screenings and access to all Medicaid-covered services they are found to need, regardless of any Medicaid benefit restrictions imposed on adult beneficiaries by their state. The range and depth of services provided under EPSDT, coupled with a **unique medical necessity standard**, has resulted in an unparalleled and comprehensive health benefit package for children.”

National Health Policy Forum Issue Brief No. 819 November 20, 2006 www.nhpf.org

Pennsylvania's "Medically Necessary" definition under Medicaid Regulations

**STATEMENT OF POLICY DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**
[55 Pa. Code Chapter 1101] General Provisions

§1101.21a. Clarification Regarding the Definition of "Medically Necessary" – statement of policy.

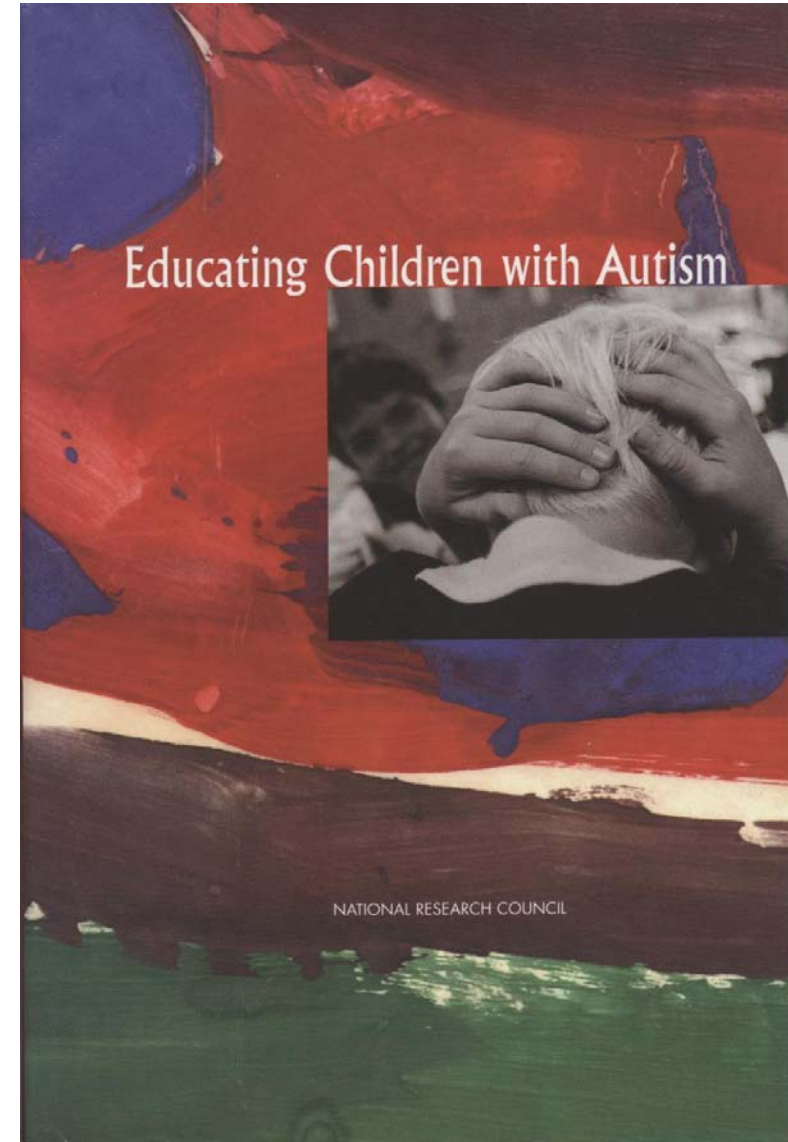
A service, item, procedure or level of care that is necessary for the proper treatment or management of an illness, injury or disability is one that:

- (1) Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- (2) Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- (3) Will assist the recipient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate of recipients of the same age.

Here are some other things that most people don't know anything about....

This is the “last word” about what children with Autism spectrum disorders **require** in order to have a **reasonable probability** of reducing their symptoms of autism.

© 2001 National Academy Press



Here are some other things that most people don't know anything about....

The National Academy of Sciences completed this research with funding from the US Dept. of Education and that's the **only** reason it's called "Educating" and not "**Treating**" children with Autism.

COMMITTEE ON EDUCATIONAL INTERVENTIONS FOR CHILDREN WITH AUTISM

CATHERINE LORD (*Chair*), Department of Psychology, University of Michigan
MARIE BRISTOL-POWER, Mental Retardation and Developmental Disabilities Branch, National Institutes of Health
JOANNE M. CAFIERO, Graduate School of Education, Johns Hopkins University
PAULINE A. FILIPEK, Departments of Pediatrics and Neurology, University of California at Irvine College of Medicine
JAMES J. GALLAGHER, School of Education, University of North Carolina at Chapel Hill
SANDRA L. HARRIS, Graduate School of Applied and Professional Psychology, Rutgers University
ALAN M. LESLIE, Department of Psychology and Center for Cognitive Science, Rutgers University
GAIL G. MCGEE, Department of Psychiatry and Behavioral Sciences, Emory University
SAMUEL L. ODOM, Wendell Wright School of Education, Indiana University
SALLY J. ROGERS, Department of Psychiatry, University of Colorado Health Sciences Center
FRED R. VOLKMAR, School of Medicine, Yale University
AMY M. WETHERBY, Department of Communication Disorders, Florida State University

JAMES P. MCGEE, *Study Director*
NATHANIEL TIPTON, *Senior Project Assistant*

Here are some other things that most people don't know anything about....

