



BURNS & ASSOCIATES

A DIVISION OF
HEALTH MANAGEMENT ASSOCIATES

Behavioral Health Services Overview of Draft Rate Models

- on behalf of -

Maine Department of Health and Human Services

September 23, 2022



■ Presentation Summary

- + In alignment with legislation (P.L. 2022, Ch. 635, Part JJJ), the Department of Health and Human Services is conducting a rate study for targeted case management and behavioral health services covered by Sections 13, 17, 28, 65, and 92 of the MaineCare Benefits Manual
 - + DHHS contracted with Burns & Associates to assist with this study
- + Burns is using the same approach as for previous MaineCare rate studies
 - + Developing detailed, transparent rate models showing the specific assumptions used to establish the total rates
 - + Relies on data from multiple sources rather than any single source
 - + Multiple opportunities for stakeholder involvement
- + Presentation covers draft rates for comments, which will be considered prior to finalizing the recommendations
 - + Overall, the draft rates represent meaningful increases for most services
 - + In some cases, recommendations include changes to billing policies and units; in others, changes may be made in the future, but more policy work is needed
- + Note that rates for services meeting the definition of home and community based services in the federal American Rescue Plan Act cannot be reduced until the state expends all funds from Section 9817 of ARPA

■ Agenda

- + Project Background
- + Rate Study Process
- + Draft Rates
- + Service Specific Information
- + Public Comment Process



PROJECT BACKGROUND

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■ Background on MaineCare Rate-Setting

- + As part of its commitment to ensuring reasonable provider payment rates to support MaineCare’s provider network, DHHS has conducted a number of rate studies in recent years
 - + The Legislature has approved funding to implement many of the recommendations from these rate studies and to otherwise increase rates
- + In 2019, DHHS launched a comprehensive rate system analysis to guide rate-setting through benchmarking (as appropriate), conducting regular updates, transitioning from cost settlement, and holding providers accountable for cost and quality
- + In 2022, the Legislature established several requirements for rate studies, including regular reviews; benchmarking; and consideration of service standards, provider costs, best practices, and potential alternative payment approaches (P.L. 2022, Ch. 639)
 - + The legislation requires DHHS to collect and respond to comments prior to the rule-making process
 - + Although this rate study commenced prior to these requirements, it incorporates the Ch. 639 principles
- + Separate legislation requires rate models to fund the labor portion of any rate for an “essential support worker” at 125 percent of the state’s minimum wage

■ Scope of Targeted Case Management and Behavioral Health Rate Study

- + Case Management and Care Coordination Services
 - + Targeted Case Management (Section 13)
 - + Community Integration (Section 17)
 - + Behavioral Health Homes (Section 92)

- + Adult/ Children Outpatient, School Health-Related Services, Specialized Group Services, Evidence-based Services (Section 65)

- + Community-Based Mental Health and Substance Use Services
 - + Community Rehabilitation Services, Daily Living Support Services, Skills Development, Day Support, Adult Assertive Community Treatment (Section 17)
 - + Rehabilitation and Community Support for Children with Cognitive Impairments and Functional Limitations (Section 28)
 - + Clubhouse, Children's Assertive Community Treatment , Home and Community Based Treatment, Therapies for Disruptive Behavior Disorders (Section 65)

Overview of Burns & Associates

- + Health policy consultants specializing in assisting state Medicaid agencies and related departments (developmental disabilities and behavioral health authorities)
 - + Consulted in approximately 30 states since its founding in 2006
 - + Acquired by Health Management Associates in September 2020
- + Have led dozens of providers rate studies across more than 20 states, covering a variety of Medicaid and human services programs
 - + Home and community-based services, particularly for 1915(c) waivers
 - + Behavioral health services
 - + Hospitals and other facilities
 - + Child welfare and child care

