Division of Public and Behavioral Health
Substance Abuse Prevention and Treatment Agency (SAPTA)
Advisory Board (SAB) Rates Subcommittee

MINUTES

DATE: May 28, 2014
TIME: 4:00 pm
LOCATION: Division of Public & Behavioral Health
Substance Abuse Prevention & Treatment Agency (SAPTA)
4126 Technology Way, 2nd Floor
Main Conference Room
Carson City, NV 89706

Teleconference Number
1-888-363-4735
Access Code: 1602938

BOARD MEMBERS PRESENT

Diaz Dixon	Step 2, Inc
Ester Quilici	Vitality Unlimited
Kevin Morss	WestCare Nevada, Inc.
Mark Disselkoen - Chair	CASAT
Steve Burt	Ridge House

BOARD MEMBERS ABSENT

SAPTA STAFF

Lisa Tuttle - Recorder	SAPTA

1. **Welcome and Introductions**
   Mark Disselkoen opened the meeting in due form at 4:05 p.m.

2. **Public Comment**
   There was no public comment.

3. **Approval of Minutes from the February 26, 2014, Rates Subcommittee Meeting**
   Steve Burt moved to approve the minutes and it was seconded by Diaz Dixon. The motion carried.

4. **Update, Discussion, and Recommendations Regarding the SAPTA Sliding Fee Scale Policy**
   Mark provided a quick summary on the policy which was initially presented by Steve McLaughlin and Mary Wherry in the November, 2013 SAPTA Advisory Board (SAB) meeting. The SAPTA Sliding Fee Policy was not an initial task of the subcommittee; but when the sliding fee scale was presented in March of 2014, it became apparent that conflicts in policy needed to be addressed. Mark worked with Kevin Quint on the concerns voiced by Barry Lovgren, and a revision was presented at the April, 2014 SAB meeting. It was decided to take one more look at the policy to refine it further. Mark provided Barry Lovgren's comments in writing to the subcommittee members for their consideration and comment.

   Esther Quilici voiced the concerns about the rates on the sliding fee scale. Mark said he has updates that he will be providing later in the meeting that should clear up any confusion. He suggested the group look at the policy first, and then go over the sliding fee scale.

   - Mark said the first obvious change was the title, which should be changed from *Billing and Collection Practices at SAPTA-funded Treatment Programs* to *SAPTA Sliding Fee Scale Policy*. The members were in agreement.

- The first of Barry's comments concerns the wording in the third paragraph beginning with, "In the event a client is seeking a clinical assessment…". Barry stated that the interchangeable usage of the words "evaluation" and "assessment" makes the paragraph unclear if it refers to an evaluation center service, or a clinical assessment for treatment services. Mark suggested that it be called an "assessment" throughout the policy, to clearly refer to clinical assessments, not DUI evaluations. He added that typically, the providers of DUI evaluations are not funded and will not be affected by this policy. Ester said that if the word "assessment" is used consistently, it becomes clear that the reference is to the forensic assessment. All agreed to replacing the word changing the wording to "assessment".

- Comment 2: Referring to the fourth paragraph, Mark said the suggestions provided would make the policy read better, and if all were in agreement, he would incorporate those suggestions to change the wording in the rewrite.

- Comment 3: At the end of the fourth paragraph, the word "shall" changed to "should". The members all said to leave the original wording.

- Comment 4: Referring to the middle of the fifth paragraph, Barry recommended adding a protocol for working with a client before sending the debt to collections. Mark felt it was perhaps too proscriptive to say exactly how far past due an account is allowed to get. However, it could require documentation of working with the client and ongoing failed attempts to collect payment before sending it on to collections. Esther added that if the payment protocols are clearly stipulated by the agency, the client signs the document before they receive treatment, and they know what the ramifications will be if they fail to pay, that is all that is necessary. Steve Burt agreed that the payment arrangements are contractual. He stated that the paragraph is fine as written and there is no need for proscriptive language.

- Comment 5: Barry pointed out that the policy allows programs to determine what they will bill patients whose income exceeds 250% of the federal poverty level; but the sliding fee scale sets an amount for those income levels. It was agreed by all members that the providers can determine the appropriate fees for those whose incomes exceed 250%.

- Ester questioned the second paragraph on the second page, which begins with "SAPTA funding is funding of last resort". Ester suggested the policy remain silent on the issue of EAP. Steve Burt felt that the "funding of last resort" had to stay in the policy to maintain accountability with SAMHSA. At the same time, it has to be worded to allow providers to run their own businesses. He added that the biggest barrier to clients' ability to pay for treatment is not with the EAP but with the deductible and co-pay amounts. Mark will leave the wording as it is but discuss the question with Kevin Quint and bring it up at the SAB.

