NEW YORK STATE | Department of Health

EICC Rate Setting Methodology Task Force

EICC Meeting June 22, 2023

Steve Held, Chair

Task Force Members

- Parent(s): Amy De Vito
- Providers: Steve Held, Lynn Amell, and Leah Esther Lax
- Muni Rep: Marina Yoegel, Heidi Bond
- State Agency: Elina Tsenter, Patricia Zuber-Wilson (OASAS), and Bonnie Catlin (OMH)
- Advisor: Lidiya Lednyak
- Managed Care Rep: Cheryl Hogan
- DOH Staff: Raymond Pierce, Peter Baran, Yan Wu, and Dawn Smith

Scheduled NECTAC Call

- Ken, Jessica, and Steve had a call to NECTAC on March 8, 2023.
- Discuss results of the call which was to gain insight into rate-setting methodologies in other states.

Review Components of Our Current Rates

- After the last meeting there were many questions about components that built our current rates.
- Salary average from 2002.
- 75 minutes built into the basic rate for log note time (10 min.) travel (20 min), and 45 minutes for a basic session.
- Plus .5 day each week for non billable time based on 4.5 visits per day
- 50 minutes each day for meetings and administrative work.

Steps to take for Bringing Rates to 2023

- Using current SED cost reports (CFR) coupled with DOH (AHCF) reporting to land on an average salary for EI service components
- Re-adjust travel time and costs
- Bump up for a realistic no-show rate
- Build in 5.5 services per day as a divisor (up from 4.5), due to a projected hybrid model of in person and telehealth services.
- Consider 30 minutes as the actual session contact time.
- Adjust care days to 240 (vs 210 in SED).

Internal Rate Study

- Years ago, we had a pilot where providers were able to collect data of what really happens during the course of an EI providers day. Ken said we can do random surveys to get an idea of what it looks like today.
- Given all the information we have, if we need to add something we can.
- Makes sense to look at real time data, look more at hospital reimbursement rather than school reimbursement. (250 days vs 210 days)
- Need to look at average utilization data.

Internal Rate Study (cont'd)

- Determine full or part time/look at utilization data, annualize it and bring up actual salaries to scale making it consistent to what is happening now
- Break apart some assumptions around travel and, no shows which allows us to make recommendations around rate methodology
- This would address capacity issues we see in underserved areas
- Concerns about intensity of provider business paperwork will be negated by the recently enacted "covered lives" legislation.

Hard-to-Reach Communities

- Methodology would consider a rate modifier for various reasons. We need to come up with a list.
- Discuss possibility of funding some kind of “chaperone” in order to provide equity in face to face hard-to-serve areas.
- Consider a mini version of a CAN assessment
- Utilize the family assessment as justification for a rate modifier.
- Child’s service authorization could provide additional rate differential services to be added on.

Hard-to-Reach Communities (cont'd)

- If we use zip code or native language, we would have sufficient information.
- Basic characteristics, categories which may provide us with an approach to take, then add on a rate modifier.

Zip Codes

- Look at data services, how long does it take on average to start a child's IFSP and see which zip codes take the longest.
- Host of factors that go into this, consider zip code plus other characteristics and develop a rate modifier method.
- The modifier is meant to serve hard to reach families who are not getting services.

Zip Codes (cont'd)

- If we show the impact of the list of characteristics, together with zip codes and Ken's data, is that a model that could be doable?
- If we show the impact and what it would additionally add on fiscally to the program if we apply zip codes, etc. to all children. It could not be more than 15-20% increase. It needs to be targeted.
- Come up with comparable models to point to CANS. OMH also has rate differentials for many things.

Source Data

- We should use data sources that are acknowledged currently and add on additional modifiers as they are identified.
- There is State data for the percentage of children living in poverty and verify zip codes with the counties to determine a consensus of identified equity-based communities.
- Ken will look into whether public health hospitals collect HCF data.

Source Data (cont'd)

- We have to match data that is out there to our own knowledge of where the services are occurring.
- Hard to reach places which are far apart; (miles, travel time due to congestion) must be incorporated into our modifier guidance.

Telehealth Concerns and Follow Up

- In rate setting, there needs to be a way to make assumptions as to the legitimacy of keeping the rate the same or changing it. This plays a major role.
- The task force will do some work and, in a week or two, find out what information people have gathered. If anyone has other topics or modifications, it would be helpful to let the group know.

Parking Lot Issues

- Developmental toddler groups with one-to-one aides will be discussed at our next meeting

Discussion and Questions?