

**Next Meeting
December 1, 2006 - 9 AM – 1 PM
Easter Seals – New Castle, DE**

**GOVERNOR’S COMMISSION ON COMMUNITY-BASED ALTERNATIVES
FOR INDIVIDUALS WITH DISABILITIES’
HEALTH CARE COMMITTEE MEETING MINUTES
OCTOBER 27, 2006
APPOQUINIMINK STATE SERVICE CENTER**

PRESENT: Tim Brooks, Co-Chair, CDS; Miranda Marquez, DVR; Pat Maichle, DDC; Charlotte Herbert, LDAF; Rita Marocco, NAMI-DE; Daniese McMullin-Powell, SCPD; Bill Adami, Easter Seals; Doyle Dobbins, DelARF; Dave Lindemer, DSCYF; Jamie Wolfe, DDC/SCPD (via phone); Victor Orija, DSAAPD; Michelle Hess, CDS; Kyle Hodges, Staff;

GUESTS: Matt Denn, Insurance Commissioner; Susan Cycyk, DSCYF

CALL TO ORDER: The meeting was called to order at 9:15 AM.

APPROVAL OF MINUTES

The minutes from the September 06 meeting were approved as submitted.

BUSINESS

Review of Draft Plan

Susan Cycyk was present to assist the Committee with Goal 2: Expand the infrastructure for medically, emotionally and mentally fragile children to remain in the state. Dave reported that of the 62 kids in residential placement served by the ICT, 65% are served out of state. Most kids in the day programs are served in state. A couple are served at Devereux and a couple are at Benedictine, but they live at home. The unique alternatives kids are ones that need educational aids in the school and keep a child out of a day program – these kids also live at home.

DSCYF has about 35 kids placed out of state. Susan reported that an ICT is utilized when a child can not be educated in the school system. The ICT determines a path forward and split the cost for sending the child out of state. DSCYF also has kids who were not referred by the school and they determine that an out of state placement is the best. Susan noted that the way Delaware’s laws are structured sometimes require an out of state placement. In addition, the way DSCYF is staffed and funded sometimes requires an out of state placement. The kids with oppositional defiance or conduct disorders are sent out

of state since there are no appropriate staffed facilities. Residential substance abuse services (30 days) are out of state.

Dave referred to “mixing” laws for foster kids in which “aggressive” kids cannot be residentially placed with non-delinquent kids. Riverside is used for “deep end” sexual offenders and they are placed there by the courts.

Susan reported that DSCYF wants kids to remain in the state in their homes. However, there are kids that need specialized services that Delaware cannot create and therefore will need to purchase. They want the freedom to do that so that the children can receive the best care. However, they also need the flexibility and resources to provide the individualized services that they can in state. The ICT is expensive and it would be beneficial if they could use some of those resources for in state services for placements and services to go with the family. Delaware currently does not have the support that families need to always keep a kid in state.

Susan believes the current structure could be changed to enhance Delaware’s ability to keep kids in state while maintaining the flexibility to acquire out of state services where appropriate. At present, if a school district says they can educate a child, they pay 100 percent. If a school district reports that they cannot educate them and sends them to the ICT, they only pay a percentage of the cost for the child’s education. DSCYF and DOE have differing perspectives on who should pay for these kids. It was noted that maybe the cost should be at the state DOE level and not come directly from the district. This should be a solvable state funding issue; it just needs to be determined who is going to be responsible and make that agency accountable for managing the services for a child with the intent of being served in the least restrictive community based environment. Susan noted that rarely does any funding come from DDDS and many of these kids have developmental disabilities. Since the current structure utilizes piecemeal payments by various agencies for these kids, it is very easy for kids to remain out of state. Then problems develop later on when they are back in the state and need lifespan support. DSCYF and DDDS are collaborating on a MOU which may help clarify responsibility in some cases.

Dave noted that, currently, a problem is lack of providers to serve the lack of a critical mass. Doyle noted that it appears there are 3 barriers: lack of services and resources, and needed legislation. He asked where, as a committee, we should start with appropriate recommendations. Dave reported that, educationally, probably more dollars and staff are needed to educate these kids....specialized settings are sometimes required for children with severe disabilities. There are no state funded settings currently for these kids. There needs to be a deadline given to DOE, DSCYF and DHSS to determine the best solution to serving kids in this state and determine who is accountable for what. In addition, the current funding going towards these children needs, at a minimum, to be maintained. Preferably, there needs to be additional funding since the current funding is not enough to keep these kids in state with the appropriate educational services. Susan noted that we should not assume that it will cost less to keep a child in state if the appropriate services for the individual needs of the child are provided. Dave noted that the outcomes are

much better if the child is served in state. Currently, very little is invested by the state for children's services.

Dave reported that there is a model of serving kids in state that was developed 5 years ago. They were sent out of state due to limited capacity in their residential treatment centers. They thought they could bring kids in state if they could develop an intensive service in the community to act as a substitute. They identified funding and providers who had a successful track record of doing this. The providers were: Pressley Ridge in Maryland; Providence Services in Virginia; Progressive from Washington, D.C. and Children and Families First and NET in DE. Now they are serving 35 kids in state and this was not done 5 years ago. They are able to individualize the services for each child and it costs about \$75,000 year. In addition, the public schools are educating these kids and there is a cost to that. Maybe the ICT could examine this model for kids being sent out of state.

