

Reimbursement for Services Sub Committee

MINUTES

2/23/2010

2:00 p.m. - 3:45 p.m.

Present: Co- Chairs: Mickey Herbst, Mary McKay

Members: Katie Banzhaf, Andrea Barton Reeves, Debbie Duval, Krista Pender, Stan Soby

Absent: Judy Dowd, Gary Richter

Introductions and General Business:

The Co-Chairs made introductions.

Mary reviewed the general rules, contact information was shared (attachment A) and it was agreed minutes would be kept on a rotating basis alphabetically

Background:

Mickey and Mary shared the history behind Senate Bill 2051, the bill itself (attachment B), and reviewed the work of the Advisory committee following two meetings to date. They reported that four sub-committees have been established: 1) Medicaid Waiver Analysis & Regulation, 2) Level of Need as it related to the Waiver, 3) Attendance Based Fee for Service, and 4) IT-Hardware/Software and Recommendations. The Advisory Committee Report to the Legislature is due January 1, 2011.

Charge for the Subcommittee on Medicaid Waiver Analysis and Regulation:

The bulk of the meeting focused on teasing out the actual role or charge of our committee.

Discussion included:

- The historic rate system was never designed to reward or punish providers - is there an opportunity to address this long standing issue through the fee for services system
- Role of subcommittee to educate full committee on the most effective, most fair implementation of the waiver system. Possibly produce a document which outlines:
 - This is what the Waiver is
 - This is what CT's waiver allows
 - This is what other states are doing
 - This is quality and efficient services delivery

Basically answer the questions in layman's terms so that the Advisory Committee has factual information on which to base their decisions. Basically if CT uses the waiver – this is what it should look like.

- Role may include gathering information and research for the Advisory Committee
- Deb Duval shared information regarding the CMS Technical Guide (CTG), the document used by anyone writing a waiver and the document which is used to prepare for a CMS state waiver review. She noted that it is available on line at CMS and she will send the link to all committee members. She copied and distributed the immediately relevant pages (attachment C). Deb noted that the CT Waivers are posted on the DDS web site, and that she references portions of the Social Security Act which is also available online.
- There was discussion regarding other experts or resources that could be tapped to gather information. Ideas included: Robin Cooper NASD, Deb O'Connor (MASS), John O'Brien (author of Autism waiver)

- The group reviewed the charge of SB 2051, items 1-12 to further understand the scope of the role of this subcommittee.

The question raised that we felt we should be able to answer as a result of our subcommittee work “Are their barriers in CT’s Waiver System that prevent geographic rates / LON rates?” Deb noted that rates cannot vary based on history, A&G, or wages However rates can vary. She read relevant sections from CTG – “Rates may incorporate “difficulty of care”: factors to take into account the level of provider effort associated with serving individuals who have differing support needs; rate may also include geographic adjustment factors to reflect differences in the costs of furnishing services in different parts of a state” It further states that the same method of rate determination may be used for several waiver services.

- The current variations in rates were discussed in relation to state vs. private sector, union, non union, and historical costs.
- The IFS waiver and Master Contract were described and discussed. The committee agreed that this committees focus was solely on day services under the current Master Contract.
- We discussed our role as analyzing an attendance based fee for service system with uniform rates - does this have roots in CMS Policy, in CT’s Waiver and if so what are the parameters in the regulations?
- Is the committee role to also consider the regulations in any transition needed to get from where we are to where we need to be?
- Perhaps the DDS 5 year plan (that was interrupted by the passage of SB 2051) should be reviewed and considered as a platform
- What is the consequence if we don’t get to a uniform rate system?
- It was suggested that perhaps this committee needs to take resources out of the picture as a starting point and attempt to design a fee for service attendance based system that supports quality services and complies with the CMS regulations and CT waiver.
- It was agreed that any recommendations or systems design should include a process for growth over time, period enhancements, opportunities for revision so that the system is sustainable and we are not looking back in ten years at a system stuck in time.
- The challenge of educating consumers, families, and guardians on a fee for service system that starts with natural supports.
- It was noted that CT has other waivers in addition to the DDS waivers including Elder Waiver, Acquired Brain Injury, Personal Care Attendants, Katie Beckett and DMHAS – serving persons with mental health issues moving out of long term care facilities

It was suggested it may be worthwhile to examine their process for rate setting and their rates Gary or Marc could provide this information.

Next Meeting:

Advisory Committee meets first Tuesday of the month

Subcommittee will meet March 23 (pending Gary and/or Marc’s availability)

No new committee members were suggested at this time

Respectfully Submitted by

Katie Banzhaf

Attachment A

Members Contact Information:

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