Healthcare
Meeting #3
October 16, 2007

Handouts: Meeting minutes from 9/10/07, Summary of Recent State Legislation Regarding Insurance Coverage for ASD, South Carolina General Assembly 17th Session

Meeting called to order at 10:43am by Chairman Bama Hager.

Bama called for a motion to accept the minutes as written for the September 10th meeting: Motion made by Ryan Donaldson, 2nd Steve Lafreniere. Minutes from September 10, 2007 were accepted. All Kids does cover the services being described in last minutes but they are working on the details to make sure that they are paid. (Comment from Ava Rozelle as a follow up from the September 10th meeting, she did not want the point she was trying to make be misunderstood.)

In attendance: Bama Hager, Debbie Fluronory, Ronald Donaldson, Ava Rozelle, Steve Lafreniere, Dr. Elizabeth Dolgos, Dr. Sandra Parker. Jennifer Muller, recording minutes. Special Guests: Commissioner Steckel, Department of Medicaid and Henry Davis, the Director of Government Affairs for AL Medicaid.

I. **Introductions**-Bama reviewed the handouts that were provided. South Carolina mandate for healthcare coverage by private insurance. Provided for us to look at for wording, etc. Handouts were also provided by parent groups in PA and WI.

II. **Commissioner Steckel-**
She introduces Debbie-Program Manager for Support, she is the point person to this Task Force. Henry Davis is the Director of Government affairs, he will respond to legislation that we draft. Handouts were provided 1) Medicaid Income limits for 2007 (they are tied to categorical and income limits). There are a variety of different categories that you can fall under. The income limits change every February. 2) Document on Citizenship and Identify. There are some exceptions but for Children this primarily will apply. 3) Alabama Home and Community Based Waiver Services (all criteria are ICF-MR or Nursing Home level of care-in order to trigger you have o be medically eligible for one of these). www.medicaid.alabama.gov

Medicaid covers over 400,000 children in AL, they are the largest insurer right after BCBS. They rely on 2 main programs that are advantageous and important 1) Patient First (goal is to become patient centered, quality focused: they lock in the recipients to a PCP that becomes a Medical Home-usually the Pediatrician-they are then responsible for EPSDT, screening and referrals. 2)

EPSDT-provides for all of the services that children need that are medically necessary. It is very comprehensive. They believe that a Medical Home is critical. Patient First provides care coordination, they work closely with DMH/MR and Rehab Services.

Maternity Care Program-promotes early and frequent prenatal care, tries to prevent early term births.

They work very close with AAP an AL Academy of Family Practice. They are working in a consortium that is looking at screening. There are 4 pilot sites: that include Mobile, Anniston, Huntsville and another (city not caught by notetaker). They are looking at standardized screening tools and resource lists. They actively promote EPSDT screenings.

They have a non-emergency transportation service-a 1-800 number is provided so that families can attend medical visits. This is a voucher program.

Focusing on Waiver services: See handout/sheet lists 5 waivers. All do a variety of different things. Commissioner Shivers spoke on Independent Living Waiver. Medicaid has the ability to pull down the matching funds from the Federal Government. She reminds us that Education has a certain responsibility for Medicaid services and we should be thoughtful of how those services are being utilized.

2 new challenges in Waiver development: 1) delineating that they can only be for medical services 2) covering services that are for rehab not habilitation. She gives the example of breaking and arm and working to get the use back, habilitation is different. If we look at waiver services those are the touchstones on the waiver component. Medicaid is in a budget crisis. Funding for 2009 is questionable. They are not in support of new programs as an agency unless there are new resources that can be taken advantage of. Services for adults are very limited. The income is 13% of the poverty level. (All indicated on handouts). For low income families you can not exceed 137.00 a month unless you are aged, blind or disabled unless you are in a nursing home. They stand ready to work with us. They have been pulling down information on autism waiver programs in other states most are new programs and something they could not support. www.medicaid.alabama.gov

Between BCBS, AL Caring Foundation and Medicaid has a joint application process. It allows you to apply for all 3, checks to see if eligible for Medicaid, All Kids, BCBS Caring Foundation. As a result we have one of the lowest uninsured rates for children in the nation. www.insurealabama.org

Bama recaps, in our state we look at where children with ASD might fit in. She asks if we were to develop a new program for services if that would be

impossible unless we were to tell them where the money would come from. So, for diagnosis, treatment –that would be almost prohibited unless we have a new income stream.

