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Anne Britt

From: Silas Halloran-Steiner
Sent: Friday, June 20, 2014 5:04 PM
To: Kathy George; Laura Tschabold
Cc: Mary Starrett; Margaret Jarmer; Craig Hinrichs; Christina Malae; Anne Britt
Subject: Board Consideration: HHS Fees for 2014-2015
Attachments: FEEPOLICY 145 BOC version.doc; Fee comparison 145 BOC version.xlsx; Public Health clinic fees 145 FINAL.xls

Hi Kathy and Laura,

I would like to request the Board's consideration in approving the Proposed Fees for 2014-15 for HHS Behavioral Health Usual and Customary Rates, Public Health Clinic Fees and Environmental Health Fees. We calculated the rates using the Jarvis Fee setting template as we have for the past several years, and which has been used in coordination with Mid-Valley Behavioral Care Network (BCN) counties since 2004. Attached are files detailing the three sets of rates and fees. The public health fees file shows the relationship to fiscal year 2013-2014 fees. I have attached a file with fiscal year 2013-2014 behavioral health fees for comparison as a percentage of reduction, and there are fee trends going back to fiscal year 2011-2012.

Overall, the rates this year for behavioral health reflect an administrative decision to hold productivity targets flat. While our overall department expenses have increased due to the increase in the number of staff recently hired, we have held our administrative expenses down. This in conjunction with the flat productivity has helped drive the rates lower.

Public Health Clinic rates decreased significantly for Nurse Practitioner and Medical Doctor services due to increased productivity and recognizing cost efficiencies associated with our Nurse Practitioner staffing model. Several of the Environmental Health fees were increased by approximately 5% this year. As a reminder, and for context, when our true costs warrant it we have been increasing the fees which have historically been lower than those allowed under Oregon Revised Statute. We have only done this when the economic climate appears to support it. Last year, for example, we moved these fees up 2.5% and balanced the budget with \$15,000 of HHS reserves. This year I have removed the use of reserves as it was only intended as a one time expense. Finally, the Board of Health reviewed the proposed Public Health Clinic and Environmental Health Fees on June 18, 2014 and passed a unanimous motion to recommend Board approval.

I recommend approval of these rates with an implementation date of July 1, 2014. Please let me know if you have questions.

Anne, please place these on the Board agenda for next week's meeting.

Thanks,

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Accepted by Yamhill County
Board of Commissioners on
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14-367

Our Vision: People in Yamhill County live, work, learn, and play in safe communities that support wellness and dignity.

Fee Schedule - Implementation on July 1, 2014

Please discuss with managers if you have questions.

Attached is an updated "Fee Policy" which reflects Yamhill County Behavioral Health rates effective July 1, 2014. We have recalculated our Usual and Customary rates and adjusted them accordingly.

Review the "Fee Policy" carefully, as all clinical and reception staff will need to be aware of these rate changes. Please take every opportunity to ensure clients are aware that billing statements from **July 1st forward** will reflect the new rates.

Suggested "To Do's" for each office:

- Designate Staff to collect old copies and replace with new fee policy and sliding fee scales. **The previous Fee Policy should be disposed of (recycled).**
 - Notify primary fee setting staff of the change, as well as others that set fee agreements.
 - Announce the changes in staff meetings.
 - Post notice mailed with this document in waiting areas for the months of July and August.
 - Review any other forms or documents that may reference rates (i.e. CD RDL, AODAG, etc.).
- The updated Usual and Customary Rates on page 2 of this memo affect the current Fee Contract for clients and they may see a slight decrease in their bills, except if they have a "Flat" fee (for example: \$5.00).
 - Also available to staff are new sliding fee schedules to estimate the cost of individual, 1.0 hour groups and 1.5 hour groups. Please remember that they are simply a resource for your use when completing the Fee Contract form. **Use the percent column when ever possible on a fee agreement.**

If you have any questions about the above information, please contact your supervisor.

