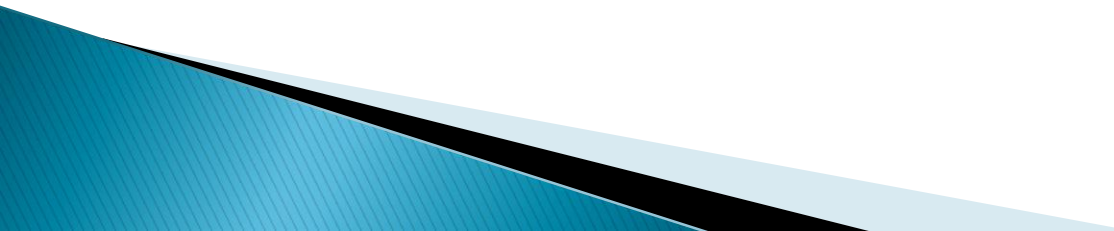


FY13 Financial Eligibility Policy & Fee Schedule

June 7, 2012 Conference Call
DHHS Division of Behavioral Health

Topics for Next Hour

- ▶ Rationale for Change
 - ▶ Workgroup
 - ▶ Policy/Worksheet
 - ▶ Fee Schedules
 - ▶ Next Steps for Implementation
 - ▶ Questions
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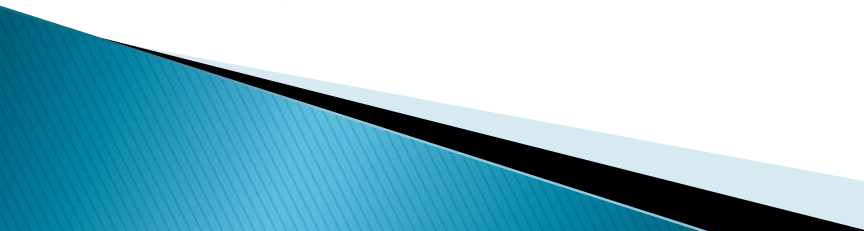
Rationale for Change

- ▶ In response to LB 871 which altered the basis to determine financial eligibility of DBH funded services (Neb. Rev. Stat. 71-806, 71-809, & 83-368)
- ▶ Previous statute required asset verification to determine portion of care consumer should pay – we were informed we were out of compliance with statute, and we had to come into compliance
 - Substantial burden for Providers, Regions & DBH

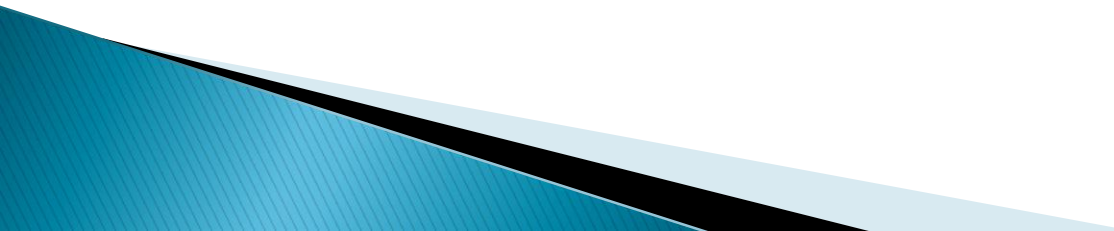
Rationale for Change

- ▶ LB 871 was introduced and passed
 - ▶ Revised statute directs DBH to develop a policy and “*fees and copays to be paid by consumers of such services*”
 - ▶ Method to determine eligibility changed.
 - “*The method used to determine financial eligibility of all consumers shall take into account taxable income, the number of family members dependent on the consumer’s income, liabilities, and other factors as determined by Division (of Behavioral Health).*”
- Quoted material from Neb. Rev. Statute 71-809

