

STATE OF NEVADA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
BUREAU OF EARLY INTERVENTION SERVICES

Nevada State Health Division
Request For Information No. 3062009
For

Bureau of Early Intervention Services
Nevada State Health Division

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Deadline for Submission and Opening Date and Time:
March 26, 2009 @ 5:00 p.m.

For additional information, please contact:
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**This document must be submitted
in the vendors response**

See Pages 5, for instructions on submitting response.

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A. **Description of Nevada's Early Intervention System**

Questions:

1. Describe your ideas on what and how Nevada's model for early intervention services should be delivered, using evidenced-based practices. Your model must ensure services are available and accessible statewide.

The current delivery model of NEIS is sufficient. There must be adequately trained staff trained and time available to perform functions. The cases are complex and appropriate supports and guidance must be given to providers. I believe that individual providers would not find it finically feasible to provide the complete array of services and therefore, a private-public partnership is indicated.

2. Describe your ideas regarding the balance of services provided in the natural environment and/or clinic model. How would you most efficiently and effectively provide services to as many children as possible while demonstrating compliance with the Part C requirement for natural environment recognizing the limited pool of licensed therapists?

I feel that it is critical to provide services in the natural environment; from a neuro-occupational perspective there is better generalization and integration in the natural settings. Activities such as play groups or assessment may be effectively delivered in clinic settings.

Nevada has a great range of cases that would be valuable in training of interns. The early intervention programs should provide clinical rotation experiences and mentoring for new therapist. I have used my own time to supervise fieldwork students in NEIS. There needs to be a stronger connection with the students and the departments at college level.

3. Describe your model including all components such as: intake process for each region of the state (rural, northern and southern), the evaluation process, the development of the Individualized Family Service Plan (IFSP), the delivery of services for IFSP's, and transitioning process when the child reaches his/her third birthday or attains age appropriate developmental skills.

The intake begins with a phone call and enrollment paperwork can be filled out via mail or electronically. There would be a multi-disciplinary assessment which includes caregivers and at least to early intervention professionals. An IFSP is developed from concerns and areas of developmental deficit. The service delivery model is individualized and is tailored to each individual case. There are service coordination functions throughout the process which include resource coordination and transition to programs that are appropriate to each child's unique developmental profile.

4. In your description, if the activity of a single point of entry (SPOE) is included, please add detail on the functions of a SPOE.

The SPOE is the initial contact point in which the case is enrolled into the data base and is moved right into the early intervention system of care.

5. Who should deliver the services and specify the level of responsibility? A few examples include but are not limited to: state-operated programs only, combination of

public and private agencies/providers, private agencies only, regional consortiums or networks, a hybrid, etc.

The NEIS-N and Rural programs are doing a fine job of providing services and expansion with partnerships in the community may provide increased services. I have a great concern that private enterprises may select the easily or better funded and compliant cases. The work of early intervention is stressful with multi-need and complex families and requires a team of skilled and experienced professionals.

6. If the state were to transition to your envisioned model, describe your recommendations for how this transition could occur.

The early intervention system of care is under funded. I believe that private providers can serve overflow cases as each region develops. I believe that there are significant numbers of children that are unidentified which could have significant impact on the system.

7. What are key questions that the state should consider before choosing a particular approach to a service delivery system?

Maintaining the natural environment for the majority of the services is a priority and may mean less frequency but could yield higher quality care.

8. Describe how you would sustain this change and make it statewide.

I would do a massive statewide screening and triage to find out the true number of children in need of service. The resources may allow for only assessment, treatment planning and monitoring.

B. Description of Determining Program Service Capacity

Questions:

1. With approximately 3,650 children statewide served each year, how should the state procure services? Examples include but are not limited to: awarding a sole source contract, designating the state responsibility for only specific services, or enrolling annually a pool of providers for early intervention services, etc.

An alternative approach could be the development of case management entities to provide assessment and management and NEIS could provide intervention services primarily.

2. What are your recommendations to serve the maximum number of children with the current available dollars?

The State needs to be payer of last resort if family has no other source. The treatment may need to be more episodic and consultative. A somewhat radical idea in this bleak environment may be to but more resources in prevention and family supports and training as a front end approach.

3. Describe the role of state government in interfacing with public and private providers.

The government should provide guidance as well as financial and technical support to private providers.

4. Describe how the state should determine a program's service capacity.

There should be a weighted case load and assessment, training, case management and treatment supports should all be considered in factor analysis. I have a grave concern that

private providers may use non licensed or people with limited early intervention experience in critical decision making roles. Children's and family well being and health are at stake!

C. **Description of Nevada's Reimbursement System for Early Intervention Services**

Questions:

1. Based on your responses to the two above sections, describe how early intervention programs should be reimbursed for services rendered. Examples may include but are not limited to: fee for discrete services, incentives and penalties, a monthly rate for each child served, billing third party payers (Medicaid, private insurance), etc.

There should be a blending of pay sources to include insurance, self pay and state contributions. The weighted case would generate the rates from the state.

2. How should reimbursement rates be calculated and allocated?

There would be a system of factor analysis with flexibility build into it for capacity building and maximizing output. Compliance to Part C requirements is essential.

3. How should funding be distributed by state government among public and private providers?

Through a contract system that has performance indicators and targets.

4. What should be the consequences if a program does not meet or exceeds the contractual obligations?

Individual programs need to be well insured and monitored for compliance. There is risk and financial exposure that individual businesses must consider while in contractual agreement.

5. Should there be a maximum number of children served and also dollars awarded to community providers?

Once a provider has been deemed capable a baseline number of cases should be awarded and as the provider performs over time the number of cases should be increased. Speaking as a food manufacturer, I caution that no one account become too big, as that is a risky business practice.