

Meeting Minutes
Provider Rate Methodology Workgroup #5
Substance Use Disorder and Mental Health

December 4th, 2023

3:30 PM – 5:00 PM (Central Time)

1. Kickoff + Agenda

Rich Kim with Guidehouse went over the agenda and began the presentation.

2. Residential Models

- a. Claire Payne with Guidehouse went over the residential models with the workgroup detailing how the hours per staff are calculated to account for a 24/7 model.
- b. Throughout the discussion, Claire referenced Terry Dosch's prior written feedback from the SDCCBH. Claire addressed the comments related to wages including consideration for weekends, evenings, holidays etc. This is considered in the supplemental pay percentages and the ERE percentages added on top of the wages. Additionally, there a no-show adjuster was not included in current GH rate models for Psych Services. GH addressed that this will be included in future models. Residential models include hour assumptions based on the acuity and need of specific populations. Those hour assumptions will be discussed in the meeting and shown in the rate models. Finally, Claire addressed the IMPACT, FACT and CARE caseloads. Written feedback asked for consideration of lower caseloads, particularly for the CARE model. Claire commented that this will be discussed with state staff.
- c. SUD Intensive Inpatient
 - i. Thomas Stange requested Guidehouse show how they calculate their rates.
 1. Claire Payne with Guidehouse stated this information will be detailed in the final report.
 - ii. Thomas Stange stated they will need some more time to understand the formulas and compare them to the real world.
 - iii. Claire Payne asked if any job types are missing in their SUD Intensive Inpatient
 1. Thomas Stange stated they have some pharmacy hours and some pastoral care time, nutritionist time.

- iv. Tiffany Wolfgang asked the group if there are any job types that Guidehouse is including that providers are currently not using to provide the SUD Intensive Inpatient service?
 - 1. Thomas Stanage stated he is using all of the provider types. His concern is that there are not enough hours, because nursing is 24/7.
 - 2. Claire commented that this model accounts for about 1700 total annual hours per resident. This equals roughly a 1:6 staffing ratio when considering the full team structure.

3. Team Based Models

- a. Claire Payne with Guidehouse went over the team-based models with the workgroup.
- b. IMPACT, FACT, CARE
 - i. Thomas Stanage noted one of the discussions they had with CARE being historically more expensive than IMPACT. For the IMPACT team, they are serving clients in a restricted geographic area and cannot provide the intensity of service for someone in the IMPACT program who is 100 miles away. The CARE team gets into that whole issue of travel and trying to provide services with no shows. That is one of the things that we thought would explain that difference and if that is something that should be taken into account with the CARE rate.
 - ii. Amy Iversen appreciates the rural rate being factored into the CARE and IMPACT rates. In Rapid City, they are serving a high population of homeless or inadequately housed people. Their CARE population isn't as compliant, they no show more often, and there is a lot more work with that population to get them stabilized.
 - iii. Amy stated instead of a psychiatrist they use a CNP instead. They do not have a case manager and have a clinical specialist instead. They run IMPACT in 1 to 10 ratio instead of 1 to 12 ratio. In addition, they currently do not have licensed social workers or master's level staff and are unable to hire them right now.
- c. Transition Age Youth – Residential
 - i. Melanie Boetel stated this service will be reviewed in the next round of analysis and therefore excluded from this scope.

4. Additional Questions or Concerns

- a. No additional questions or concerns were expressed.

- b. Terry Dosch's final remarks propose that providers should be compensated more due to the current demand for professional services, and Guidehouse should factor this in when determining the proposed rates.
- c. Guidehouse addressed Terry's concerns, explaining that wages were determined based on service delivery type and the current marketplace, considering various inflation factors, including those assessed and updated by the Federal Government through the Bureau of Labor Statistics (BLS), which undergoes annual updates. National BLS wages in the 75th and 90th percentile were commonly used to address provider concern around retention and recruiting. These wages are substantially higher than the South Dakota BLS averages and the wages reported in the provider cost and wage survey

5. Next Steps and Timeline

Guidehouse presented the next steps for the rate recommendations.

6. Adjournment @ 4:30 PM (Central Time)

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