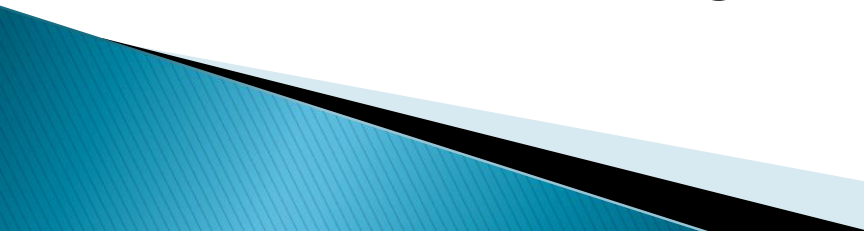
Rationale for Change

- ▶ Regional Behavioral Health authorities were charged with approving the fee schedules and including these in the regional budget plan each year, and assuring policy and schedule of fees are applied uniformly by the providers in the region.
 - ▶ No allowance for exceptions to use of Fee Schedules
 - ▶ Law did not define taxable income, dependent on income, nor liabilities
 - ▶ New Law is effective July 18, 2012. Implementation tools must be in place by then.
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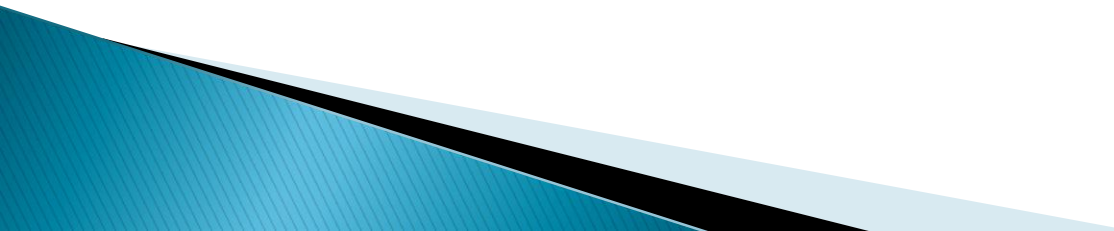
Rationale for Change

- ▶ This is a policy – therefore not subject to Administrative Procedures Act
 - ▶ The policy and fee schedules will be incorporated into 206 Regulations – at that time, they are subject to the APA and there will be public hearings
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Workgroup

- ▶ Representatives from Division of Behavioral Health & Regional Behavioral Health Authorities convened a workgroup to discuss impact of new law.
 - ▶ Revised policy was drafted to incorporate necessary legal changes and update remaining provisions
 - ▶ Process for completion of necessary documentation to demonstrate consumer eligibility was determined
 - ▶ Revised fee schedules were reviewed and applied in limited settings
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Workgroup

- ▶ Ongoing goals:
 - Minimize the amount of documentation needed from consumers
 - Minimize impact on consumers
 - Minimize expansion of eligibility that inclusion of liabilities would pose
 - Develop clear documentation trail and consistency of application (accountability)
 - Simplicity
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Policy/Worksheet

- ▶ Standardized mechanism to determine financial eligibility and determine copay amount
- ▶ Includes allowances for liabilities consistent with other DHHS programs (SNAP)
- ▶ Maximum allowances for Housing, Utilities, Transportation and Child Care are included
 - No other liabilities are allowed to be considered
- ▶ Proof of taxable income and liabilities is NOT required

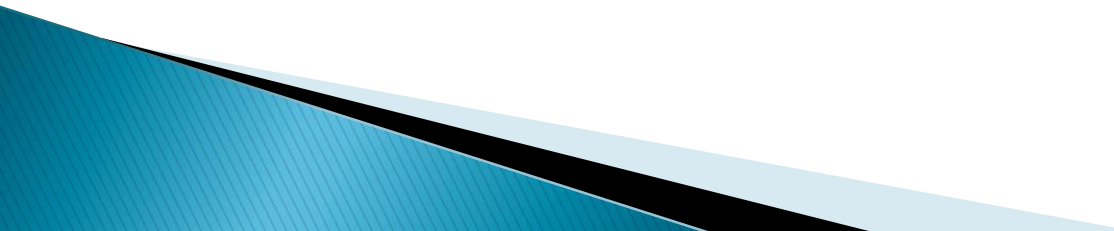
Policy/Worksheet

- ▶ Definitions in policy are critical when completing the worksheet.
 - NOT traditional IRS definition of taxable income or adjusted gross income as in previous policy
- ▶ Money owed to a drug court or for child support does not qualify an individual for Hardship Fee Schedule.
- ▶ Copays due to a non-medical provider for services may not be included as a liability or debt for purposes of determining a copayment.

Fee Schedules

- ▶ Once Worksheet is completed, the “Adjusted Monthly Income to be used to determine Eligibility for NBHS funded services” is applied to Fee Schedules.
- ▶ Single Persons who by the Adjusted Monthly Income on the Worksheet is less than \$3,137 is eligible for services funded (in total or in part) by the Division of Behavioral Health.
 - This is less than previous schedule of \$4,410 to adjust for impact of inclusion of liabilities

Fee Schedules

- ▶ A single person who's adjusted monthly income on the worksheet exceeds \$3,136 is not eligible for services funded by DBH.
 - ▶ Maximum allowable adjusted monthly income for a family of 10 is \$72,021.
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Fee Schedules

- ▶ Currently three Fee Schedules for DBH funded services have been drafted:
 - **Hardship Fee Schedule** for individuals who have a SPMI, SED or *medical* bills/*medical* debt in excess of 10% of the taxable annual income
 - **Emergency Access & Housing Fee Schedule** for individuals accessing 24 hour crisis lines, Crisis Response Teams or Housing Related Assistance
 - **Financial Eligibility Fee Schedule** for all services/consumers not covered under other fee schedules