AT LEAST 25 hours of “intensive, individualized treatment” **every week.**

2008:

*“There are no other studies planned. This was intended to be a **definitive report** about what children on the Autism spectrum need.”*

- James P. McGee, Study Director

Recommendations

The committee's recommendations for effective treatment are made on the basis of empirical findings, information from selected representative programs, and findings in the general education and developmental literature. In particular, it is well established that children with autism spend much less time in focused and socially directed activity when in unstructured situations than do other children. Therefore, it becomes crucial to specify time engaged in social and focused activity as part of a program for children with autistic spectrum disorders.

- 4-1 Based on a set of individualized, specialized objectives and plans that are systematically implemented, educational services should begin as soon as a child is suspected of having an autistic spectrum disorder. Taking into account the needs and strengths of an individual child and family, the child's schedule and educational environment, in and out of the classroom, should be adapted as needed in order to implement the IEP. Educational services should include a minimum of 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, developmentally appropriate educational activity aimed toward identified objectives. Where this activity takes place and the content of the activity should be determined on an individual basis, depending on characteristics of both the child and the family.
- 4-2 A child must receive sufficient individualized attention on a daily basis so that individual objectives can be effectively implemented; individualized attention should include individual therapies, developmentally appropriate small group instruction, and direct one-to-one contact with teaching staff.
- 4-3 Assessment of a child's progress in meeting objectives should be used on an ongoing basis to further refine the IEP. Lack of objectively documentable progress over a 3 month period should be taken to indicate a need to increase intensity by lowering stu-

For every expert, there is an equal and
opposite expert....

*BHRS was never meant to
treat children with Autism
spectrum disorders.*

EPSDT Outreach & Family Support

Outreach and family support requirements were added in **1972** and **1981** to promote access to EPSDT services....

Yet, far too few people know that:

EPSDT BHR services exist,

They're Free,

and they work!

PART II:

How to *treat* mental illness in children

We've explored the Medicaid statute.

We've explored the EPSDT mandate.

We've identified what is **possible**.

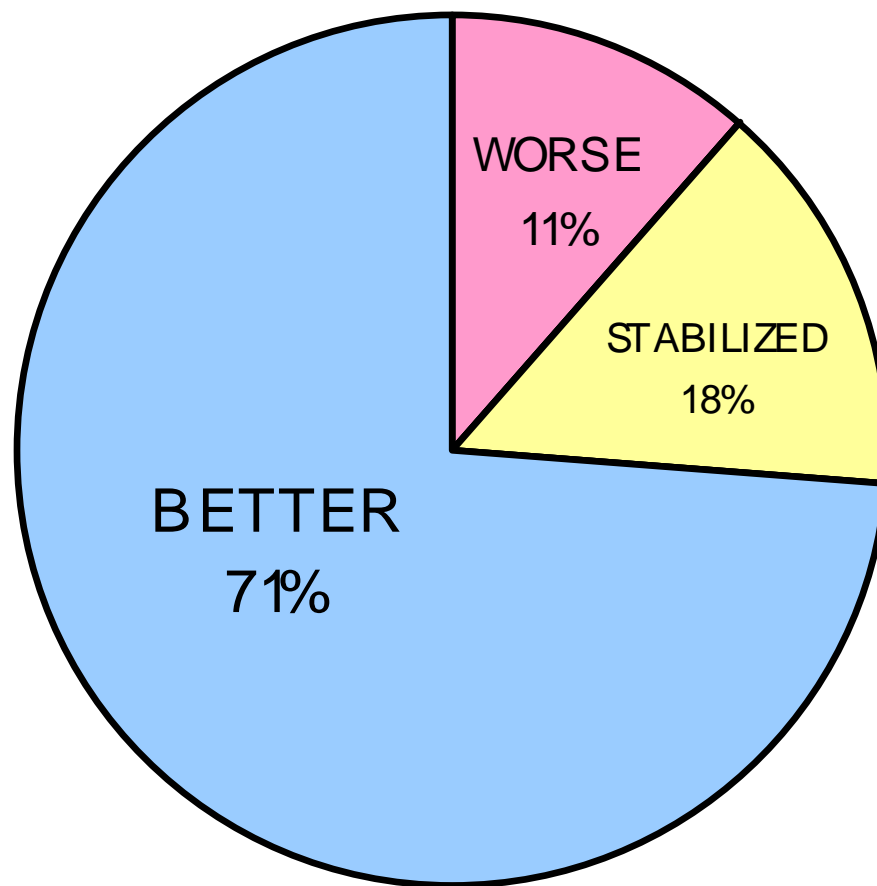
Now, we'll look at what is **working**.

