



AGENDA ITEM NO.
C-8

COUNTY OF HUMBOLDT

For the meeting of: June 16, 2015

Date: May 18, 2015
To: Board of Supervisors
From: Phillip R. Crandall, Director
Department of Health and Human Services (DHHS)-Mental Health
Subject: Mental Health Charge Rate Schedule

RECOMMENDATION(S):
That the Board of Supervisors:

Approve and adopt the attached charge rate schedule for the Department of Health and Human Services – Mental Health (Attachment I) as required by the State Department of Health Care Services. This schedule shall be effective January 1, 2015 until amended.

SOURCE OF FUNDING:
Mental Health Fund

DISCUSSION:

Medi-Cal and Medicare regulations require the establishment of fees for services based on ability to pay, but not to exceed the actual costs incurred, as well as to ensure that a uniform rate is established for government and private payers. It also requires entities that receive this funding to establish systems for eligibility determination, billing, and collection. Both of these regulatory funding sources make payment to DHHS Mental Health based on interim rates, which are ultimately settled to cost in the cost report and audit processes.

Prepared by M. Chilton, MH Budget Specialist

CAO Approval *Arny Noren*

REVIEW: Auditor _____ County Counsel KR Human Resources _____ Other _____

TYPE OF ITEM:
 Consent
 Departmental
 Public Hearing
 Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. D-5

Meeting of: 6/10/2014

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor Sundberg Seconded by Supervisor Bass
Ayes Sundberg, Lorelace, Fennell, Bass
Nays _____
Abstain _____
Absent Bohn

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: June 16, 2015
By: *Kathy Hayes*
Kathy Hayes, Clerk of the Board

The Mental Health charge rates for Specialty Mental Health Services are based on the estimated and historical cost per unit of providing services to clients. Billing rates are further governed by Certified Public Expenditure (CPE) and the Uniform Method of Determining Ability to Pay (UMDAP) Schedule (Attachment II) for the billing of clients.

DHHS Mental Health has conducted a financial review of the impact of staffing costs, including salary and benefit costs and operating expense costs, professional & special services and medication costs. These costs have been compared to units of service for the provision of Specialty Mental Health services. Significant changes that have impacted cost per unit in this rate setting period include the implementation of an electronic health record and a restructure of DHHS-Mental Health medical staffing components.

In order to establish an interim rate for reimbursement, the State Department of Health Care Services (DHCS) requires that County mental health plans publish a schedule of usual and customary charges. Mid-year financial review supports this request to amend current rates for Mental Health Services from \$2.86 per minute to \$3.60 per minute; Case Management/Brokerage from \$2.22 per minute to \$3.03 per minute; Medication Support Services from \$4.39 per minute to \$5.23 per minute and Crisis Intervention from \$4.16 per minute to \$4.78 per minute. Also requested are amendments to Inpatient bed day rates from \$1,415 per day to \$1,485.75 per day and Crisis Stabilization rates from \$94.54 per hour to \$99.27 per hour.

The charge schedule does not affect the financial liability of clients. Persons receiving mental health services who are not covered by Medi-Cal and Medicare, are billed according to a sliding scale based on ability to pay (UMDAP), issued by the State Department of Mental Health.

FINANCIAL IMPACT:

This rate adjustment will support the per unit cost reimbursement of providing Specialty Mental Health Services. The proposed updated charge schedule will enable DHHS – Mental Health to be in compliance with Medi-Cal and Medicare requirements and to maximize revenues from Medicaid and Medicare. It is projected that with this rate adjustment DHHS-Mental Health will increase Medicaid Federal Financial Participation (FFP) revenues for FY 2014-15 by \$500,000.

Following FY 2014-15 mid-year financial review, DHHS-Mental Health financial services staff have conducted an evaluation of projected costs per unit of service in order to make a recommendation to modify rate schedule effective January 1, 2015. It is due to the time required for this evaluation that DHHS – Mental Health comes to the Board of Supervisors at this time with 2015 charge rate schedule.

This action will support the County of Humboldt strategic framework by managing our resources to ensure sustainability of services and to seek outside funding sources to benefit Humboldt County needs.

