

CQI Workgroup on Part C Fees

Meeting Summary Henrico CSB – Conference Room C June 14, 2000

Those attending: Pat Abrams, Forrest Mercer, Shirley Ricks, Christa Shifflett, Anne Simmons, Liz Hutton, John Jackson, Carmen Sanchez, Barry Mason, Emily Dreyfus, Shelia Null, Nancy Wilson, and Mary Ann Discenza

Those absent: Anne Lucas, Joy Yeh, Joel Rothenberg, Joan Pine, Martha Adams, Glen Slonneger, Joe Sharrer, Geri Pratt, and Patti Seklemian.

John Jackson presented draft documents relating to the *Consistent Procedures* draft document that the workgroup has been developing. There were three handouts that formed the basis for his presentation. The handouts included:

1. *Part C Ability to Pay Information*
2. *Part C Ability to Pay Practices*
3. *Part C Ability to Pay Comparison Table*

Re handouts and the pertinent points from this presentation:

- Ability to Pay encompasses a large body of legislative language that supports assisting individuals who cannot afford to pay for services and there is basis in statute for requiring documentation of an inability to pay, e.g. demonstrated financial need. (See handout for regulatory citations.)
- Ability to Pay relates to consumers with financial need who are unable to pay the full cost of service.
- According to family survey data comments about financial hardship came across from all income groups in the Commonwealth.
- Service coordinators are creative but administration frequently thwarts efforts to move toward a more compassionate approach to assisting families with fee reductions.
- Families are required to state that the fee is a financial hardship and providers are obligated to state what charges are for.
- Families might be reluctant to state hardship or seek public assistance for a number of reasons.
- The *Guiding Principles* seek to define affordability and support a model of services similar to Part B and FAPE.
- Giving families sliding fee scales without asking them to demonstrate hardship may risk other revenue sources.
- Does a philosophical difference exist between federal requirements in relationship to families being denied services due to fees and state statute regarding inability to pay?

- Important to determine how financial hardship is related to sliding fee scales or appeals process or both. The focus should be on a process or mechanisms to assist consumers.
- An issue that still requires resolution is the issue of family co-pays and deductibles and how to relieve the burden for insurance on families, e.g. how do you let them know they can appeal the co-pays without committing insurance fraud?
- There is no one definition of affordable that will work for all of us.
- In relationship to a comparison of Part C and Ability to Pay, most CSBs are reporting families are not complaining and that most boards are taking families to zero fee.

Outcomes from the discussion:

1. The workgroup will provide feedback about the draft document. (Regulatory citations will be included with the e-mail to the workgroup).
2. John J. and Christa S. will develop a fourth hypothetical fee scale for the next meeting including an analysis of this scale with the six boards for a basis of comparison and determination about the financial impact on families. (Scheduled for July 20th).

There was a brief discussion about a motion from the VICC related to carving out special instruction for exemption from fees and the workgroup tabled action on this motion until the next meeting.

Regarding the *Guiding Principles*:

- Does current statute prohibit instituting a monthly cap? Is it necessary to insert language in the *Principles* about a cap?
- Would the Agency Heads support a monthly cap on fees for early intervention services?
- Did DMAS accept the principles?
- What other feedback did the agency heads provide about the *Principles*?

Outcomes from the discussion:

1. Liz H. will raise the issue of the *Guiding Principles* with the EIIMT to ensure that all the Agency Heads support the *Principles*.
2. For the EIAC meeting scheduled for July 25th, staff will prepare a status report and Liz H. will present the status report at the meeting.

There was considerable discussion by the workgroup about the time lines, whether or not to meet more frequently, activities/tasks required to finalize recommendations and issue draft report, etc. Discussion centered on private provider survey and process for DMHMRSAS approval/sign-off. There was a commitment from staff to “fast-track” the

internal process in order to meet the July deadline for compiling the data. In addition, Liz H. will raise the issue of time lines with the Agency Heads during the July meeting.

For the July 20th meeting the workgroup developed the following agenda:

1. Discussion about the 4th fee scale and analysis of CSBs data. (John J. & Christa S.)
2. Comparison of draft documents *Consistent Procedures* and consensus building about workgroup recommendations. (Workgroup discussion.)
3. Data analysis of private provider data (if time lines are met and data is available).
4. VICC recommendation on special instruction. (Workgroup-discussion of strategies for completing financial impact on families and task assignments.)
5. Discussion about issues for Commissioner's meeting. (July 27, 2000)

CQI Workgroup meeting July 20, 2000 from 10:00 until 3:00 at Henrico CSB located on Woodman Road in Glen Allen.

NOTE: There was consensus from the workgroup that the July 20th meeting would be canceled if materials were not available for review prior to the meeting and/or the private provider data was not available.

The meeting with Commissioner Kellogg has been scheduled for July 27, 2000 at 10:00 AM at DMHMRSAS. Additional information about the meeting will be available in the near future.