They Work!

300 Treatment records 2002-2006 Children ages 2-17

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Steven Kossor

Overall Treatment Effectiveness



They Work!

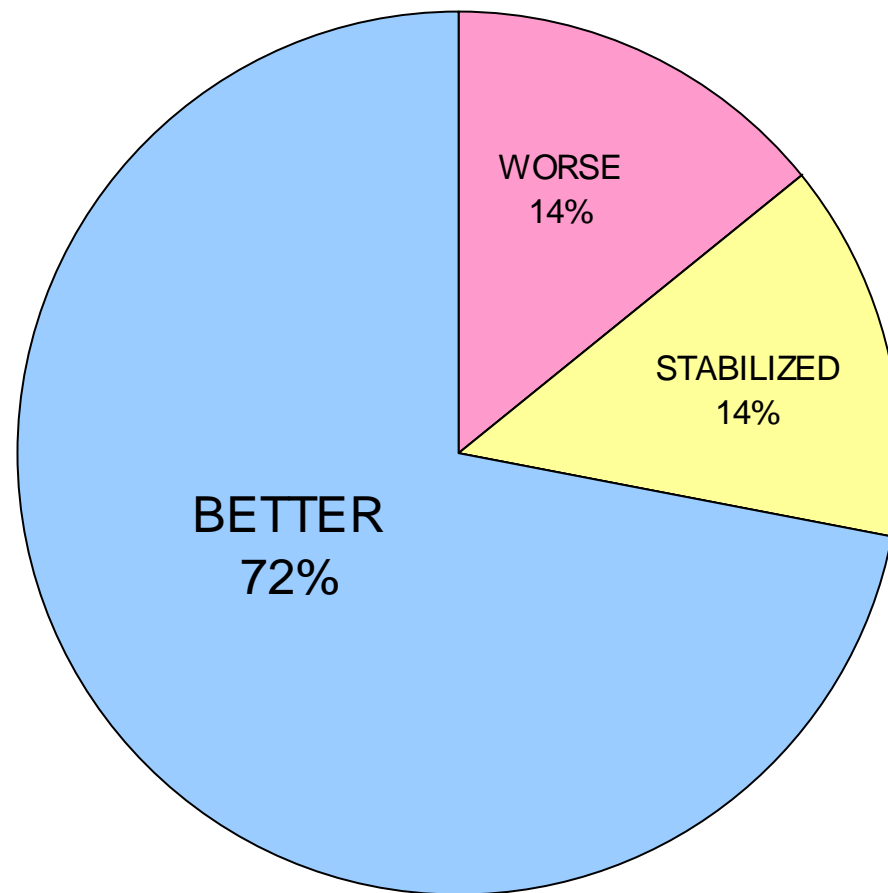
300 Treatment records

2002-2006

Children ages 2-17

© 2007, 2010
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Physical Aggression

