Maine Department of Health and Human Services

Overview of Proposed Rate Models for Targeted Case Management and Behavioral Health Services

March 14, 2016

Introduction

- Purpose of presentation is to outline proposed rates for Targeted Case Management and Behavioral Health services
  - These are proposed rates, not final decisions
  - Additionally, DHHS is still developing the approach to and timing of implementing rate changes

- DHHS will continue to engage with providers and other stakeholders as decisions are made
  - All interested parties are being invited to offer comments on these proposals
  - Commenters are encouraged to also offer suggestions regarding potential policy changes (e.g., to reduce administrative burdens) and implementation
Background and Process

Background

- Fiscal year 2016-2017 budget legislation required that DHHS contract with a third party to conduct a rate study of Section 28 and Section 65 services
  - DHHS opted to include related services covered by Sections 13 and 17 for continuity of rates for Behavioral Health services
- Burns & Associates, Inc. contracted to assist with the development of rate models
Process

- Review service definitions and requirements

- Collect input from providers and community stakeholders
  - Survey on costs and service design sent to every provider
  - On-site visits with four providers
  - Public comment period for feedback on proposals

- Identify other data sources
  - Conduct research on cost drivers such as Bureau of Labor Statistics wage and benefit cost data
  - Review rates for comparable services in other states

Process (cont.)

- Develop detailed rate models and supporting documentation outlining assumptions

- Provide opportunity for public comment (see Next Steps)

- Revise rates as appropriate and finalize

- Promulgate revisions to MaineCare benefit manual

- Implementation
Assumptions – Direct Care Worker Wages

- Organized direct care workers by required credential and used consistent wage assumptions across services
  - For example, the same wage assumption is used for MHRT/C in any service with this credential

- Used federal Bureau of Labor Statistics (BLS) job classifications to identify comparable positions
  - Generally, used median wage for selected BLS job classifications
  - In general, resulting wage assumptions are greater than or equal to current wage levels reported by providers

- Detailed in Appendix A of Proposed Rate Models packet

Assumptions – Direct Care Worker Benefits

- Used benefit package built into rate models for other services

- Rate models allow for:
  - 25 paid days off per year (holiday, sick, and vacation leave)
  - $400 per month for health insurance for each worker
  - $25 per month for other benefits for each worker
  - Non-discretionary benefits (FICA, unemployment insurance, workers’ compensation)

- Assumptions are translated to benefit rates by wage level
  - Generally in-line with those reported by providers

- Detailed in Appendix B of Proposed Rate Models packet
Assumptions – Operating and Overhead Costs

- Rate model include average overhead rate of 28 percent
  - 15 percent of total rate for administration
  - $25 per day for program support (varies as a percentage of total rate by service, but averages 13 percent)
  - Overhead rates in other recent rate studies included 20 percent (Section 21), 15 percent (personal care and related services), 28 percent and 35 percent (crisis stabilization and crisis resolution), and 25 percent (behavioral health home)
- Rate models additionally include assumptions for other operating costs
  - Program space, program supplies, mileage, support position for Outpatient and Medication Management
- Operating cost assumptions generally less than reported in provider survey

Assumptions – Service Provider Tax

- Included in rate models for all Section 17 services
- Funded at 6 percent of total rate model costs
Section 13 Targeted Case Management

Targeted Case Management – Key Assumptions

- Rate continues to use a 15-minute unit
  - Rate does not vary based on eligibility group

- Assumes case managers provide 26.25 billable hours per week
  - Translates to about 1,234 hours per year after accounting for paid time off

- Proposed rate of $14.75 per 15 minutes ($59.00 per hour)
  is 31.5 percent less than current rate
Section 17 Community Support Services

Community Integration – Key Assumptions

- Assumes staff provide 26.25 billable hours per week
  - Translates to about 1,234 hours per year after accounting for paid time off
- Proposed rate of $14.74 per 15 minutes ($58.96 per hour) is 28.7 percent less than current rate
Daily Living Support Services, Skills Development, and Day Support Services – Key Assumptions

- Proposed DLSS rate of $8.71 per 15 minutes ($34.84 per hour) is 13.1 percent more than current rate

- Proposed one-to-one Skills Development rate of $11.17 per 15 minutes ($44.68 per hour) is 7.6 percent less than current rate
  - Different rate for two-, three-, and four-person groups (current rate is same regardless of group size)

- Proposed Day Support Services rate of $21.60 per hour is 5.4 percent less than current average rate
  - Assumes a four-person group with an 80 percent attendance rate so effective assumed group size is 3.2 members per staff

Community Rehabilitation Services – Key Assumptions

- Assumes 84 MHRT I staff hours per week and 40 MHRT/C staff hours per week for every 6 members

- Proposed rate of $116.46 per day is 58.0 percent more than current rate
Assertive Community Treatment – Key Assumptions

- Two different rates based on team lead
  - Proposed rate based on a weekly unit (currently a daily unit)
  - Proposed rate of $446.51 for a team with a psychiatrist lead is 25.4 percent more than current average rate; proposed rate of $396.93 for a team with any other lead is 11.5 percent more than current

- Staffing ratios aligned with regulatory requirement, except:
  - Caseload for psychiatrist team lead is 40 (otherwise is 100)
  - Caseload for LCSW/LCPC team lead is 40 (otherwise is 100, although not a required position)
  - MHRT/C caseload of 20 (not a required position)
  - Peer caseload of 100 (not currently specified)
  - Substance abuse counselor caseload of 75 (current is 100)

Specialized Group Services – Key Assumptions

- Service will be billed per member per session rather than 15-minute units per member
  - Rates vary by curriculum based on differences in staffing requirements and length of session