Yamhill County Health and Human Services
FEE POLICY EFFECTIVE July 1, 2014

Yamhill County Health and Human Services is funded by tax dollars and user fees. The fees are calculated based on the cost of providing the service. We are directed by our governmental funding sources to limit services to individuals of low and moderate incomes who are unable to access private services. On the accompanying rate sheets the notation **NA** signifies that our services are not available to individuals at that income level. If your income is in an **NA** category and you believe you have unique circumstances that prevent your accessing private services, please ask to discuss your situation with a program manager to determine if an exception can be made. (Note: NA category effective through 5/31/2015 per Evans CDBG)

While no client is turned away because of inability to pay for services, we will charge fees to those clients who can pay. Our fee schedule is sliding, based upon an individual's or family's gross monthly income and number of dependents, and is typically determined at the time of the first visit. Whenever possible, we will bill private insurance companies, but the client is ultimately responsible for the portion not paid by insurance up to the amount on our sliding fee schedule.

1. Clients are expected to enter into a signed fee contract for payment of services.
2. Payment is requested on a "pay as you go" basis. This means that the amount, once it is agreed upon, should be paid at the time of each appointment. This way, the client will avoid the accumulation of a large balance and save the cost of billing.
3. The clinic's fees are based on the following schedule:

| <u>TYPE OF SERVICE</u> | <u>USUAL AND CUSTOMARY RATES (Office/Out-of-Office)</u> |
|---|--|
| • Assessments | 198.00 / 312.00 per hour |
| • Screening | 180.00 / 284.00 per hour |
| • Individual Therapy | 144.00 / 227.00 per hour |
| • Family/Marital Therapy | 144.00 / 227.00 per hour |
| • Consultation | 144.00 / 227.00 per hour |
| • Group Therapy | 42.00 per hour |
| • Skills Training (group & indiv) | 50.00 / 100.00 per hour |
| <i>Group Skills Training</i> | <i>38.00 / 59.00 per hour</i> |
| <i>Individual Skills Training</i> | <i>129.00 / 203.00 per hour</i> |
| • Supported Employment | 129.00 / 203.00 per hour |
| • Case Management - QMHA | 129.00 / 203.00 per hour |
| • Case Management – QMHP | 144.00 / 227.00 per hour |
| • Reports/Correspondence/Copying | 30.00 up to 10 pages, additional pages \$0.25 each <u>OR</u> as stipulated in ORS 192.563 |
| • Physician Medication Management/ Therapy/Evaluation/Consultation | 238.00 per hour (no out-of-office) |
| • RN Medication Management | 144.00 / 227.00 per hour |
| • Urinalysis | 33.00 each |
| • Interpreter Services | 90.00 per hour |
| • AODAG (assessments & groups) | 126.00 Treatment Services |
| • Assertive Community Treatment Services | 133.00 / 146.00 per hour |

Approved by BOC [DATE] BO# [_____]

Please note these fees are subject to change. Check with staff for current rates.

*Fees are rounded up to the nearest dollar. Sliding fees are approximates and are based on a "percentage" of total fee.