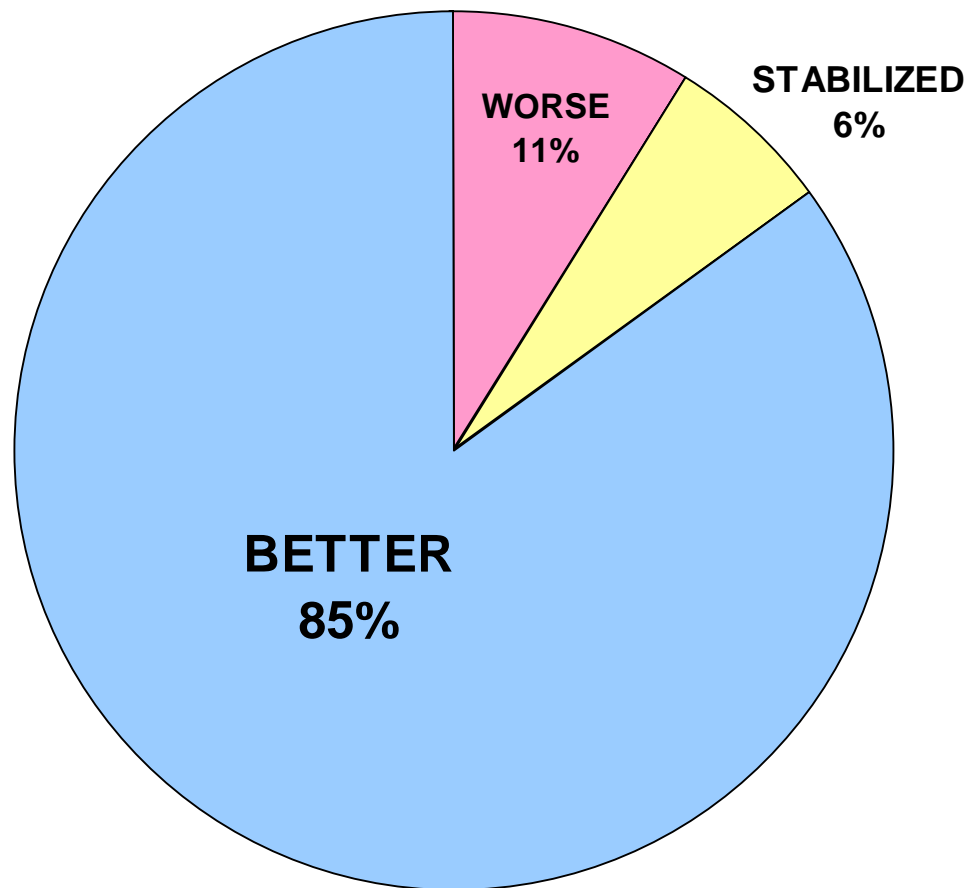


They Work!

300 Treatment records 2002-2006 Children ages 2-17

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Lack of Safety Awareness

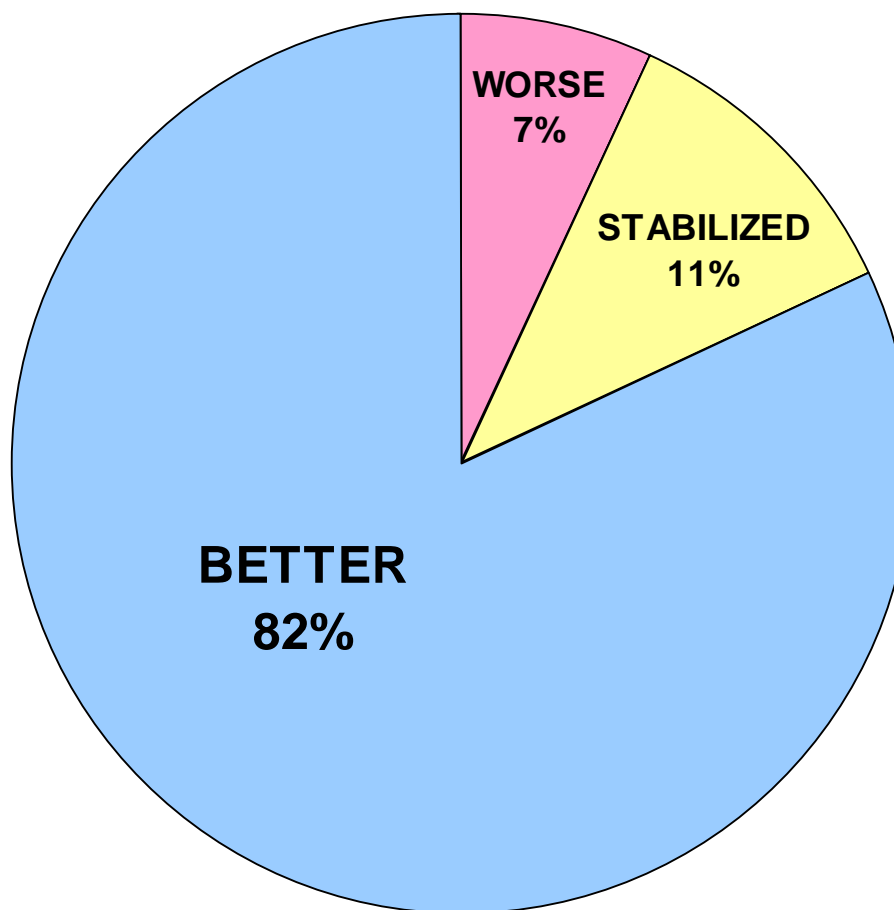


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Noncompliance with Adult Prompts

