Activity #4 -- GOAL: Maximize Resources to Virginia's Early Intervention System for Children and Families

Funding Source	Curent Usage	Eligibility Criteria	Fiscal Impact	Legislative Impact	Impact on Consumers	Impact on Providers	Impact on System (I.e. data, hardware, data entry)	Impact on Service Delivery & Program Systems	Access Issues	Gaps/Problems/Challenges	Recommendations
Existing											
State General Funds -- for Part C eligible children only											
	$125,000.00	Broad eligibility	Some CSBs have reduced MR state general funds designated for EI to use as Medicaid match.. Some have not replaced state funds with local or other funds.	allocation will increase by $750,000 in SFY '04	Waiting lists for services	Does not cover unreimburseable funds related to capitated rates, NE, reductions in fee-for-services, etc.	none	Increase in numbers of children served, may lead to personnel shortages, family centeredness and loss of provider participation	Stable funding source but funding amount has historically been unchangeable	State investment in the Part C appears to not be keeping pace with the increase in number ofchildren served and cost of providing services.	Rescind state regulation on prospective reimbursement rates for private providers; request increase in state general funds; change definitoin of eligibility; determine amount of additional funds needed
Federal Part C -- 25% delay in one area or atypical development; informed clinical opinion											
	$8,564,414	Broad eligibility	Replacement of one-time unexpended Federal Part C funds form pervious years	n/a	Entitlement limined by eligibility.		Increased data needs; administrative burden		n/a		Require DSS to continue to peovide $1M federal funds for Part C
Federal Part B & Section 619											

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Third Party Payments											
Local Revenue	$10,038,305.00	Determined by LLA (33 CSBs and 7 public school or public health agencies). For CSBs services are under purview of MH/MR/SAS and includes children not eligible for Part C; public schools and public health require Part C eligibility.	easy to access but dependent upon local fiscal circumstances and discretion of LLA	legislative allocation	There is variability from locality to locality and is unstalbe funding.	Access to funds varies by LLA. Some allocate by RFP, some by contract and some not at all.	Requires little administration	Agencies allocate local revenue on a discretionary basis which creates inequities across the Commonwealth	variable funding and inconsistent allocated inconsistently across the Commonwealth	By far the largest revenue source, costs less to generate as compared to private insurance, etc., amount of allocation is highly variable across the Commonwealth	Increase legislative funding of local revenue; impact and tenuousness of local discretionary dollars should not be underestimanted
Other Funds Sources											
Title V -CSHCN	$1,747,147.00	Covered medical conditions -- up to 300% FPL with no insurance or services not covered by insurance	n/a	n/a	n/a	n/a	*minimal?*	VDH Title V programs have exercised fiscal integrity and controlled reimb. By using Medicaid rates to pay for services and by accessing all othe available fund sources for services	n/a	Title V programs for CSHCN are payor or last resort. Serve b-21	Regional CSHCN (Care Connection for Children) CCC could assist localities with transition to Part B. Part C could "hand-off" to CCC for transition services. **Needs further discussion and planning. Use national and state CSHCN data to identify eligible children. SLAITS dat is collected every 5 years. State's survey 750 families regarding mental and physical aspects of child's needs.Combine VDH Information and Referral line with Central Directory

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Ability to Pay	$320,913.00	Taxable family income up to $126,000 and family size	*follow up on non-payment*	codified effective 2002	Uniform standard with appeal process for financial hardship	Additional paperwork for billing and bookkeeping	Additional paperwork -- enrollment and annual maintanence	Has added small revenue source for Part C	Families refusing services due to fees	Fee scale has not been updated since 2002; Consider billing mechanism for AT devices	Review sliding fee scale; consider monthly fee for AT; reconvene ATP workgroup to address issues
Title XIX [Medicaid -- "FAMIS PLUS"]	$1,947,843.00	133% FPL; Categorically Needy; Medically Needy; Home and Community -Based Waiver	50% state match would be required for additional service coverage	Additional services would require budgetary approp, amendments and approval by CMS and state regulatory action	none	Service providers must meet Part C competency requirements	Additional Part C services would require modification of the MIMS to accommodate enrollment and claims processing		Approval by CMS to changes in plan including additional services	Does not pay for additional costs associated with NE -- unless determined medically necessary; NO mechanism for billing Medicaid when they are secondary insurer and public insurance cannot be billed for evaluations; Requires denial from primary insurance when family has denied access to primary insurance.	CMS and OSEP resolve conflicting regulations -- NE & use of private insurance; establish mechanism for billing Medicaid for evaluation when Medicaid is secondary insurance