Consistent with the aforementioned "deadline", Doyle suggested that a report be developed between DHSS, DSCYF and DOE to determine what is required to keep kids in state and who is responsible for what services. This could be included in budget epilogue language. This could be a 1st year objective.

Kyle suggested adding "when appropriate" to the end of the goal since there may be situations where it is in the best interest of the child to be sent out of state given the current services available in DE. Kyle stated that Susan had emailed him some broad objectives that could be included. These were provided to the Committee. The collaboration between the 3 departments is another one. Amending current laws is another one. However, Kyle solicited input on how this can be included in the template with the fiscal impact. Kyle and Tim will discuss the appropriate path forward.

Tim welcomed Commissioner Matt Denn to the meeting. Tim reviewed the issue of whether mental health services are covered by the various insurance plans and if parity actually exists. Matt reported that mental health parity, to the extent they are allowed to mandate parity, is now mandated in DE. However, due to federal law, the Insurance Commissioner cannot mandate parity for self funded insurance plans. For example, they cannot mandate parity for DuPont or another company if they hire their own insurance company to administer benefits. For the plans that the state does regulate and for the state itself, there is mental health parity. It did not apply to private insurance companies until the state funded it for its own employees.

They have not received many complaints to this end. However, over time it is suspected that these will increase. Pat noted that the insurance companies are not advertising mental health coverage. Bill noted that, even within the same insurance company, there could be different levels of benefits for the same service.

Matt explained that S.B. 146 was a bill which created a statewide health insurance purchasing pool to allow individuals and small businesses to obtain the most favorable premiums possible from the private insurance market. It would cover 32,000 to 36,000

people – half individuals and half small businesses. It was projected to create a 10-30 percent cost savings. The actual benefit plan was not outlined in the bill – a committee was created to set up 2 benefit plans, one of which was to mirror the state’s plan. There is also a wellness component to the plan. The bill passed the Senate, but got held up in the House. Doyle suggested this be part of our recommendations since it also allows people who are currently uninsured the ability to obtain insurance. The bill will cost approximately 13 million. It will also provide mental health coverage.

Regarding Goal 5 (affordable health and dental insurance), this goal was developed based on people with disabilities not being permitted to obtain insurance and not being able to afford insurance. Jamie noted that commercial insurance does not cover the needs of people with disabilities. For example, home health services are provided on a short term basis and are medically based. People with long term needs are not covered – it is considered custodial care, not medical care. In addition, coverage for durable medical equipment is very limited (e.g. 2 power wheelchairs for a lifetime) and they do not cover maintenance.

Matt reported that a study was conducted which determined that DE is on the low end of insurance mandates compared to the rest of the country. The custodial care language is common in health insurance contracts and the Office does hear of cases in which there is a serious illness or injury and the insurance company does not want to pay because they do not believe the person is going to improve and then consider it custodial care. However, a doctor may believe the person is going to improve – that is where the dispute occurs. Matt would be happy to examine what mandates other states are covering based on issues the Committee believes is important. Matt reported that, in DE, the insurance companies are determining cost estimates of a mandate (e.g. durable medical equipment) and they will put a high price tag on the cost of coverage – there is a conflict of interest. California contracts with the University of California who have independent experts to determine rates when a mandate is considered.

Matt reported that the JFC will be studying costs of hearing aids for State employees’ children. There is flexibility in coverage options for providing mandates (e.g. cover everything, up to a certain dollar amount, etc.). Jamie clarified that dental care is not covered under Medicaid for adults. However, dental care for kids is covered under CHIP. Jamie noted that if private insurance covered some of the aforementioned needs, some people may not require Medicaid and this would reduce the rolls and costs to the State.

Matt reported that most complaints are from people who have either medical or dental coverage and don’t believe they are getting adequate services. Matt noted that S.B. 146 will be “guaranteed issue” which means that people cannot be denied based on a preexisting medical condition – this raises the cost of the bill.

Daniese reported that ADAPT had a meeting with AHIP (American Health Insurance Providers) who informally agreed that durable medical equipment and AT, including professional assessment of need, should be included in health insurance policies. Matt

asked if the Committee knew of states that have mandates for durable medical equipment and related maintenance. It would be good to know this to inform the legislature that DE is not the only one doing this, but to also have a history on the cost without having to go to current carriers for the potential cost. Kyle noted that one recommendation may be to have the Insurance Commissioner's Office conduct research to determine mandates in other states in this context. Jamie offered to also do a brief review. Daniese reported that AHIP will also be addressing the concept of insurance coverage being based on functionality. Matt noted that the aforementioned study on mandates may reveal what are the actual mandates and he believed his Office could facilitate obtaining the needed information. We may also want to quantify the effects of mandates for commercial insurance that may reduce the Medicaid roles.

Kyle will research any other insurance bills that may be relevant. Doyle reported that HB 66 would open the door for non-profits to participate in the State Group Health Insurance Program. Doyle noted that the providers are interested in this bill.

Tim noted that we will need to still review Goal 2 and Goal 5 to finalize these at the next meeting. In addition, Tim acknowledged Rita Marocco's work on Goal 3 and Dr. Kelly's work on Goal 4. These will still need to be reviewed at the next meeting. It was agreed to have a long meeting to finalize the template. The next meeting is scheduled for Dec. 1 from 9-1. Kyle will finalize the location. Kyle will put together objectives based on today's meeting for the purposes of discussion at the Dec. 1 meeting.

Respectively submitted,

Kyle Hodges
SCPD Administrator

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