Commissioner Steckel says that the children should be receiving these services under Patient First and the program that currently have in place. She encourages us to ask how this can be done better. The original screenings should be occurring under EPSDT. The Medical Home providers, especially when it comes to children, if referrals are not being made-why, if there are not providers out there that can provide them-why not? Our questions should be why the screenings aren't being done within the system. What can we do to make things better with the children?

Bama indicates that we have heard that providers can diagnose but the problem comes in when it is time to make a referral.

Commissioner indicates she thinks this is a problem in rural healthcare and that the problem exists in a number of areas like this.

Bama asks if a child is diagnosed with ASD but does not have a diagnosis of MR can they fit in the systems?

Commissioner Steckel says being a child is eligibility in itself. It would be dependent on the child's age and their income under the SOBRA program. The family's income would also be a factor.

The Commissioner asks us to look at the income after deductions area and consider the formula that is used. If the family's income is close it is worth going to the insure Alabama website and help people walk thru the process. They have eligibility workers in the community that can help people go thru the process.

Bama suggests that a lot of states have run into an exclusion of ASD with private insurance. Bama says she hears that is not the case with Medicaid. If you have a developmental delay and meet the income eligibility guidelines they would be covered for anything that is medically necessary.

Commissioner suggests that we need to think of what is medically necessary and what is not. Debbie indicates that under EPSDT there are no limits for services.

Bama asks if there are things she should know regarding the differences between autism and Asperger Syndrome when it comes to Medicaid eligibility and covered services?

The Commissioner says that there may be some coming up given the tone of the Federal Government recently. CMS is trying to limit habilitation. There is a big conversation going on regarding this.

A question from Dr. Dolgos: at this time they can get 1x a month services, she is asking if they can get more than that? Response: Services should be indicated on a treatment plan. On the EPSDT side there are no limits. If you go to a waiver slot you waive your EPSDT rights.

Steve says there are many things involved in developing a treatment plan and the number of providers may be a factor in what can be given to the child.

Steve indicates that the CMS regs are still open for comment and this gets to the habilitation and rehabilitation. He asks how we can maximize current services.
Steve asks a question of the Commissioner about other states that have Buy In programs.

Commissioner Steckel says the deficit reduction act in Alabama does not have that flexibility under the DRA. You could create optional groups. The numbers they have run indicate that the least expensive package would be 15 million. We can not do that because AL did not have any prescribed optional groups prior to this.

Colorado has a 0-6 waiver, how is it written so that it meets the level of care requirement? The Commissioner says that the test is budget neutrality. She thinks that they could project expenses and indicate that the cost would be budget neutral. She would be willing to look at budget neutral options.

Debbie says that some of the waivers they have looked at did not have the nursing level of care requirement. The Commissioner indicates that we need to look at Education Trust Fund.

Bama says that this has to be a growing group of the population. The Commissioner says they wouldn't know. They are trying to build a system of a Medical Home. They would see a spike if they had a measles outbreak. They are trying to provide for their kids in a continual flow. You will have trouble finding providers just like any other payer if you are in certain areas of the state.

Steve asks about the EPSDT screenings that are currently in place, he thinks we should analyze this. Does this need to be a budget neutral effort also? That is a normal cost of business for Medicaid. They are federally mandated to provide these services. It serves them well to do the EPSDT screens regularly. There is a difference between EPSDT costs and new services like respite, case management, etc.

Bama says that this committee has been interested in this as has been Systems of Care.

Debbie says we may not be familiar with the ABCD-they are going to recommend a tool that be used at 18 month (pushing for an autism specific tool) hoping that we will pick up kids before 66 months. When the project is over they will recommend specific tools-one is Ages and Stages.