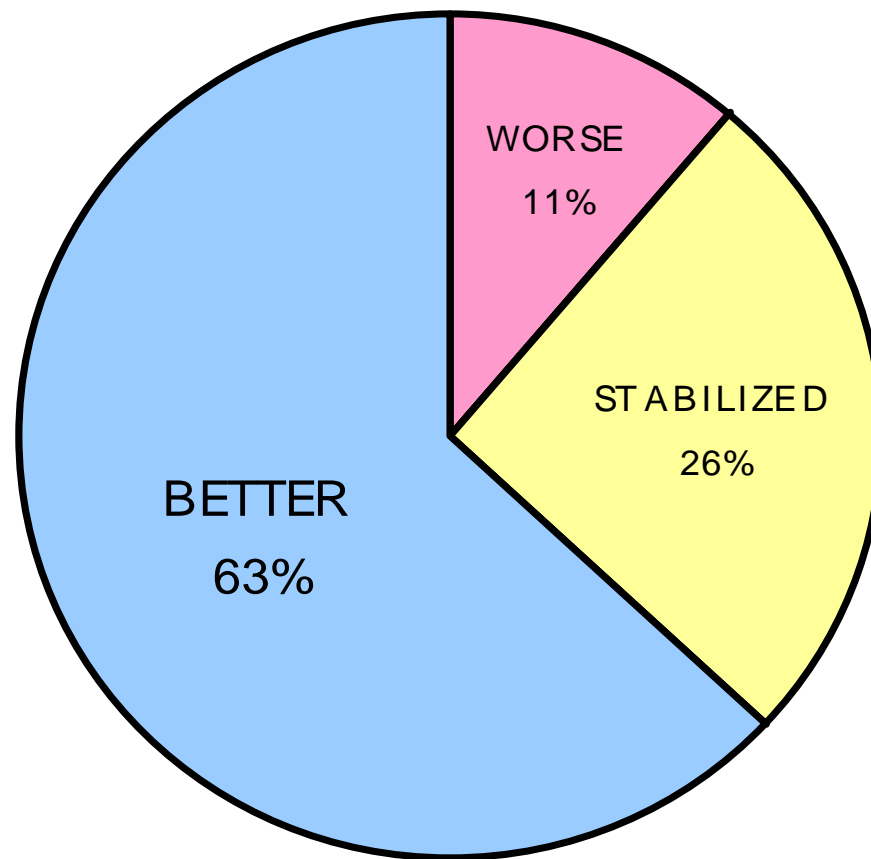


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Communication Deficits

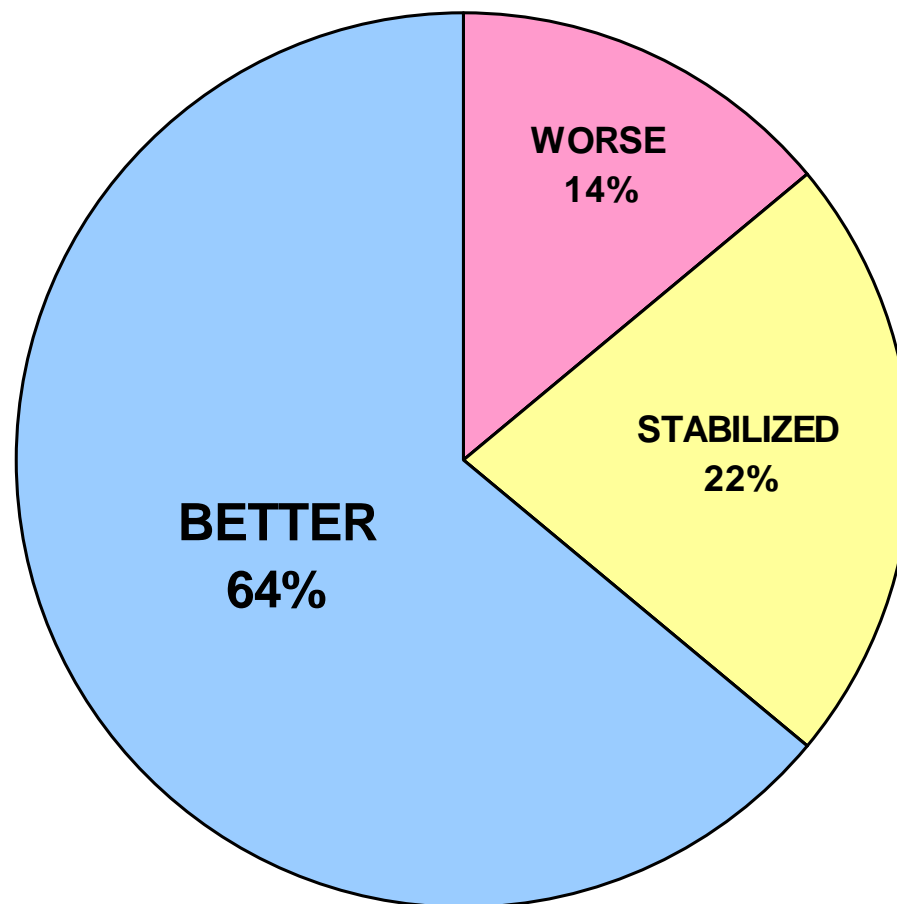


They Work!

