

# CQI Workgroup on Part C Fees

## Meeting Summary

February 7, 2000

5<sup>th</sup> Floor Conference Room - DMHMRSAS  
Richmond, Virginia

**Those Attending:** Glen Slonneger, Elisabeth Hutton, Emily Dreyfus, Shirley Ricks, Anne Lucas, Christa Shifflett, Anne Simmons, Barry Mason, Carmen Sanchez, Joan Pine, Joe Sharrer, Geri Pratt, Elizabeth Fletcher, Patti Seklemian, and Mary Ann Discenza

**Those Absent:** Forrest Mercer, Pat Abrams, Wanda Pruett, John Jackson, Joy Yeh, and Joel Rothenberg

Workgroup members were provided the following information and the handouts were summarized and the suggestion was made that members review the information:

- Connecticut and Utah's fee policies and procedures
- Statewide median income data
- Part C service definitions
- Sample fee schedule with yearly and monthly expenditure by percent of total income

After introductions of new members the small groups adjourned to discuss and identify activities related to the DMHMRSAS preliminary recommendations. The members re-convened and reported back to the full workgroup. The recommendations are listed below and include a summary of what the groups discussed and preliminary conclusions from the small group meetings:

### **Determine which early intervention services for which there must be a charge**

Members: Emily Dreyfus, Joe Sharrer, Patti Seklemian, Liz Fletcher, and Mary Ann Discenza

The small group reviewed the list of early intervention service definitions and assigned them into three categories: early intervention services which are at no cost; early intervention services that are sometimes billable to insurance; and services that are consistently billable to third party payors. The breakdown is as follows:

#### **No Charge**

Service Coordination  
Evaluation & Assessment

#### **Sometimes billable**

Transportation  
Service Coordination  
(Baby Care, SPO Case Management)  
Assistive Technology  
Audiological Services  
Family Training, Counseling & Home Visits  
Health Services  
Nutrition  
Psychological Services  
Social Work Services  
Speech-Language Pathology

#### **Always billable**

Physical Therapy  
Occupational Therapy

After determining which Part C services must be consistently charged for across all public and private agencies, the group concluded that each state agency would need to determine the fiscal impact of no fees to families, no fees for non-reimbursable services, and billing third party payors. In addition, the group concluded that ongoing work about this recommendation was contingent upon the activities undertaken by the other small groups.

### **Explore the use of a statewide fee system**

Members: Liz Hutton, Anne Lucas, Joan Pine, Geri Pratt, Carmen Sanchez, and Glen Slonneger  
(Note taker: Glen Slonneger)

- A. Outcomes of the subcommittee
  - Develop at least three sliding fee scales that can be considered
  - Determine what Virginia needs to do to establish a statewide sliding fee scale across all agencies?
  
- B. Principles to be used when developing sliding fee scales
  - Use Gross Income.
  - There should be a monthly cap on the amount that a family is expected to pay.
  - There should be a minimum and a maximum amount that families pay, regardless of income.
  - Life style judgments should not be part of sliding fee scale considerations.
  - There must be an appeals process for extraordinary cases. The appeals process should not determine affordability.
  - The caps should be periodically reviewed and adjusted as necessary.
  
- C. Analyze the following sliding fee scales using the process described below.
  - Utah
  - Connecticut
  - Fairfax County
  - Health Department Children's Specialty Services sliding fee scales.

Use this process for the analysis (Carmen and Joan agreed to do this analysis):

1. For each scale, we will find the percentage difference between each income level.
2. If the income levels are further divided according to family size, then we will find the percent difference between each family size for each income level

- D. Preliminary Sliding Fee Scale Options Discussed:
  - Using the Fairfax sliding fee scale as a model, develop similar scales for each locality.
  - Using the Connecticut sliding fee scale as a model, a scale for Virginia by substituting Virginia's median income level for Connecticut's median income level.
  - Develop a model that has a monthly/yearly cap on what families pay.
  - Develop a format that can be adjusted for different regions of the state.

### E. Miscellaneous Notes

- Cost analysis comes from Barry
- Geri-we must establish a base by analyzing the costs in the existing system.

## **Explore consistent procedures for determining family fees**

Members: Anne Simmons, Barry Mason, and Shirley Ricks

Discussion from this small group included clarification about the meaning of entitled services, elements of an appeals process, i.e. gross vs. net income, clarification about the definition of extraordinary medical expenses, allowable expenses, etc. There was also discussion about ability to pay versus refusal to pay. There was concern expressed about the impact of adopting consistent procedures statewide specifically related to localities whose fee policies and procedures are working and therefore may not need modification. Conclusions of this group included the recommendation for up-front processes for determining appeals and clarification about the relationship of sliding fee scales to the appeals process.

The full workgroup reconvened to discuss the activities undertaken by the small groups as well as to share issues/concerns that were raised during the small group meetings. It became clear from the discussion that followed that the recommendations were interrelated and the importance of considering the impact on the whole system, i.e. local councils, private providers, state agencies, etc. was integral to the work of the groups.

After several members left, a larger concern was raised about the need to bring the full workgroup together to discuss each member's understanding of the preliminary recommendations and to re-visit the purpose of the group before continuing to meet in smaller groups to look at the recommendations. Concerns were raised about treating the recommendations in isolation from one another and the fact that the workgroup was charged with: 1) fully analyzing the preliminary recommendations developed by the DMHMRSAS internal workgroup; 2) analyzing the financial impact of all the recommendations forthcoming from the workgroup; and 3) developing recommended policies and procedures to ensure consistent and reasonable family fees for Part C early intervention services in Virginia. In light of these concerns, it was agreed that a synopsis of the issues/concerns would be presented at the next meeting (February 15<sup>th</sup>) and time set aside in order for a thorough discussion to occur. Related to this issue, concerns were expressed about the ongoing process for the next several meetings. The suggestion was made that the whole workgroup continue analyzing the recommendations and when appropriate, the smaller groups would assume specific tasks related to the activities of the whole group.

The next meeting of the workgroup is scheduled for Tuesday February 15, 2000 from 10:00 am until 3:00 pm. The meeting will be held at the Henrico CSB located at 10299 Woodman Road, Glen Allen. Lunch will be delivered to the meeting.

The schedule for the next several meetings is as follows:

<b>March 1</b>	<b>10 - 3</b>	<b>Henrico CSB</b>
<b>March 7</b>	<b>10- 3</b>	<b>Dept. for the Visually Handicapped</b>
		<b>Library &amp; Resource Center</b>
		<b>397 Azalea Avenue - Richmond</b>
<b>March 16</b>	<b>10- 3</b>	<b>Dept. for the Visually Handicapped</b>
		<b>Library &amp; Resource Center</b>
		<b>397 Azalea Avenue- Richmond</b>