Fee Schedule

- ▶ Each schedule provides a range of allowable copays that can be used for specific income levels.
- ▶ A provider may establish different percentage copay for different services as long as any percentage used falls within the allowable range for each income grouping.
- ▶ For example:
 - Consumer adjusted monthly income: \$2,600
 - Allowable Range: 46–75% of rate or cost
 - Copay for Med Management: 65% of rate or cost
 - Copay for Outpatient: 48% of rate or cost

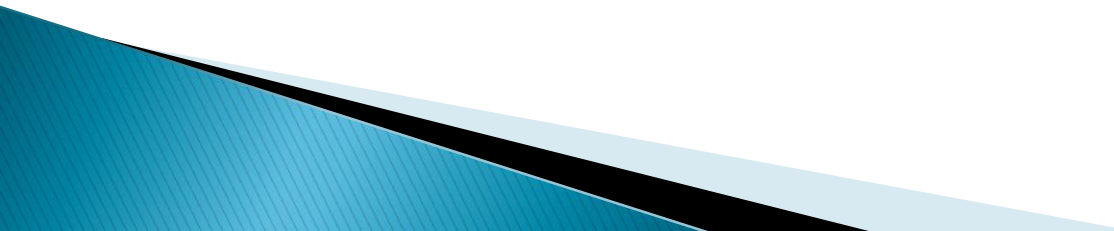
Fee Schedules

- ▶ Individuals who are not eligible for services funded in part or in whole by Division of Behavioral Health are subject to the provider's fee schedule for non-DBH funded services.

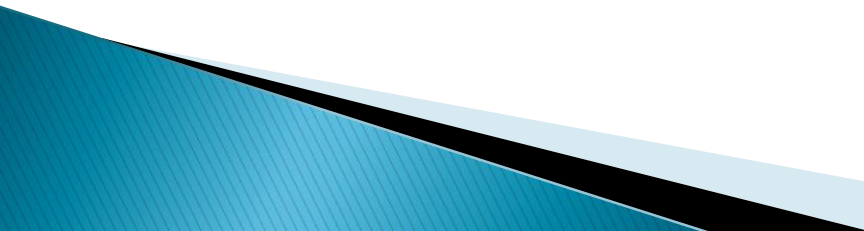
Fee Schedules

- ▶ Per existing Regulations, service may NOT be denied due to consumer not paying scheduled fees (no change)
 - 203 NAC 4002.02E3 No substance abuse services funded in whole or in part by State funds may be denied residents of Nebraska because of inability to pay scheduled fees.
 - 204 NAC 4007.01 A program funded in whole or in part under a contract with Department shall not be denied to persons residing in Nebraska because of inability to pay scheduled fees, including preadmission deposits.

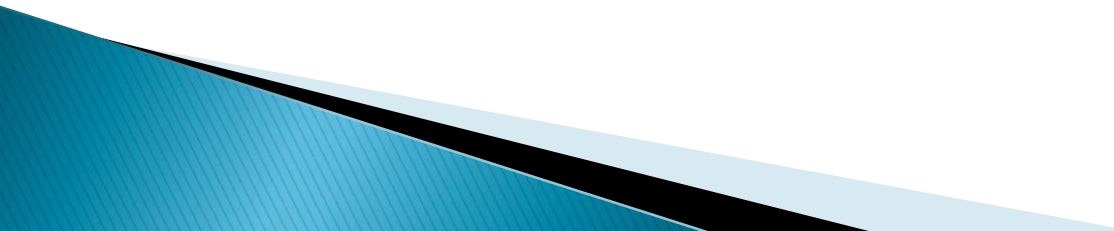
Next Steps for Implementation

- ▶ Review of provider feedback/questions to identify potential revisions or clarifications needed in the policy, worksheet, or schedules.
 - ▶ Final versions of the policy, worksheet, and schedules will be released.
 - ▶ A Frequently Asked Questions (FAQ) sheet will be developed by July 1, 2012 and published on DBH website to assist with implementation.
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Next Steps for Implementation

- ▶ Per statute, RBHA's will formally adopt the Fee Schedules as a part of the FY13 Regional Budget Plan
 - ▶ RBHA's will assist providers to implement new policy and fee schedules
 - ▶ No later than July 18, 2012, all providers are subject to the DHHS Division of Behavioral Health Financial Eligibility Policy and must begin using the Worksheet and new schedules as adopted by the RBHAs
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Next Steps for Implementation

- ▶ The policy and fee schedules will be incorporated into the upcoming 206 Regulations. This will allow for further comment and review at that time.
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Questions

- ▶ In the remaining time, the phones will be unmuted. Each region will have 5 minutes for providers to ask specific questions.
 - ▶ If you have questions that have not been answered during this call, please send them to your Regional Representative who will forward them to DBH.
 - ▶ It is important for you to be as specific as possible about the question/problem and to alternatives that are allowable under the statute
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