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Socialization Deficits



The University of North Carolina at Chapel Hill

– authorized Press Release July 13, 2008

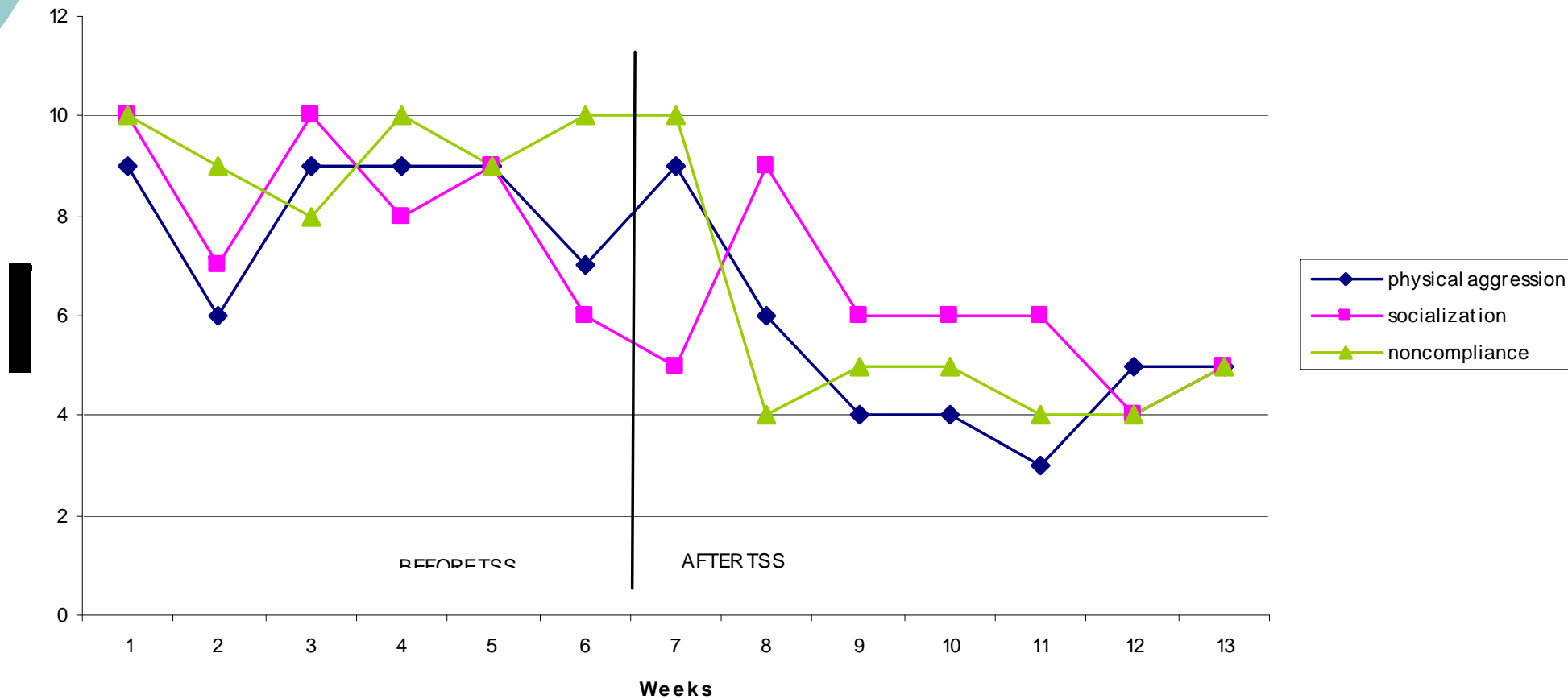
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One of the 301 treatment records of a child with an Autism Spectrum Disorder

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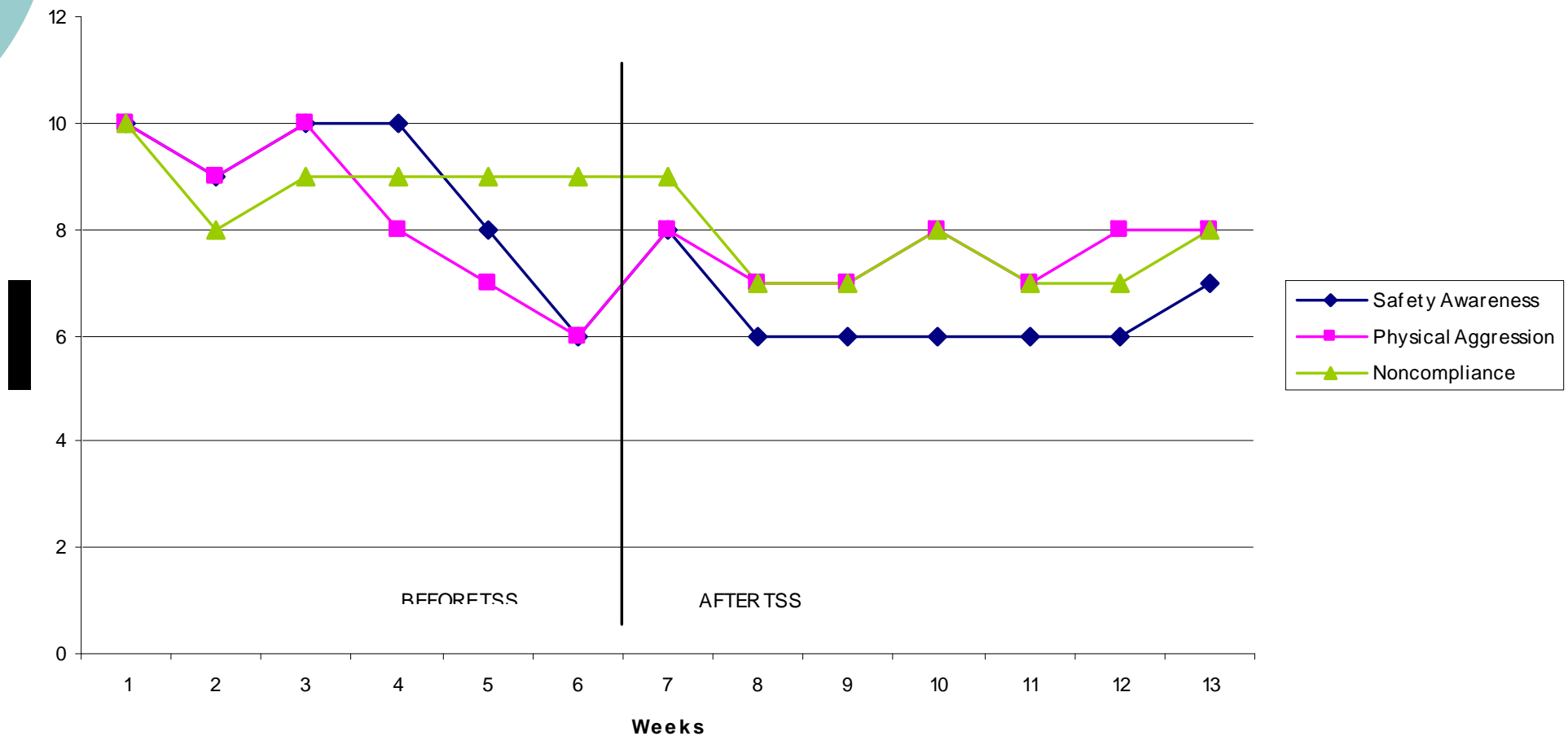
TSS effect on behavior