- Ester also questioned the third paragraph on the second page regarding the ineligibility of persons who are currently incarcerated. She was concerned about the inability to get people onto Medicaid while they are incarcerated so that they can begin receiving treatment for substance use when they emerge from the correctional setting. Mark clarified that they are not eligible while they are incarcerated but become eligible upon release from the system. Ester suggested that the ability to send counselors into the jail system would be a good safety measure for everyone. Mark concluded by saying that it is a limitation imposed by the federal Block Grant .

Mark will present the updated policy at the upcoming June 18th SAB meeting for approval.

Mark then returned to the topic of the Sliding Fee Scale. He wants it to be as accurate and congruent to SAPTA budgets as possible. He provided the hypothetical example of a service level covered by SAPTA's sliding fee scale at a rate of $100 a day. If that service is provided to an uninsured patient, and Medicaid reimburses $10 a day, SAPTA will reimburse the remaining $90. He would like the suggested rates to get as close to the cost of providing the service as possible, and will be making further corrections.

Ester had comments about the federal poverty guidelines. She asked why there is no patient co-pay at the tier 1 level, and questioned the rationale behind removing the co-pay requirement. She pointed out that in the recovery world, the patient is asked to take ownership in their own recovery by putting in something financially. Now, the patient is not asked to contribute anything to their own success. Mark asked the group if they agree that there should be an obligation at tier 1. There were no opinions at this time, and Mark said they will continue to consider the question and take it up at the next meeting.

Regarding the assessments for substance abuse, H0001, Medicaid will not, in some cases, reimburse for an assessment-individual-substance abuse which is done by staff at a CADC level. They will, however, reimburse $139.46 for the Comprehensive Evaluation-substance abuse-adolescent/adult at the rate of $139.46. Mark suggested that the proposed $139.46 rate for SAPTA reimbursement was too high, and recommended that it be adjusted to $100, which is more than the current rate of $90. Kevin Morss said his clients are Medicaid fee-for-service patients for the first month, after which they are provider type 17. Mark asked if that patient would pay the $139.46, and Kevin replied that he didn't have those documents if front of him. Mark said that was a really good point and he would check on it. If there is a Medicaid rate, he will include it. If there is not, SAPTA may set the rate at $100 rather than $90. Regarding 0.5, Mark said he would talk to Kevin Quint about removing it since SAPTA doesn't pay for it. The COD comprehensive evaluation seems redundant and is covered above in the comprehensive evaluation in the former section. On the outpatient services, Medicaid looks at all providers as providing COD, so there is no distinction and all rates reflect the current Medicaid rate for an individual. On the next section for group, $32 is slightly higher than Medicaid, and Mark recommended it remain unchanged. Ester Quilici asked about the percentages in the tiers. Mark explained that they are based on the 250%. 100% is tier 5 column. Once that is determined, you go down in increments of 25% down to zero, which is tier 1. If a patient comes in who has no insurance or Medicaid, then the provider would use the 100% (tier 5) rate, determine what the patient owes, and bill SAPTA for the difference. If, for example, it is determined that the client pays at the tier 2 level, SAPTA will be billed the difference between tier 2 and tier 5. If the client has Medicaid, and they are in residential treatment, the provider would bill Medicaid for IOP, which is $145/day for 3 days; divide it by 7 which is $60/day; and bill SAPTA for the difference at the room and board rate. Mark commented that Idaho and Wyoming are getting rid of residential treatment because Medicaid won't pay for it. They are closing down the programs and steering the patients into IOP. SAPTA is willing to allow the providers to bill Medicaid for the clinical services and SAPTA will pick up the room and board.

Mark would like to remove 3.7 from the fee scale because neither SAPTA nor Medicaid will pay for it. He suggested the non-COD outpatient levels of service be reimbursed at the Medicaid rate, which is a slight increase. He offered to go ahead and make the changes and updates to the sliding fee scale and create a key to the basis for the fees. He will then pass it through the committee for review before bringing it to the Advisory Board for approval.

After further discussion on levels of service reimbursements that were inconsistent or questionable, Mark made a motion to make changes to the sliding fee policy and the sliding fee scale based on the subcommittee's discussion, and present it to the Advisory Board, and it was seconded by Ester Quilici. The motion carried.

5. **Review Possible Agenda Items and Future Meeting Dates**
   There was no suggestion for a future meeting date.

6. **Public Comment**
   There was no public comment.

7. **Adjourn**
   Meeting adjourned at 5:10 p.m.