

CQI Workgroup on Part C Fees

Meeting Summary

March 1, 2000

Conference Room C - Henrico CSB

Glen Allen, Virginia

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

Those Absent: Patti Seklemian, Pat Abrams, Wanda Pruett, Geri Pratt, Forrest Mercer, John Jackson, Joy Yeh, Martha Adams, and Joel Rothenberg

Handouts: Draft of Consistent Procedures, Draft of Family Fee Agreement, and Proposed Family Fee Scale with Monthly Cap

Discussion occurred about issues that were raised regarding comments related to the options which the workgroup develops and the intent of DMHMRSAS to fully support all the options including those which would not be budget neutral. The workgroup was not clear about the Department's position regarding this issue, raised questions about support for new state funding for early intervention services, and questioned whether it is possible to explore some options such as statewide sliding fee scales if there is a Department directive that some or all options must be budget neutral. The workgroup questioned the following: 1) in order to be compliant with the budget neutral assumption, i.e. no funding in the biennium budget for early intervention, what can be done to make the system less burdensome for families? and 2) how can we make the system more accessible and how much would it cost? Other points identified from the discussion are listed below:

What would be required to ease the burden for families?

What are the systemic issues that can be resolved immediately?

Would a new fee system be more responsive to families' concerns? What are the advantages/disadvantages of a new system? What would be the fiscal impact?

What is the amount of revenue being collected from all payor sources including private insurance, Medicaid, and family fees for early intervention services?.

What is the advantage of looking at 5 or 6 fee scales in Virginia and determining where they top out, especially since families had indicated that fee systems in Virginia are impacting access to services.

What is the relationship between eliminating charges for certain early intervention services and with Medicaid and private insurance coverage?

What other options are available and what is the fiscal impact of these options?

Would a modest proposal for a reasonable fee scale increase access to early intervention services?

What if proposed fee scales could not be implemented for three years?

Is it feasible to consider family fees at 100% for families at the median income level?

Is it feasible to exempt lower income families from fees?

Outcomes of the discussion:

- 1) Provide multiple options that propose affordable family fees and have varying levels of fiscal impact. Such options may include developing statewide and regional fee scales, simple, fair fee scales that are not regressive and use the poverty level to start the fee scale, and other options that may have no fiscal impact and determine which ones can be easily implemented such as, changes to CSB performance contract, departmental manuals, Part C local contract for continuing participation in Part C, and state statute.
- 2) Analyze what CSB's are currently collecting in revenue and use this data to reach toward something more reasonable and responsive to families. Initiate contact with the MR Council for a small representative workgroup to assist with designing a simple survey to develop baseline data about the fiscal impact on the system. In addition ask workgroup to brainstorm strategies for collecting information from other agencies and private providers.
- 3) Once baseline data is collected, initiate phase two of data collection by analyzing the financial impact on the system.
- 4) Develop status report with revised time lines for Agency Heads and the Office of the Secretary.

Related to the issues around data collection several points were made and include the following:

a) use a representative statewide sample, b) collect data about how much revenue was collected in fees for FY 98 and FY 99 by service from all payor sources including Medicaid, private insurance, and family fees, and c) use this data to develop additional information about the financial impact on families.

In light of the proposed plan for the design of a survey, the time lines will need to be revised.

Listed below is the new time line:

March	MR Council Meeting CQI Workgroup continues meeting Update to the Agency Heads
April	Data survey developed
May	Data collected from local agencies
June	Data analysis Multiple Options Completed
July	Agency Heads Meeting
August	Second phase of data collection
September	Analysis of second round of data

The workgroup reviewed the *Guiding Principles To Be Used* as identified in the February 15 meeting summary and made the following changes to the principles:

The overarching principles which underpin the other principles are:

- The early intervention system will be affordable for families and provide accessible early intervention care.
- Children being able to access early intervention services serve the greater good.

The principles:

The early intervention system may not work all the time for all families, but can be uniform and affordable for the vast majority of families.

An affordable fee scale should result in appeals only for families with exceptional circumstances.

The early intervention system should be simple and understandable to families and providers.

The elements/components in determining family fees must be value free and consistently applied.

The early intervention system will use gross income accurately reported and up-to-date in determining family fees.

There should be a maximum monthly payment (monthly cap) on the amount that a family is expected to pay regardless of the number of children receiving early intervention services.

A family who is eligible for Medicaid should have no fee.

The system will ensure that all private insurance and Medicaid reimbursement would be maximized.

Recognizing that fees have a greater impact for lower income families than high income families, the fee system will be designed with fees that are a graduated percentage of income.

If there is no monthly cap, early intervention services that are non-reimbursed by private insurance or Medicaid will be free or have minimum fees for families.

Families who are above Medicaid eligibility levels for income ought to pay something for services.

The proposed agenda for the next meeting scheduled for Tuesday March 7, 2000 is listed below:

1. Review sliding fee scales from local CSBs and consider options
2. Review draft of consistent procedures
3. Review draft of fee agreement form

Please note: The March 7 meeting will be held at the Department for the Visually Handicapped in the Library and Resource Center located at 397 Azalea Avenue in Richmond.

Directions: take the US 301-Chamberlayne Avenue exit, exit number 82. Merge onto Chamberlayne Road until you reach Azalea Avenue. Turn left onto Azalea Avenue for about .8 of a mile. The Department for the Visually Handicapped will be on your right. The Library and Resource Center is located behind the Administration building.