



**Department  
of Health**

# **Rate Setting Methodology Task Force Update**

**EICC Meeting, March 14, 2024**

**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 (Office of Mental Health)
  
- Department Of Health Staff: Raymond Pierce, Peter Baran, Diane Ginsburg, Doug Arthur, and Jennifer Sandshaw

# Task Force Proposed Charter

- **Charge:** To develop recommendations for the Department regarding the current rate methodology. The Task Force will base their recommendations on analysis of data regarding socioeconomic status, region, race/ethnicity, access to services, and impact on agencies and staff of the Early Intervention Program.
- The objective will be to ensure the rates are equitable, efficient, and cost effective.

# Rate Setting Task Force Update

In September of 2021, the Department recommended two new task force projects to the Early Intervention Coordinating Council:

- **Current Early Intervention Rate Methodology.**
- **Analysis of Available Demographic Data Including Poverty, Urban and Rural Communities, Staffing and Other Related Factors.**

# Preliminary Topics for Consideration

- The Task Force will review rates for service delivery methods to address capacity in underserved areas, including telehealth.
- Conduct an analysis on how to ensure equity by reviewing data on poverty, state regions, and race/ethnicity to determine the equity and access issues and how those factors impact the methodology.
- Review how the rates are devised to help inform discussion and research on whether rates should be adjusted and how (either methodology or rates themselves).
- Review how rates impact workforce staffing at all levels.

# Rate Setting Task Force Update

September 2022:

- We informed the Council on our discussions which were focused on how Early Intervention rates were developed (Ken Moehringer's first of many presentations), and how Early Intervention rates differed among the many regions of NYS.
- We spoke about how Early Intervention rates are tied to Medicaid, and the challenge that Medicaid methodology presents to any recommendation for increased rates.
- Ken spoke about a possible consolidation of our regions to three.
- Data was presented which looked at today's costs as compared to 1991, as well as the current in-person "hit" rate when travel to rural and urban areas requires excessive travel time throughout the day.

# Rate Setting Taskforce Update

- Thanks in large part to our members, and specifically Lidiya Lednyak, we prioritized “equity” as our first major endeavor.
- The Council, in concert with the Bureau, developed the idea of a “rate modifier” for in person services in hard-to-reach communities.
- One of the major accomplishments of this task force was the Governor’s budget, which included this “rate modifier” concept.
- Ken, Dr. Yan Wu and Dr. Tai have worked to facilitate a fair and equitable way to determine when a modifier will be added to an in-person rate.
- Real-time data from all municipal regions of the State was requested and presented by Dr. Shu-Kuang Tai.
- The task force requested actual zip code data and Dr. Tai delivered the information.

# Rate Setting Taskforce Update

- The data showed that there is a strong correlation between poverty and enrollment in Early Intervention.
- The data also showed that poverty and the days between identification of eligibility and the start of Early Intervention services was measurable in both urban and rural communities. (Dr. Tai will present examples now).



Poverty vs Enroll%		
County*	Correlation_Coefficient	P_value
Statewide	-0.11	0.00
NYC	0.21	0.00
ROS	-0.14	0.00
New York	0.76	0.00
Tioga	0.70	0.00
Richmond	-0.75	0.01
Monroe	-0.40	0.01
Suffolk	-0.24	0.01
Jefferson	-0.42	0.02
Rockland	-0.45	0.02
Herkimer	-0.43	0.03
Steuben	-0.37	0.04
Orange	-0.30	0.04
Schenectady	-0.49	0.05

Poverty vs Average Days		
County*	Correlation_Coefficient	P_value
Statewide	0.33	0.00
NYC	0.38	0.00
ROS	0.23	0.00
Erie	0.74	0.00
Nassau	0.38	0.02
Kings	0.39	0.02
Oneida	0.88	0.05

\* Not all the counties are listed in the table due to statistically insignificance.

