

NEIS

Response to Request for Information No. 3062009 March 26, 2009

To Janelle Mulvenon, NEIS Bureau Chief

The Continuum has worked with NEIS for over a year to assist in providing information and recommendations for contract services for NEIS clients. We have met with Mary Wherry, Janelle Mulvenon, NEIS staff, and attended many NEIS meetings to understand the program and how we, and other providers in the private sector, could become part of the NEIS provider network. I would hope that information shared during those encounters and the paper work we submitted would assist in the development of a different model that would better meet the needs of the NEIS clients and families.

For a number of years, The Continuum has treated clients that are also receiving services in the Reno NEIS Center, as some parents prefer a more intense therapy intervention than what NEIS recommended. These clients are reimbursed through Medicaid, other insurance sources and private payment. We have never had a formal agreement with NEIS.

After careful consideration and discussion we have decided that we are unable to complete this RFI for the following reasons:

It appears that the RFI is a very detailed business plan for the entire State. Although we can provide a program design for the Washoe County area, we are not qualified to determine the needs and solutions in Clark County and the rural areas. The rural areas certainly have a different profile than the larger populated areas. It would appear that any plan the State selects would have to be flexible while meeting financial, efficient, effective and best practice criteria.

We have no idea of what your budget and allocation of funds will be in the coming year and even if we were aware of the numbers, there are too many variables.

However, we would like to offer some observations and suggestions that might be of value in the restructuring of NEIS. In a perfect world, these suggestions would be ideal for all children who need therapeutic intervention.

A single point of entry with trained staff who have specific and appropriate criteria and a referral procedure is a great tool. If the inquirer does not meet the criteria for assessment, the staff person has the knowledge to provide information and referral to community programs. It would also be of value to determine the referral source and to inform them of the results of the screening process. It would be great if the information and data collection could be sent/saved electronically to save time, paper, and storage.

The ability for a consumer to have choices in programs or providers is ideal. If a multiple provider system is used, the SPOE staff offers the choices and the family member determines the provider. Given that services provided by the providers are equal, the family member may choose by location and or appointment time or other criteria.

Current Barriers

- The importance of the ability to develop an intervention program that can be directed to the specific problems and concerns of the child and family would or should result in the most efficient and effective course. The idea of an “education” model vs a “clinical” model should never come into play but continues to persist, as least in the minds of many we have spoken with.

- The term “natural” environment seems to cause great concerns for the staff. I have heard family members discuss this term and they see “natural” as any place the child might be. Although a home visit(s) may be of value in some instances this intervention may not apply to every case.
- Individual program design should target the desired goals and have flexibility to change quickly when needed. Wait lists should be minimal.
- Although we recognize the importance of the family and every effort should be made to meet their needs, we also suggest that policy and procedures be determined in advance so that the family understands their role and responsibilities. If the family/caregiver does not comply then they need to withdraw from the program or never be admitted. It is the responsibility of NEIS to provide the highest quality of care and outcomes paired with financial considerations.

Evidence based practices, best practices, etc. are all great but the ability to think outside the box and provide the best services that meet or exceed the goals is what it is all about (in our opinion).

The rules and regulations for this program should be reviewed. It seems there are some that could be modified or eliminated.

As with the current health care reform plans, we need to be looking at outcomes as a measure of success and how providers are reimbursed. If this were part of the reimbursement criteria I would suspect there could be positive changes in the way NEIS and the contract providers do business.

Again, we regret not being able to complete the Request for Information. Hope our thoughts and suggestions may be of value. Wishing you great success and outcomes.

