

**Meeting Minutes**  
**Provider Rate Methodology Workgroup #4**  
**Substance Use Disorder and Mental Health**  
November 15<sup>th</sup>, 2023  
3:30 PM – 5:00 PM (Central Time)

**1. Kickoff + Agenda**

Rich Kim with Guidehouse overviewed the agenda and began the presentation.

**2. Overview**

Guidehouse discussed the use of BLS data, a no-show adjuster, staffing ratios, and the level of standardization applied to the rate recommendations.

Guidehouse emphasized that the rates shown in the presentation are not finalized and are strictly recommendations.

**3. Fiscal Impact**

**a. Implications**

- i. Guidehouse discussed that a vast majority of rates will have increases.
- ii. Guidehouse overviewed how they developed the cost-based recommendations for individual rates.
- iii. Guidehouse discussed how they analyzed fiscal impact if reduced cost-based rates were held harmless and maintained a current rate level.

**b. All Services (Federal + State Share)**

- i. Guidehouse presented the hold harmless rates, which include all services in the federal and state share.

**c. Mental Health Service Mix**

- i. Guidehouse presented the mental health service mix (Contracted and Medicaid Services) on the following services:
  1. CARE
  2. CNP/PA
  3. CYF
  4. IMPACT
  5. JJRI

6. MH Courts
7. Originating Site Fee
8. Outpatient Non-Psych
9. Psychiatric

**d. Medicaid Mental Health**

- i. Guidehouse discussed the trends in Medicaid Mental Health Services, particularly top utilized services such as IMPACT.

**e. Contracted Mental Health**

- i. Guidehouse discussed the trends in Contracted Mental Health Services, including top utilized services such as CARE.

**f. SUD Service Mix**

- i. Guidehouse discussed what is driving expenditures for the following SUD services:
  1. Day
  2. Detox
  3. Gambling
  4. Group
  5. Individual
  6. Inpatient
  7. Low Intensity
  8. Miscellaneous
  9. Originating Site Fee
  10. R&B Inpatient

**g. Medicaid Substance Use Disorder**

- i. Guidehouse discussed the trends in the Medicaid Substance Use Disorder Services, such as top utilized services.

**h. Contracted Substance Use Disorder**

- i. Guidehouse presented the trends in the contracted Substance Use Disorder Rates.

**i. Questions on hold harmless approach?**

- i. Thomas Stange: what do you mean by hold harmless and how does that relate to the proposed rates?

1. Claire Payne: Anywhere you see a decreased rate, that rate is set to your current rate.
- ii. Thomas Stange: Did you look at any of the uncompensated care?
  1. Tiffany Wolfgang: Describe uncompensated care.
  2. Thomas Stange: Outpatient area, most of us will provide care that isn't compensated because the contract runs out. Primarily outpatient mental health.
  3. Tiffany Wolfgang: This project wouldn't have taken that into consideration.

#### **4. Initial Rate Recommendations**

##### **a. Mental Health Rates**

- i. Guidehouse presented the rate recommendations for the Mental Health cost-based fee schedule rate for the following services:
- ii. Grouping one:
  1. JJRI Assessments
  2. Eval, Intake, Screening, Testing - Non-Psych
  3. Eval, Intake, Screening, Testing - Psychiatrist
  4. Eval, Intake, Screening, Testing - CNP/PA
  5. Psychiatric Services
  6. CNP/PA Med Management
  7. Individual Therapy
  8. Family Therapy
  9. JJRI EBP Individual Regular
  10. CYF Individual Regular
  11. JJRI EBP – Individual Frontier
  12. CYF Individual Frontier
- iii. Grouping two:
  1. Collateral
  2. JJRI FFT Collateral
  3. IFS Regular
  4. IFS Frontier
  5. Group Therapy (Other Than a Multi-Family Group)

6. CYF Group Regular
  7. JJRI EBP Group – Regular
  8. CYF Group Frontier
  9. JJRI EBP – Group – Frontier
  10. JJRI FFT- Frontier
  11. JJRI FFT- Rural
  12. JJRI FFT
  13. FFT Referral and Engagement Fee
- b. Hannah McManus: we use that FFT referral and engagement, to get clients into that service it takes hours of work to get that client to start those services. It's a one-time per-client thing, but it is hours of work to get that client to engage in that service. It could be as low as a couple hours, or it could be as high as 4 or 5 contacts. It depends on where that family is and how much support they need to engage in that service.
- i. Claire Payne: Stated this is helpful and this feedback will be taken into consideration in the rate recommendation.
  - ii. Tiffany Wolfgang: Didn't we also develop some minimums before it could be billed?
- c. Rebecca: For referral and engagement, it's essential to incentivize providers to engage clients or services will not happen.
- d. Substance Use Disorder Rates**
- i. Guidehouse presented the substance use disorder cost-based fee schedule rate for the following services.
  - ii. Grouping One:
    1. Assessments
    2. Local Individual and Gambling Home Based Counseling
    3. Local/HB Family Counseling
    4. Crisis Intervention/Gambling Crisis Intervention
    5. Early Intervention Services
    6. Local Individual and Gambling Home-Based Counseling – Rural
    7. Rural/HB Family Counseling
    8. Crisis Intervention/Gambling Crisis Intervention – Rural
    9. Collateral Contacts/Referral

