EICC Rate Setting Methodology Task Force

EICC Meeting, September 14, 2023

Steve Held, Chair

Task Force Members

- Task Force Chair:		Steve Held
- Parents:			Amy De Vito and Leah Esther Lax
- Provider:			Brigitte Desport
- Discretionary:		Lidiya Lednyak
- Municipal Reps:		Marina Yoegel, Heidi Bond
- State Agency:		Bonnie Catlin (OMH)

- DOH Staff:			Raymond Pierce, Peter Baran, Yan Wu, Diane Ginsburg, and Jennifer Sandshaw

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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 – The department will complete new averages from AHCF (Hospital data). This information may be from 2020.

- 75 minutes built into the basic rate for log note time (10 min) travel (20 min), and 45 minutes for a basic session. (How many IFSP's are currently delivered on 30-minute sessions).

- Plus 0.5 day each week for non billable time based on 4.5 visits per day

- 50 minutes each day for meetings and administrative work.

- How will Teletherapy change these components?

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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 – When will a rate modifier be utilized?

- 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.

- Adjust care days to 240 (vs 210 in SED).

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Hard-to-Reach Communities

- BEI is developing zip code data.
- 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 BEI 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 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 of 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?