- Assumed staff hours per session include set-up/clean-up and recordkeeping time in addition to instruction
  - Specifically, model includes two additional hours per session for each staff person
Section 28
Children’s Habilitative Services

Children’s Habilitative Services – Key Assumptions

- Different rates for center-based and home- and community-based services
  - Proposed one-to-one center-based rate of $8.69 per 15 minutes ($34.76 per hour) is 2.8 percent less than current rate
  - Proposed one-to-one home- and community-based rate of $9.52 per 15 minutes ($38.08) is 6.5 percent more than current rate

- Staff assumed to provide 32.25 hours of center-based or 30.25 hours of home-based services per week

- All center-based services include program space costs

- Different rates for two-, three-, and four-person groups
### Specialized Child. Habilitative Svcs. – Key Assumptions

- Different rates for ‘center-based’ and home- and community-based services
  - Proposed one-to-one center-based rate of $11.11 per 15 minutes ($44.44 per hour) is 10.0 percent less than current rate
  - Proposed one-to-one home- and community-based rate of $12.10 per 15 minutes ($48.40) is 1.9 percent less than current rate

- Assumptions are the same as for ‘regular’ services except for the addition of BCBA oversight
  - Model includes one BCBA for every six direct care staff

- Additionally, establishes a BCBA rate for direct services
  - DHHS to develop guidelines for what is billable

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### Section 65 Behavioral Health Services
Outpatient Therapy – Key Assumptions

- Agency staff assumed to provide about 29 hours of billable services per week
  - Billable hour assumptions are lower for independent providers to account for their administrative duties
- Addition of an agency rate for psychologists and psychiatrists
- Includes one support position for every two clinicians
  - Not included in independent models

Outpatient Therapy – Key Assumptions (cont.)

- Rates vary by staff credential
  - Proposed agency psychologist/psychiatrist rate of $23.15 per 15 minutes ($92.60 per hour) is 10.2 percent more than current rate
  - Proposed agency LCSW/LCPC/LMFT rate of $20.32 per 15 minutes ($81.28 per hour) is 3.2 percent less than current rate
  - Proposed agency LADC rate of $16.62 per 15 minutes ($66.48 per hour) is 16.9 percent less than current rate
  - Proposed agency CADC rate of $15.36 per 15 minutes ($61.44 per hour) is 5.9 percent greater than current rate
  - Proposed independent psychologist rate of $21.16 per 15 minutes ($84.64 per hour) is 3.8 percent less than current rate
  - Proposed independent LCSW/LCPC/LMFT rate of $17.65 per 15 minutes ($70.60 per hour) is 28.4 percent greater than current rate
Intensive Outpatient Services – Key Assumptions

- Assumes members receive three hours of service per day
  - On average, 2.5 hours are group services with three members per clinician and 0.5 hours are one-to-one counseling
- Includes one support position for every two clinicians
- Proposed daily rate of $102.49 is 2.5 percent greater than current rate

Medication Management – Key Assumptions

- Separate rates for psychiatrists and for ‘extenders’ (physician assistants and nurse practitioners)
  - Proposed psychiatrist rate of $49.77 per 15 minutes ($199.08 per hour) is 11.9 percent less than current rate
  - Proposed physician assistant/ nurse practitioner rate of $29.49 per 15 minutes ($117.96 per hour) is 47.8 percent less than current rate
- Assumes staff provide 29.25 hours of direct service per week
- Includes one support position for every two clinicians
Neuropsychological and Psychological Testing – Key Assumptions

- Maintain separate rates for physicians/psychologists and for psychological examiners
  - Proposed psychologist rate of $60.41 per hour is 23.7 percent less than current rate
  - Proposed psychological examiner rate of $52.01 per hour is 3.6 percent greater than current rate

Children’s Home and Community Based Treatment – Key Assumptions

- Maintain separate 15-minute rates for bachelor’s and master’s staff and for specified programs
  - Proposed bachelor’s rate of $13.69 per 15 minutes ($54.76 per hour) is 4.7 percent less than current rate
  - Proposed master’s rate of $20.11 per 15 minutes ($80.44 per hour) is 13.6 percent less than current rate
  - Proposed functional family therapy rate of $23.97 per 15 minutes ($95.88 per hour) is 16.6 percent less than current rate
  - Proposed multi-systemic therapy rate of $25.07 per 15 minutes ($100.28 per hour) is 19.3 percent less than current rate
  - Proposed problem sexualized behavior rate of $25.62 per 15 minutes ($102.48 per hour) is 33.8 percent less than current rate
  - Bachelor’s staff assumed to provide 28.75 hours of billable service per week; 24.25 hours assumed for master’s staff
    - Lower expectation for FFT, MST, and PSB programs (which also include more training and administrative funding)
    - Collateral contacts are incorporated in the rate model and no longer billable
Children’s Behavioral Health Day Treatment – Key Assumptions

- Center-based services; models include program space costs
- Different rates for two-, three-, and four-person groups
- BHP service is presumed to be equivalent to Section 28 Specialized services so assumptions and rates are the same
  - Staff assumed to provide 32.25 hours of service per week
  - Models include one BCBA for every six direct care staff
  - Proposed one-to-one rate of $11.11 per 15 minutes ($44.44 per hour) is 24.2 percent less than current rate
- Proposed master’s rate of $14.94 per 15 minutes ($59.76 per hour) is 37.1 percent less than current rate
  - Staff assumed to provide 31.00 hours of service per week
- Additionally, establishes a BCBA rate for direct services

‘Informal’ Comment Period
‘Informal’ Comment Period

- Proposed rates and supporting documentation are being distributed to providers and other stakeholders
- Written comments will be accepted at MaineBH@burnshealthpolicy.com until April 8
- Comments will be considered and the proposed changes to rates and policies will be revised as appropriate

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