Another successful treatment record of a child with an Autism Spectrum Disorder

© 2007, 2010
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TSS effect on behavior



They Worked!

treatmentplansthatworked.com

has more than 150 “treatment plans that worked” available on-line for download
– with the data that documents it.

A subscription with unlimited access (including *loads* of information on EPSDT and especially “BHR” mental health treatment services) is \$65

The #1 source for information worldwide Google “Treatment plans for children”

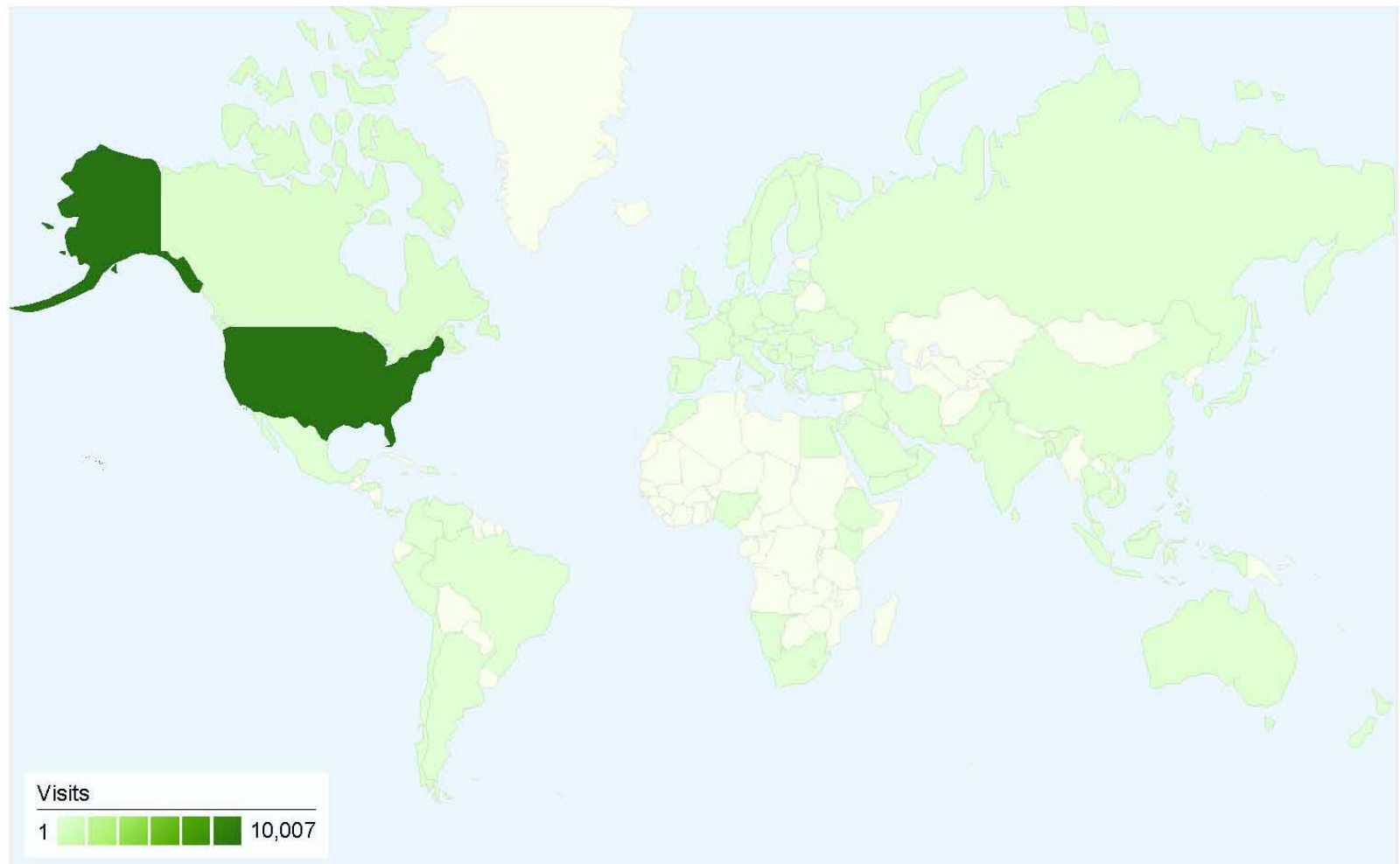
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www.treatmentplansthatworked.com