Effective July 1, 2014

B.O. 14-367

| Yamhill County Public Health 2014-2015 Rates | | Approved by BOH | Approved by BOC | BO# |
|---|---------------------------------------|--------------------------|-------------------------|----------|
| Description | Basis for Rates | Current 13 - 14 Rates | Proposed 14-15 Rates | % change |
| Base MD charge | Per Hour | \$ 246.00 | \$ 187.00 | -24% |
| Base RN charge | Per Hour | \$ 161.00 | \$ 161.00 | 0% |
| Base FP NP charge | Per Hour, | \$ 246.00 | \$ 187.00 | -24% |
| MD, NP, PA Rates | | | | |
| Established Office Visit L1 NP | 5 minutes | \$ 21.00 | \$ 16.00 | -24% |
| Established Office Visit L2 | 10 minutes | \$ 41.00 | \$ 31.00 | -24% |
| Established Office Visit L3 | 15 minutes | \$ 62.00 | \$ 47.00 | -24% |
| Established Office Visit L4 | 25 minutes | \$ 103.00 | \$ 78.00 | -24% |
| Established Office Visit L5 | 40 minutes | \$ 164.00 | \$ 125.00 | -24% |
| NP Family Planning exam | 45 minutes | \$ 185.00 | \$ 140.00 | -24% |
| MD Office Visit Level 3 | 40 minutes | \$ 164.00 | \$ 125.00 | -24% |
| MD Office Visit Level 4 | 60 minutes | \$ 246.00 | \$ 187.00 | -24% |
| New Office Visit Level 1 | 10 minutes | \$ 41.00 | \$ 32.00 | -22% |
| New Office Visit Level 2 | 20 minutes | \$ 82.00 | \$ 63.00 | -23% |
| New Office Visit Level 3 | 30 minutes | \$ 123.00 | \$ 94.00 | -24% |
| New Office Visit Level 4 | 45 minutes | \$ 185.00 | \$ 141.00 | -24% |
| New Office Visit Level 5 | 60 minutes | \$ 246.00 | \$ 187.00 | -24% |
| RN Rates | | | | |
| Established Office Visit L1 RN | up to10 minutes | \$ 27.00 | \$ 27.00 | 0% |
| OVRN | | | \$ 81.00 | |
| Travel-Minor (18)W/Parent/Guar | reduced to 50% of adult in 089 by BOH | \$ 46.00 | \$ 46.00 | 0% |
| Travel Clinic - Initial | 090 Cost Study | \$ 91.00 | \$ 91.00 | 0% |
| Yellow Fever Recertification | Est. at 15 min | \$ 40.00 | \$ 40.00 | 0% |
| PPD Test | Vaccine Admin + cost | \$ 32.00 | \$ 32.00 | 0% |
| Immunization Administration - for locally purchased vaccine | Vaccine Admin Fee | \$ 27.00 | \$ 27.00 | 0% |
| Therapeutic Injection | | \$ 27.00 | \$ 27.00 | 0% |
| Venipuncture | | \$ 27.00 | \$ 27.00 | 0% |
| Babies First CM visit | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM CM Home Visit | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM CM Full | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM CM Partial | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM Hi-Risk CM Full | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM Hi-Risk Partial | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM Home/Environment Assmt | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM Initial Needs Assmnt | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM Nutritional Counseling | CMS Allowed | DMAP Rate | DMAP Rate | |
| MCM Telephone Contact | CMS Allowed | DMAP Rate | DMAP Rate | |
| Anti-HBc (Pre Vaccine) | | Actual cost | Actual cost | |
| Anti-HBs (Post Vaccine) | | Actual cost | Actual cost | |
| Blood, HSV 2 | | Actual cost | Actual cost | |
| CBC with Diff | | Actual cost | Actual cost | |
| Comp Metabolic Panel | | Actual cost | Actual cost | |
| Culture, HSV, Rapid | | Actual cost | Actual cost | |
| HCV Contact | | Actual cost | Actual cost | |
| Hepatic Function Panel | | Actual cost | Actual cost | |
| Hepatitis A Total | | Actual cost | Actual cost | |
| HIV Screening | | Actual cost | Actual cost | |
| Measles (Rubeola) Immune | | Actual cost | Actual cost | |
| Mumps Acute IGM | | Actual cost | Actual cost | |
| Mumps Immune Status | | Actual cost | Actual cost | |
| Neisseria GC Culture | | Actual cost | Actual cost | |
| Rectal Chlamydia | | Actual cost | Actual cost | |
| Rubeola Immune Status | | Actual cost | Actual cost | |
| STD Culture(TM) | | Actual cost | Actual cost | |
| Uric Acid | | Actual cost | Actual cost | |
| Varicella Immune Status | | Actual cost | Actual cost | |
| Viral Screening | | Actual cost | Actual cost | |