10. CBISA/MRT Collateral Contact
11. Adolescent SUD EBP-Collateral contacts
12. Interpreter Services
13. Rural Group and Gambling Counseling
14. Local/Group and Gambling Counseling

iii. Grouping two:

1. Individual Nursing/Health Services
2. CBISA – Individual
3. Adolescent SUD EBP – Individual/Family
4. MRT – Individual
5. CBISA – Rural Individual
6. Adolescent SUD EBP- Individual/Family Rural
7. MRT – Rural Individual
8. Recovery Support Services
9. Group Nursing/Health Services
10. CBISA-Group
11. Adolescent SUD EBP – Groupe
12. MRT – Group
13. CBISA – Rural Group
14. Adolescent SUD Rural Group
15. MRT – Rural Group

**e. Residential and Team-Based Rates**

i. Grouping one:

1. Intensive Day and Gambling Day Treatment
2. Low Intensity Residential
3. Low Intensity Residential – CJI
4. IMT – Low-Intensity Residential
5. Low Intensity Residential – Pregnant Women
6. Low-Intensity Residential – Individual/Family
7. Low Intensity Residential - Pregnant Women - Individual/Family

8. IMT – Individual
  9. Low-Intensity Residential – Group
  10. Low Intensity Residential – Pregnant Women – Group
  11. Detoxification
  12. Gambling Intensive Residential Treatment
  13. Intensive Inpatient
  14. Intensive Inpatient – Room and Board
- ii. Grouping two:
    1. Transition Age Youth – Residential
    2. SMI – CARE Regular
    3. SMI – CARE Frontier
    4. SMI IMPACT – BMS, CACS, NEHM, CCS, SEBH, LCBHS
    5. SMI FACT
  - iii. Terry: Is the detox rate for a full day or half a day?
    1. Claire Payne: The \$81.10 is a half day.

## **5. Rate Methodology Overview**

- a. Guidehouse discussed the assumptions that go into wages, billable time, supervision, staffing, and admin + program.

## **6. Rate Models**

### **a. Assumptions**

- i. Guidehouse recapped the rate model assumptions that were developed based on a combination of public data, survey results and workgroup feedback.

### **b. Psychiatric Services**

- i. Guidehouse discussed the psychiatric services and stated that Guidehouse did *not* use a no-show adjuster for psychiatric services because the billable time component is so different.
- ii. Michelle: The billable time percentages, is that supposed to be a productivity adjustment?
  1. Claire Payne: Yes.
- iii. Thomas Stanage: I don't understand the supervision component.
  1. Claire Payne: Most services have someone who oversees them. Most services have someone they report to. What

we're trying to do is say there's not just this one person providing a service, we want to account for oversight and distribute the cost.

- iv. Amy Iversen: We definitely see no shows in our psychiatric area, maybe not as significant because they are in the office. We do see it really hurt us if a provider has multiple no shows of intakes. The billable time/productivity we are averaging around 605 for those services, because it is in office work and they are not in the field

**c. Individual therapy, Collateral, Intensive Family Services, Group Therapy**

- i. Guidehouse discussed the rate calculation components of individual therapy, collateral, intensive family services, group therapy.
- ii. Guidehouse is assuming a group size of two.
- iii. Thomas: Is that an hourly factor for transportation?
  - 1. Claire Payne: Yes

**d. Functional Family Therapy**

- i. Guidehouse discussed the rate calculation components of functional family therapy. The rates are built per session, with a session being comprised of 1 hour and 15 minutes.
- ii. Rebecca: For FFT, we're reporting supervision 3.5 hours per week. Not sure how this was captured, but this model requires a lot of supervision time.
  - 1. Claire Payne: We can go look and make these adjustments.

**e. Assessments, Counseling, and Collateral**

- i. Guidehouse discussed the rate calculation components of assessments, counseling, and collateral.

**f. Nursing/Health Services**

- i. Guidehouse discussed the rate calculation components of Nursing/Health Services.

**7. Residential Models**

**a. Low Intensity Residential**

- i. Guidehouse discussed the rate calculation components of low intensity residential services.

**b. SUD Intensive Inpatient**

- i. Guidehouse discussed the rate calculation components of intensive inpatient services.
- ii. Thomas Stanage: Are you taking into account any facility, for x number of patients you have to have 2 staff at all hours.
  1. Claire Payne: We will think about how to layer that in.

## **8. Next Steps and Timeline**

Tiffany Wolfgang: Terry, when would you like to see this next meeting?

Terry Dosch: After Thanksgiving.

Guidehouse presented the next steps for the rate recommendations.

## **9. Adjournment @ 5:00 PM (Central Time)**

**Meeting Contact:** Rich Kim, Managing Consultant, Guidehouse  
Email: [sdratestudy@guidehouse.com](mailto:sdratestudy@guidehouse.com)