

CQI Part C Fees and Ability to Pay

Meeting Summary

August 7, 2001

Henrico CSB - Conference Room C

Glen Allen, VA

Those attending: John Jackson, Anne Lucas, Katy McCullough, Linda Eggleston, Brenda Crockett, Tracy Miller, Nancy Butts, Sandy Mahon, Liz Fletcher, Pat Rogers, Heidi Graham, Anne Simmons, Karen Walker, Wanda Pruett, Katrina Mabery, Carol Burke, and Mary Ann Discenza

Those absent: Emily Dreyfus, Shirley Ricks, Pat Abrams, Forrest Mercer

I. Welcome and Introductions John Jackson and Anne Lucas

Pertinent Points~

- o Reviewed the Plum Legislation (HB 2738) with an emphasis on uniform family fee system is now codified
- o Emphasized that first phase-in sites are not pilots but first round of localities who are implementing legislation
- o Commented that draft practices document contains both policy and procedures; procedural issues that emerge from phase-in of sites will be evaluated to determine state-wideness, if so, changes to procedures will occur but there will be no substantive changes to policies at this point in time.
- o Financial impact data about family fees was reported to Delegate Plum in December

II. Implementation issues - First phase-in sites

A. Price-fixing - this issue relates to localities giving out information to families about charges for services; specifically, in local systems with multiple providers, procedurally who provides the information to families, how, and when would the information be provided. Discussion occurred about issues including informed consent, the specific procedures that deal with the financial intake, recommendation as outlined in the procedures for the financial intake to occur before evaluation and assessment (in accordance with proposed rules - September 2000) requirement about informed consent, clarified procedures about

providing families with a list of providers and contacts at the point that family information handout is given, individual community decision about who does the financial intake etc.

Concerns expressed about service coordinators understanding about fees, co-pays and deductible amounts, medical necessity, etc. and recommendation for the Lead Agency to identify and target training for service coordinators to facilitate their understanding about fees. It was further recommended that the workgroup develop a script as a useful training aide. Sub-committee assigned to develop the training aide (script) and make recommendations to the workgroup about strategies for localities about sharing information with families. Sub-committee members: Nancy Butts, Sandy Mahon, Brenda Crockett, and Katy McCullough.

B. Use of 1040 federal tax form and taxable income – issues expressed about the use of taxable income for determining family fees and strategies discussed for determining family's taxable income when the family's circumstances have changed. Points made included: CSS relies on taxable income, use of estimated tax, options for verifying household income, and the appeals process as an alternative to using taxable income. It was further suggested that the service coordinator should suggest that the family consider re-doing financial if, for example, family member returns to work, and, at least annually, fee determination should be done.

Discussion occurred about the financial agreement form. There appear to be inaccuracies in the form related to Medicaid and the *Code of Virginia*. Recommendation for one or two workgroup members to review the procedures for consistency of language related to the financial agreement and revise the financial agreement form as appropriate and indicated. Workgroup members: John Jackson and Liz Fletcher.

C. Co-pays and deductible amounts – Clarification about waiving co-pays related to a family expressing financial hardship; the Lead Agency has asked the Office of the Attorney General for further clarification from about this and has asked Medicare for specific guidance about this issue but to date there is no written response from HCFA. The workgroup recommended the Lead Agency seek guidance from the Corporation Commission. According to the draft practices, financial hardship can be the basis for accessing other state, local, and Part C funds for co-payments and deductibles. It was noted that procedures require an

individual determination for financial hardship and documentation is required to support the action taken, e.g. to access other funding sources for co-payment and deductibles. The point was emphasized that private providers are at legal risk related to contractual arrangements between private insurers and families around co-payments and deductible amounts. For purposes of clarification, some scenarios were presented and discussed by the workgroup.

Medicaid reimbursement for evaluations and assessments; DMAS wrote a letter to HCFA for clarification about Medicaid payment for evaluations and assessments for Part C eligible children and has agreed to submit in writing that it intends to comply with the federal requirement about using Medicaid funds to pay for evaluations and assessments.

D. Accessing Part C funds - until there is further clarification and specific legal guidance from the Office of the Attorney General, Part C funds can be accessed for co-pays and deductibles. Public providers have expressed concerns about accessing additional funds; the Lead Agency discussed: holding CSB's harmless related to family fee revenue collected prior to implementation, a small group from the VACSB MR Council in cooperation with the Lead Agency has agreed to develop processes and strategies, and the Lead Agency with the assistance of the workgroup will develop a single process for accessing Part C funds for both public and private providers.

E. Other implementation issues - Medicaid AT waiver, would families who access this waiver have zero fee. (Question relates to eligibility for this waiver -there is no means test, e.g. income eligibility to qualify for this waiver under Medicaid.) This question raised more general questions related to Medicaid waivers generally, specifically those Medicaid waivers with no income limits, e.g. the eligibility is related to the child's disability.

Retroactive adjustments for families and provider billing when insurance denies coverage - discussion occurred about billing families retroactively around insurance denials, effective date of uniform family fee implementation date of the locality, and permitting the family to change payment options after the initial fee determination and fee agreement. Major question relates to effective date for retroactive adjustment, e.g. when services are initiated, date of implementation of family fee system, etc. Workgroup agreed that whatever is decided related to this issue, it must be consistent and uniformly applied. Members also expressed

concerns that guidance is clear about this. Issues for consideration: mechanisms localities use for third party billing; when claims are submitted (done in a timely manner), documentation related to activities undertaken by localities when denials are received, what types of follow-up occur, etc. It was agreed that a sub-committee would develop parameters and make recommendations to the workgroup. Sub-committee members: Sandy Mahon, Karen Walker, Pat Rogers, and Tracy Miller.

Questions about documentation were discussed including what is necessary for purposes of verifying household income and/or federal tax returns. Further clarification will be forthcoming about this issue.

There were questions about procedures related to information given to families at the initial face-to-face and at the financial intake. Some providers are expressing reluctance about providing a list of charges for services and questions followed about allowing providers to give ranges for charges for early intervention services. This issue requires further discussion by the workgroup.

Assistive technology is another issue that needs further discussion. A sub-committee was formed to discuss this issue and to bring recommendations back to the workgroup. Sub-committee members: Wanda Pruet, Heidi Graham, Anne Simmons, and Sandy Mahon. Suggestion was made for the sub-committee to research what other states are doing in relationship to assistive technology and family fees.

III. Tracking form – data collection

- A. Clarification about dates for data collection pre and post implementation
- B. Data may reflect a quarterly estimate of what families paid under the current fee system for purposes of comparing this revenue with family fee revenue under the uniform family fee system
- C. Deadline for submission of data from first phase-in sites is September 30, 2001.

IV. Training -

- A. Training teams were identified.

Meeting adjourned.