They are also involved in a project that will "turn Medicaid on its head." The transformation grant is working on electronic health records (people going to multiple providers and knowing what has been done) the electronic support tool-so providers will know what needs to be checked at certain visits. That will get us to a doctor on a diabetic test, we know that we can do the A1C test but the question is then what happens. Medicaid is looking at developing these tools and what they can do to make the doctor who is there and has limited time with you know as much as much about you as they can.

Bama asks if there are other questions: Liz is asked if she has questions-she knows that this has to be a coalition, at the meeting at Spanish Fort she brought up the fact that they can make recommendations but if they are not in the right educational setting they will have problems with the children. She indicates that families are seeking more medication because teachers are looking for it. She indicates the intensity of service is critical and suggests that services should be brought to the child.

The Commissioner says they can match UAB and USA money that is spent on programs-that is especially if they are working in the Black Belt area.

Medicaid has a telemetry program at USA. When looking at programs in the Black Belt they can assist financially. They can pay for services that are meeting criteria for Medicaid. If you are developing a program for education-they can match ½. They can do a CD-ROM training program that the Autism Society could contribute to and they could match ½ or use a benefit match. If you are talking about training for Physicians that will be reaching Medicaid participants they can help with a match. Debbie was asked by the Commissioner to get the list of things that can/can not be done.

Steve asks if there is a financial incentive break for physicians. Response: It has to do with rural health care shortage money and may be thru public health.

Mary Finch-Executive Director of Primary Healthcare Association was mentioned as a possible resource to this group.

Steve says that he understands that they have recently been working on Dentists taking Medicaid, he asks if providers are not taking the insurance- OT,PT,SLP, Child Psychiatry, etc. Mediciad doesn't think that that is a huge problem except when you look at certain parts of the state/other providers have the same problem. They have been working on specific initiatives to help reduce the burden.

III. Discussion

Bama says we are getting down to the wire on what we are going to recommend as a committee. She thinks we need to get together in November. States across the board have been asking Private Insurance to state that autism is no different than any other condition.

Bama noticed that a lot of the other states have only collaborated with private insurers rather than doing anything with public insurance.

Bama suggests that Cam will be asking for an extension of the task force next year. She hopes that some of our committee members will stay, others will leave and some will be added. She suggests that we need to start prioritizing within the next 8 weeks.

Bama asks Steve for comments. He indicates that it is interesting to look at the process and see that when we started as a group, we were talking about private insurance and now we are looking at a new group. He suggest that we need to support both populations (privately insured/public insurance) when we look at making our recommendations to the legislature. He indicates there are gaps between the privately insured and public insurance. We need to have a continuum of care. We know that the private insurance issue is that we can demand that they cover it but the public groups have to buy the plan that offers that coverage.

Bama says that Cam has wanted to work with BCBS one-on-one. We don't know what all is being worked on. Bama says that we still have employers that will need to decide to provide this type of coverage on this population.

Steve feels that we should look at the barriers to the providers and parents that don't promote early identification and early access to services. He feels that the ABCD project will help with this. He thinks that we will see the biggest impact if we are able to identify kids early and get them intensive services.

Bama says looking at our goals; we have learned a lot about who is being covered. Liz says that we are seeing change because we are looking at this population as a group that is treatable. We have come along way, we want treatment for everyone and we want children to be diagnosed so they can receive treatment.

What can we do to include Medicaid, All Kids and privately insured children? We also want to look at screening.

Steve suggests that we develop some question prompts-

Some may be legislative

Some may not be

Ex. What things do we want to develop regarding legislative efforts?

What types of things do we want to do regarding policy development?

Steve says that as a healthcare committee we can make recommendations that we can do that are not legislative: things thru CRS, things thru the Governor, etc. He knows that we can recommend within healthcare that do not recommend legislative efforts.

We may also want to outline future work that should be done.

Debbie clarifies that EPSDT covers thru 20. What about the persons that are not covered after that? We know that those that have been covered under these services have been excluded from private insurance under pre-existing conditions.

Meeting was adjourned at 12:18. Next meeting (November) will be held in Birmingham.