- ❑ Although not all the counties have the statistically significant results ( $p$  value  $\leq 0.05$ ), the following have been observed from the correlation test.
  - Among 2/3 of 62 counties tested, zip code with higher poverty % tends to correlate with lower enrollment % (negative correlation coefficient) to some extent.
  - Among 18 of 21 counties tested (not all counties are tested due to sample size), zip code with higher poverty % tends to correlate with longer average days to initiate the service (positive correlation coefficient) to some extent.

	Population	Poverty Percent	Birth-age three from vital records	PY2020-2022 child count	Enrollment %	Children with new service authorized	Children with non-discountable & discountable delay on core services	Avg days on non-discountable & discountable core services
<b>Statewide</b>	<b>24,692,428</b>	<b>14%</b>	<b>1,022,952</b>	<b>97,625</b>	<b>10%</b>	<b>22,384</b>	<b>4,342</b>	<b>121</b>
<b>NYC</b>	<b>10,169,960</b>	<b>17%</b>	<b>465,007</b>	<b>45,018</b>	<b>10%</b>	<b>10,099</b>	<b>4,371</b>	<b>128</b>
Bronx	1,410,919	28%	84,523	9,162	11%	2,129	1,149	138
<b>ROS</b>	<b>14,522,468</b>	<b>12%</b>	<b>557,945</b>	<b>52,658</b>	<b>9%</b>	<b>12,293</b>	<b>3,786</b>	<b>99</b>
Broome	400,632	16%	9,443	928	10%	244	7	124
Otsego	71,268	16%	2,408	129	5%	32	25	107
Monroe	949,155	16%	38,880	3,336	9%	812	419	105
Chemung	90,718	16%	4,125	310	8%	72	14	112
Albany	580,950	16%	14,499	881	6%	189	30	79
Delaware	38,922	17%	1,795	152	8%	28	21	79
Onondaga	689,583	17%	25,271	2,446	10%	702	111	64
Cattaraugus	90,668	17%	4,076	415	10%	74	26	104
Allegany	49,590	17%	2,307	81	4%	10	6	100
Oswego	184,223	18%	6,127	413	7%	123	60	131
St. Lawrence	120,925	18%	5,047	287	6%	46	34	118
Franklin	60,819	18%	2,106	88	4%	17	8	153
Montgomery	59,736	19%	3,039	189	6%	34	16	61
Chautauqua	165,370	19%	5,834	631	11%	116	11	114
Oneida	458,216	20%	12,328	865	7%	146	92	151
Tompkins	143,910	21%	3,569	407	11%	103	56	87

- ❑ Above is the list of counties with poverty % greater than 20 in NYC and 15 in Rest Of State. Example (Oneida county) of details at the zip code level is shown in the next page.

county	zipcode	Urban_Rural	Population	Poverty Percent	Birth-age three from vital records	PY2020-2022 child count	Enrollment %	Children with new service authorized	Children with non-discountable & discountable delay on core services	Avg days on non-discountable & discountable core services
Oneida	13440	Mix-Urban	38,779	17%	2,190	164	7%	34	22	140
Oneida	13417	Urban	3,362	17%	164	13	8%	4	2	130
Oneida	13471	Rural	3,277	17%	149	14	9%	1	-	-
Oneida	13313	Rural	425	21%	36	2	6%	1	1	143
Oneida	13321	Urban	819	21%	54	2	4%	1	-	-
Oneida	13054	Mix-Rural	1,775	21%	51	4	8%	-	-	-
Oneida	13502	Mix-Urban	31,770	21%	2,024	146	7%	25	18	147
Oneida	13501	Mix-Urban	35,696	30%	2,918	196	7%	31	21	157
Oneida County Total			458,216	20%	12,328	865	7%	146	92	151

☐ Above is the list of zip code with poverty % greater than 15 in Oneida county.

# Steps to Take for Bringing Rates to 2023 Levels

- The Rate Set Task Force is ready to recommend to the Bureau a rate modifier in NYC (based on in person services) whose percentage of poverty is 20%.
- In the Rest Of State we would recommend to our Council that a rate modifier (based on in-person services) whose percentage of poverty is 15%.
- The rate modifier will be recommended for Multidisciplinary Evaluations, Speech/Occupational/Physical Therapies and Special Instruction.

# Discussion and Questions?