May 1, 2007 - Nov 21, 2008

Map Overlay

Comparing to: Site



11,396 visits came from 104 countries/territories



The
Children's
Behavioral Health Center

Expert help with behavioral difficulties at home & at school
Licensed psychologists personally supervise staff each week
Affiliated with the Institute for Behavior Change

www.abc-pa.org

610-383-1285

Employment Opportunities with Health Insurance
Paid Time Off and other benefits

**Our professional services are absolutely free
*regardless of family income***

OUR VALUES

TELL THE TRUTH

BE THANKFUL

HELP OTHERS

SHARE FAIRLY

MOVE FORWARD

The Social Security
"Blue Book"
lists disabilities
that qualify a child
as a person with a
disability under
Medicaid

Disability

Evaluation

Under

Social Security

Services “come to” the child...

Behavior Specialists, Mobile Therapists and TSS providers **all** deliver their services in the child’s home, school and/or community.

Parents do not need to “bring” their child to a treatment office to receive EPSDT services.

The treatment providers can see what the child is doing **with their own eyes** and respond therapeutically, without delay.

It **can't** be that easy.

O.K. Let's talk about "*wraparound*."

Wraparound is a treatment philosophy.

It is **not** part of the EPSDT mandate.

It has **nothing** to do with EPSDT.

Wraparound Philosophy

- Services **must** be “time limited” (a year or less).
- Services **must** be “titrated” (reduced over time).
- Services **must** be replaced by “naturally occurring” [i.e., low-cost or no-cost] supports as quickly as possible.
- Treatment skills **must** be “transferred” to parents and other caretakers.
- Caretakers must be present at **all** times while treatment services are being rendered.
- Services can **not** be delivered in a doctor’s office.

NONE of this is part of the EPSDT system!

Wraparound Philosophy...

... is a worthwhile ideal to aspire to.

It makes sense to reduce service intensity as quickly as possible, to transfer skills to caretakers, and to utilize “community supports” to the greatest extent possible...

... as long as it doesn't interfere with the child's access to EPSDT treatment.

The Wraparound Fidelity Index – v.4

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| Phase 1: Engagement | YES | Sometimes, Somewhat | NO | Missing |
|--|-----------------------|--------------------------------|--------------------------|---------------|
| When you first met your wraparound facilitator, were you given time to talk about your family's strengths, beliefs and traditions? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | YES to both questions | Yes to only the first question | NO to the first question | NA Refused |
| Did this process help you appreciate what is special about your family? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 2 | 1 | 0 | DK |
| This is dependent upon the family's point of view. It could make them more frustrated that these factors were not enough to make their child "normal." Nevertheless, our BHRS providers always do these things whenever we begin to provide services to a family. | | | | |
| Before your first Team meeting, did your wraparound facilitator fully explain the wraparound process and the choices you could make? | 2 | 1 | 0 | NA R DK |
| At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past for your child and family? | 2 | 1 | 0 | NA R DK |
| Did you select the people who would be on your wraparound Team? | 2 | 1 | 0 | NA R DK |
| Is it difficult to get Team members to attend Team meetings when they are needed | 0 | 1 | 2 | NA R DK |
| Before your first wraparound Team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family? | 2 | 1 | 0 | NA R DK |

Recommendations

Parents and others interested in quality mental health care for children should look into EPSDT Behavioral Health Rehabilitation (BHR) services. EPSDT **is** in your state, **EPDST BHR Services work**, and they may be totally *free regardless of family income*.

There isn't a private health insurance plan *anywhere* in America that offers treatment options like EPSDT BHR services.

The Institute for Behavior Change is available to help any State government, psychologist or other "licensed practitioner of the healing arts" implement a more successful, cost-efficient, professional and outcome-based implementation of EPSDT BHR services.

More information is available at www.ibc-pa.org