| Yamhill County Public Health Environmental Health 2014-2015 Fees | | | Approved by BOH | Approved by BOC | BO# |
|---|-------------------------------|-------------------------|--------------------------|-----------------|-----|
| Facility Type | Previous Year 12 - 13 Fees | Current 13 - 14 Fees | Proposed 14 - 15 Fees | % change | |
| B&B | 206.00 | 211.00 | 211.00 | 0.00% | |
| limited service | 305.00 | 313.00 | 329.00 | 5.11% | |
| 0-15 seats | 485.00 | 497.00 | 497.00 | 0.00% | |
| 16-50 seats | 546.00 | 560.00 | 560.00 | 0.00% | |
| 51-150 seats | 622.00 | 638.00 | 638.00 | 0.00% | |
| 150+seats | 726.00 | 744.00 | 744.00 | 0.00% | |
| Mobile Commissary Existing Facility | 103.00 | 106.00 | 111.00 | 4.72% | |
| Mobile Commissary | 290.00 | 297.00 | 297.00 | 0.00% | |
| Class 1 mobile units | 224.00 | 230.00 | 242.00 | 5.22% | |
| Class 2 mobile units | 224.00 | 230.00 | 242.00 | 5.22% | |
| Class 3 mobile units | 258.00 | 264.00 | 277.00 | 4.92% | |
| Class 4 mobile units | 270.00 | 277.00 | 288.00 | 3.97% | |
| Class 3 Shaved Ice | 110.00 | 113.00 | 119.00 | 5.31% | |
| Warehouse | 140.00 | 144.00 | 151.00 | 4.86% | |
| Vending, 1-10 units | 218.00 | 222.00 | 222.00 | 0.00% | |
| Vending, 41-50 units | 338.00 | 346.00 | 363.00 | 4.91% | |
| Exempt Facilities | - | - | | | |
| Temporary Restaurant | 130.00 | 130.00 | 134.00 | 3.08% | |
| Benevolent Temporary Restaurant | 30.00 | 30.00 | 30.00 | 0.00% | |
| Community Event | 80.00 | 80.00 | 84.00 | 5.00% | |
| Intermittent Temporary License | 220.00 | 226.00 | 237.00 | 4.87% | |
| Seasonal/Quarterly Temporary Licens | 250.00 | 256.00 | 269.00 | 5.08% | |
| Operation Review | 80.00 | 82.00 | 86.00 | 4.88% | |
| Recheck Inspection | 150.00 | 154.00 | 162.00 | 5.19% | |
| Tourist base (Hotel & RV PARK) per facilit | 123.00 | 126.00 | 132.00 | 4.76% | |
| +Tourist surcharge 1-50 | 2.90 | 2.97 | 3.12 | 5.05% | |
| +Tourist surcharge 51-100 | 2.10 | 2.10 | 2.21 | 5.24% | |
| +Tourist surcharge 100+ | 1.65 | 1.69 | 1.77 | 4.73% | |
| Org Camps | 212.00 | 217.00 | 228.00 | 5.07% | |
| Seasonal & 2nd pools | 208.00 | 213.00 | 224.00 | 5.16% | |
| Year Round Pools | 414.00 | 424.00 | 445.00 | 4.95% | |
| Pool Plan Review | 1,247.00 | 1,278.00 | 1,342.00 | 5.01% | |
| Foodhandler Training | 10.00 | 10.00 | 10.00 | 0.00% | |
| Manager Training | 80.00 | 80.00 | 84.00 | 5.00% | |
| Food Handler card replacement | 5.00 | 5.00 | 5.00 | 0.00% | |
| Facility Plan Review | | | | | |
| Restaurant - New Construction | 368.00 | 377.00 | 396.00 | 5.04% | |
| Mobile Unit | 145.00 | 149.00 | 156.00 | 4.70% | |
| Commissary | 145.00 | 149.00 | 156.00 | 4.70% | |
| Remodel | 145.00 | 149.00 | 156.00 | 4.70% | |
| School -Central Kitchen | 231.00 | 237.00 | 249.00 | 5.06% | |
| School - Satellite kitchen | 145.00 | 149.00 | 156.00 | 4.70% | |
| Chehalem Youth and Family | 122.00 | 125.00 | 131.00 | 4.80% | |
| Headstart | 130.00 | 130.00 | 130.00 | 0.00% | |
| Daycare - after school | 122.00 | 125.00 | 131.00 | 4.80% | |
| Daycare group home | 148.00 | 152.00 | 160.00 | 5.26% | |
| Daycare w/o infants | 176.00 | 180.00 | 189.00 | 5.00% | |
| Daycare with infants | 194.00 | 199.00 | 209.00 | 5.03% | |
| Late Fees | | | | | |
| license reinstatement base | 100 | 100 | 100 | 0.00% | |
| license reinstatement per delinquent month | 100 | 100 | 100 | 0.00% | |
| Temporary late fee | 20 | 20 | 20 | 0.00% | |
| Note: If fees for new licenses are paid for between Oct 1 and Dec 31 for the current calendar year, fees will be prorated to 50%. | | | | | |

B.O.14-367