OTHER AGENCY INVOLVEMENT:

None

ALTERNATIVES TO STAFF RECOMMENDATIONS:

Board Discretion

ATTACHMENTS:

Attachment I – DHHS Mental Health 2015 Rate Schedule

Attachment II - Uniform Method of Determining Ability to Pay (UMDAP) Schedule



Mental Health
 Asha George, PhD, Director
 720 Wood Street, Eureka, CA 95501
 phone: (707) 268-2990 | fax: (707) 476-4049

**Mental Health
 Rate Schedule
 effective January 1, 2015**

OUTPATIENT

	Published Rate	
Mental Health Services		
Collateral	\$ 3.60	Per minute
Assessment	\$ 3.60	Per minute
Individual Therapy	\$ 3.60	Per minute
Group Therapy	\$ 3.60	Per minute
Rehabilitation Services	\$ 3.60	Per minute
Therapeutic Behavioral Services	\$ 3.60	Per minute
Medication Support	\$ 5.23	Per minute
Case Management/Brokerage	\$ 3.03	Per minute
Crisis Intervention	\$ 4.78	Per minute
Crisis Stabilization	\$ 99.27	Per Hour

Day Treatment

Adult Rehabilitative - Half Day	\$ 84.08	Per Day
Adult Rehabilitative - Full Day	\$ 131.24	Per Day
Adolescent Rehabilitative - Full Day	\$ 131.24	Per Day

Inpatient

\$1,485.75 Per Day



DHHS Administration
 phone: (707) 441-5400
 fax: (707) 441-5412

Public Health
 phone: (707) 268-2121
 fax: (707) 268-2126

Social Services
 phone: (707) 476-4700
 fax: (707) 441-2096



**UNIFORM PATIENT FEE SCHEDULE
COMMUNITY MENTAL HEALTH SERVICES**
Effective October 1, 1989

ATTACHMENT II



MONTHLY ADJUSTED GROSS INCOME*	PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES				
	1	2	3	4	5 or more
0- 569					
570- 599					
600- 649					
650- 699	50				
700- 749	56				
750- 799	63				
800- 849	71	64			
850- 899	79	71			
900- 949	89	80			
950- 999	99	90	80		
1000-1049	111	100	90		
1050-1099	125	112	101		
1100-1149	140	126	113		
1150-1199	156	140	126	113	
1200-1249	177	159	143	129	
1250-1299	200	180	162	146	
1300-1349	226	203	183	165	149
1350-1399	255	230	207	186	167
1400-1449	288	259	233	210	189
1450-1499	326	293	264	238	214
1500-1549	368	331	298	268	241
1550-1599	416	374	337	303	273
1600-1649	470	423	381	343	309
1650-1699	531	478	430	387	348
1700-1749	600	540	486	437	393
1750-1799	678	610	549	494	445
1800-1849	752	677	609	548	493
1850-1899	835	752	677	609	548
1900-1949	927	834	751	676	608

MONTHLY ADJUSTED GROSS INCOME*	PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES				
	1	2	3	4	5 or more
1950-1999	1029	926	833	750	675
2000-2049	1142	1028	925	833	750
2050-2099	1268	1141	1027	924	832
2100-2149	1407	1266	1139	1025	923
2150-2199	1562	1406	1265	1139	1025
2200-2249	1734	1561	1405	1265	1139
2250-2299	1925	1733	1560	1404	1264
2300-2349	2136	1922	1730	1557	1401
2350-2399	2371	2134	1921	1729	1556
2400-2449	2632	2369	2132	1919	1727
2450-2499	2922	2630	2367	2130	1917
2500-2599	3275	2948	2653	2388	2149
2600-2699	3482	3134	2821	2359	2285
2700-2799	3695	3326	2993	2694	2425
2800-2899	3915	3524	3172	2855	2570
2900-2999	4139	3725	3353	3018	2716
3000-3099	4370	3933	3540	3186	2867
3100-3199	4607	4146	3731	3358	3022
3200-3299	4850	4365	3929	3536	3182
3300-3399	5099	4589	4130	3717	3345
3400-3499	5458	4912	4421	3979	3581
3500-3599	5830	5247	4722	4250	3825
3600-3699	6214	5593	5036	4532	4079
3700-3799	6610	5949	5354	4819	4337
3800-3899	7018	6316	5684	5116	4604
3900-3999	7438	6694	6025	5423	4881
4000-4099	7870	7083	6375	5738	5164
4100-4199	8314	7483	6735	6062	5456

Above \$4200 Add \$400 for each \$100 additional income.

*Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made on the financial intake form.

**Medi-Cal eligible. The shaded Medi-Cal eligible area identifies income levels presumed eligible if client meets Medi-Cal eligibility requirements. (See back page).

Prepared and published by the California Department of Mental Health in accordance with Sections 5717 and 5718 of the Welfare and Institutions Code.