Policy: To establish a unified fee and benefit scale for Developmental Services.

Purpose: The purpose of this policy is to establish a system for development and review of Developmental Services fee scales. The MHDS Division has a responsibility to insure fee scales are current and relevant.

Procedures:

I. Service Coordination (AKA – Case Management): The Service Coordination scale covers case management fees as well as the benefits of the Family Preservation Program (FPP), purchase of services and respite.

II. Family Preservation Program (FPP): FPP changes will take effect with the annual February payment to allow recalculation and establishment of new benefit levels during January. Central office will recalculate for the current consumers. Regions will need to evaluate whether or not additional cases meet the financial standards.

III. Percent Fee Scale: The percent fee scale is for use in the rare case where we may need to establish a fee for another service, e.g. Day Training. The form is used to calculate a fee by filling in the service cost, % from the table and calculating the customer cost. Since most people are on Medicaid and/or Medicare or are adults with very low incomes, this will occur infrequently but may occur if the family has sufficient income to assist their minor child who lives at home and is receiving counseling. The fee for the counseling cost would be calculated using the scale.

IV. Periodic Updates: The scale is constructed based on the Federal Poverty Guidelines. Central office has the source spreadsheet that can be used to recalculate as the federal numbers change. The changes must have commission approval. The new scale offers the following benefits:

A. It adjusts for inflation and for new case management rates.

B. It puts all benefits and fees on one page, eliminating the possibility of charging a fee and paying a benefit at the same time.

C. It is linked to an independent measure of poverty--The Federal Poverty Guidelines.

D. It states that this scale only applies to persons who are <u>not</u> Medicaid eligible.

E. It charges fees only if the fee exceeds the cost of billing and collection.

Administrator

ATTACHMENT: Fee Scale (PDF Version)

Effective Date: 4/30/98
Date Revised: 12/21/98, 2/4/99, 2/17/00; 12/14/07
Date Review: 5/30/06

ATTACHMENT A

NEVADA DEVELOPMENTAL SERVICES

FINANCIAL ELIGIBILITY FOR SERVICES AND REDUCED FEES (SLIDING FEE AND BENEFIT SCALE)

Minimum Based on 300% of Federal Poverty Level Guidelines (2005)
Maximum Based on 500% of Federal Poverty Level Guidelines (2005)

Scale is applicable to all developmental services.

1 FAMILY MEMBER

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$28,709	0%
$28,710	$30,836	10%
$30,837	$32,962	20%
$32,963	$35,089	30%
$35,090	$37,216	40%
$37,217	$39,342	50%
$39,343	$41,469	60%
$41,470	$43,596	70%
$43,597	$45,722	80%
$45,723	$47,849	90%
$47,850	& UP	100%

2 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$38,489	0%
$38,490	$41,340	10%
$41,341	$44,191	20%
$44,192	$47,042	30%
$47,043	$49,893	40%
$49,894	$52,745	50%
$52,746	$55,596	60%
$55,597	$58,447	70%
$58,448	$61,298	80%
$61,299	$64,149	90%
$64,150	& UP	100%

3 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$48,269	0%
$48,270	$51,845	10%
$51,846	$55,420	20%
$55,421	$58,996	30%
$58,997	$62,571	40%
$62,572	$66,147	50%
$66,148	$69,722	60%
$69,723	$73,298	70%
$73,299	$76,873	80%
$76,874	$80,449	90%
$80,450	& UP	100%

4 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$58,049	0%
$58,050	$62,349	10%
$62,350	$66,649	20%
$66,650	$70,949	30%
$70,950	$75,249	40%
$75,250	$79,549	50%
$79,550	$83,849	60%
$83,850	$88,149	70%
$88,150	$92,449	80%
$92,450	$96,749	90%
$96,750	& UP	100%

5 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$67,829	0%
$67,830	$72,853	10%
$72,854	$77,878	20%
$77,879	$82,902	30%
$82,903	$87,927	40%
$87,928	$92,951	50%
$92,952	$97,976	60%
$97,977	$103,000	70%
$103,001	$108,025	80%
$108,026	$113,049	90%
$113,050	& UP	100%

6 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$77,609	0%
$77,610	$83,358	10%
$83,359	$89,107	20%
$89,108	$94,856	30%
$94,857	$100,605	40%
$100,606	$106,353	50%
$106,354	$112,102	60%
$112,103	$117,851	70%
$117,852	$123,600	80%
$123,601	$129,349	90%
$129,350	& UP	100%

7 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$87,389	0%
$87,390	$93,862	10%
$93,863	$100,336	20%
$100,337	$106,809	30%
$106,810	$113,282	40%
$113,283	$119,756	50%
$119,757	$126,229	60%
$126,230	$132,702	70%
$132,703	$139,176	80%
$139,177	$145,649	90%
$145,650	& UP	100%

8 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
$0	$97,169	0%
$97,170	$104,367	10%
$104,368	$111,565	20%
$111,566	$118,762	30%
$118,763	$125,960	40%
$125,961	$133,158	50%
$133,159	$140,356	60%
$140,357	$147,553	70%
$147,554	$154,751	80%
$154,752	$161,949	90%
$161,950	& UP	100%

2005 Federal Poverty Guidelines

# in Family	Monthly Income	Annual Income	300% Gross Annual Income	500% Gross Annual Income	Hrly Wage Assuming 2,080 Hrs/Yr
1	$798	$9,570	$28,710	$47,850	$13.80
2	$1,069	12,830	38,490	$64,150	18.50
3	$1,341	16,090	48,270	$80,450	23.21
4	$1,613	19,350	58,050	$96,750	27.91
5	$1,884	22,610	67,830	$113,050	32.61
6	$2,156	25,870	77,610	$129,350	37.31
7	$2,428	29,130	87,390	$145,650	42.01
8	$2,699	32,390	97,170	$161,950	46.72
over 8 add	$272	3,260	9,780		

NEVADA MINIMUM WAGE = $5.15

$10,712 ANNUAL INCOME

300% = $32,136