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Title XXI [FAMIS/SCHIP]	$40,190.00	Under age 19, VA resident; US citizan or certain immigrant categories; Family income <200% FPL; currently uninsured and w/o insurance for 4 months; not eligible for Meidcaid; no access to State Employee helath Plan	50% state match would be required for additional service coverage; once allocated fundsa re expended, state required to pay 100% of additional cost	Additional services would require budgetary approp, amendments and approval by CMS and state regulatory action	none	Service providers must meet Part C competency requirements	Additional Part C services would require modification of the MIMS to accommodate enrollment and claims processing			Does not pay for additional costs associated with NE -- unless determined medically necessary; NO mechanism for billing Medicaid when they are secondary insurer and public insurance cannot be billed for evaluations; Requires denial from primary insurance when family has denied access to primary insurance.	Include Mental Retardation Targeted Case Management as a covered service under FAMIS

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Private Insurance		Must either qualify for Meidciad, FAMIS or parents with health insurance	Capped at $5,000 per child --does not affect lifetime cap or risk loss of insurance. Does not apply to self-insured companies.	Legislative Mandate	Consumer is responsible for deductibles and co-payments but may use ATP sliding fee scale to off set expenses	Rates are determined as outpatient rates rathr than hole health rate; Local council has different requirements for how to bill that require additional time and/or paperwork.	Requires enormous ongoing supervision and training	Enhances family involvement in determining types and quality of services provided. Appears to be a stable source of revenue.	Requires prior authorization, discrepancy in services covered,	Reimbursement rates are too low, cost of providing services in natural environments, increased provider training and supervision, insurers soemtimes require frequesnt updates, slow authorizations	Increase administrative fees, standardize statewide billing that is less complex and time consuming, centralize education of private insurers and account reps, includes converage for service coordintion and infnat mental health
TANF -- Project Link	Pilot project with VDSS for 3 pilots that support services to individuals with substance abuse to link user or abusers with services. Office of CFS is looking at integrating Project LINK with EI	income eligible; foodstamp and training			EI services in natural settings (child care) may facilitate parent's working outside of the home		require robust data system that captures additional information that is not currently collected by MIMS data.		Changes to state plan to include ideitified popilation such as schildren with special needs or Part C eligible.	Time/money for training.	Consider as a future/potential fund source. Contact Indiana and other state who have been successful at tapping TANF funds.
Title IV-E	$1.9 m (federal for fammily preservation services; state/local funds	20% of local available funds to services to reunify children with their families/custodian and family perservation and family support services; increase availability of community-based placement settings and services to prevent institutionalization.	Beginning in FY 2000 each community was asked to provide a minimum of 20% of their available fundsing to services to reunify children with their families.	none	Less placement of children at risk into foster care	Reporting requirements and information sharing	May require additional state staff to administer and train referral sources.	Improve efficiency/outcomes; training dollars; administrative claiming.	Funds are accessed by DSS for prvention of our of home settings such as group homes or institutional settings		Consider as a future/potential fund source to provide support for training and service cooordination. Contact North Carolina and/or Carl Valentine.
University Cooperative Extension Services											
Healthy Start											

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Parents as Teachers											
Public School Prevention Unitiative'Healthy Families											
Child Care Development Fund	Employment/Training $5.9 m Child care for children with special needs $450,000	TANF eiigible; income eligible; foodstamp and training									
Lottery Funds											
Tobacco Money											
Early Head Start											
Special State Appropriations											
Family Preservation and Support											
Juvenile Justice Prevention Funds											
Drug/Alcohol Prevention											
Community Grants (PL 105-20)											
Native American Child Protection Grants											
Family Violence Prevention & Services											
Refugee Supports & Services											
Impact Aid											