■ Burns & Associates' Previous Work in Maine

- + Health policy consultants specializing in assisting state Medicaid agencies and related departments (developmental disabilities and behavioral health authorities)
- + I/DD HCBS (Sections 21 / 29) in 2014-15 – rates not implemented
- + Personal Care (Sections 12 / 19 / 96) in 2015-16 – rates implemented
- + **Crisis Services (Section 65) in 2015 – rates not implemented**
- + **Behavioral Health Homes (Section 92) in 2015 – rates implemented**
- + **TCM/ Behavioral Health (Sections 13 / 17 / 28 / 65) in 2016-17 – Section 28 rates implemented**
- + Home Health (Section 40) in 2016-17 – rates not implemented
- + **Evidence-Based Treatments (Section 65) 2019-20 – rates implemented**
- + Sections 18 / 20 / 21 / 29 (select services) 2019-20 – rates implemented
- + Intensive Outpatient (IOP) services – select rates implemented
- + Private Non-Medical Institutions (App. B and D of Section 97) – rates implemented



RATE STUDY PROCESS

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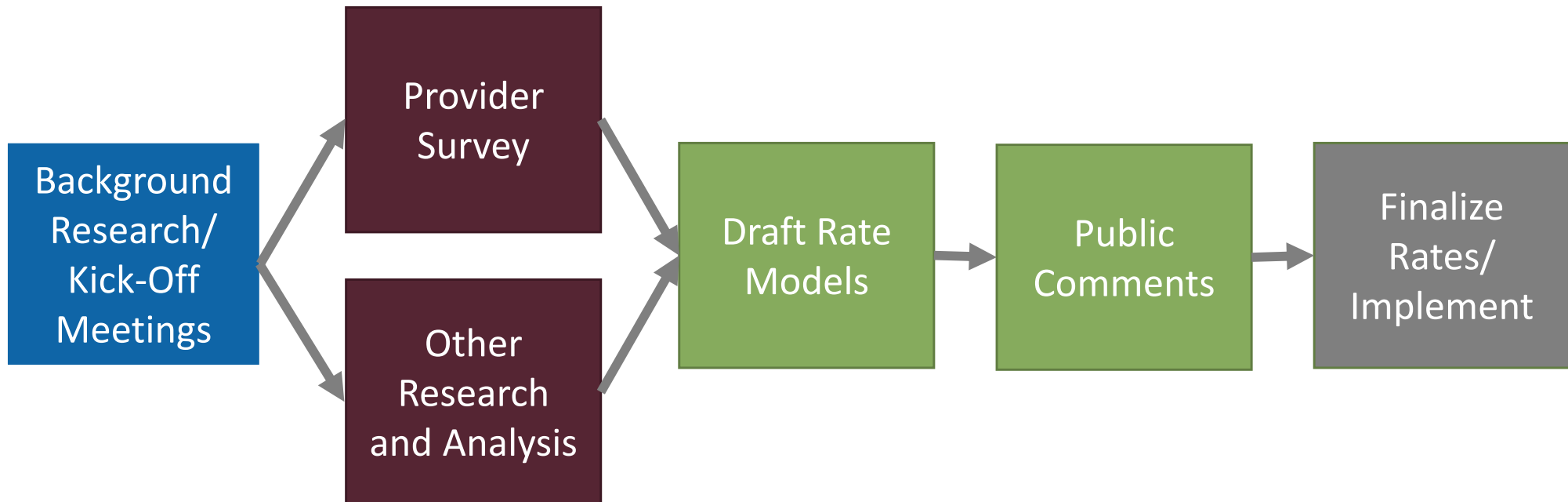
■ Summary and Goals of Independent Rate Model Approach

- + Consider data from multiple sources rather than depending on any single source
 - + Policies, rules, and standards
 - + Provider and stakeholder input (e.g., provider survey, public comments)
 - + Published sources (e.g., BLS wage data, IRS mileage rates)
 - + Special studies (e.g., analysis of regional differences in transportation-related costs)
- + Rate models should reflect the reasonable costs providers incur to deliver services consistent with the state's requirements and individuals' service plans
- + Rates developed independent of budgetary considerations (budgetary impact will be considered as part of implementation planning)

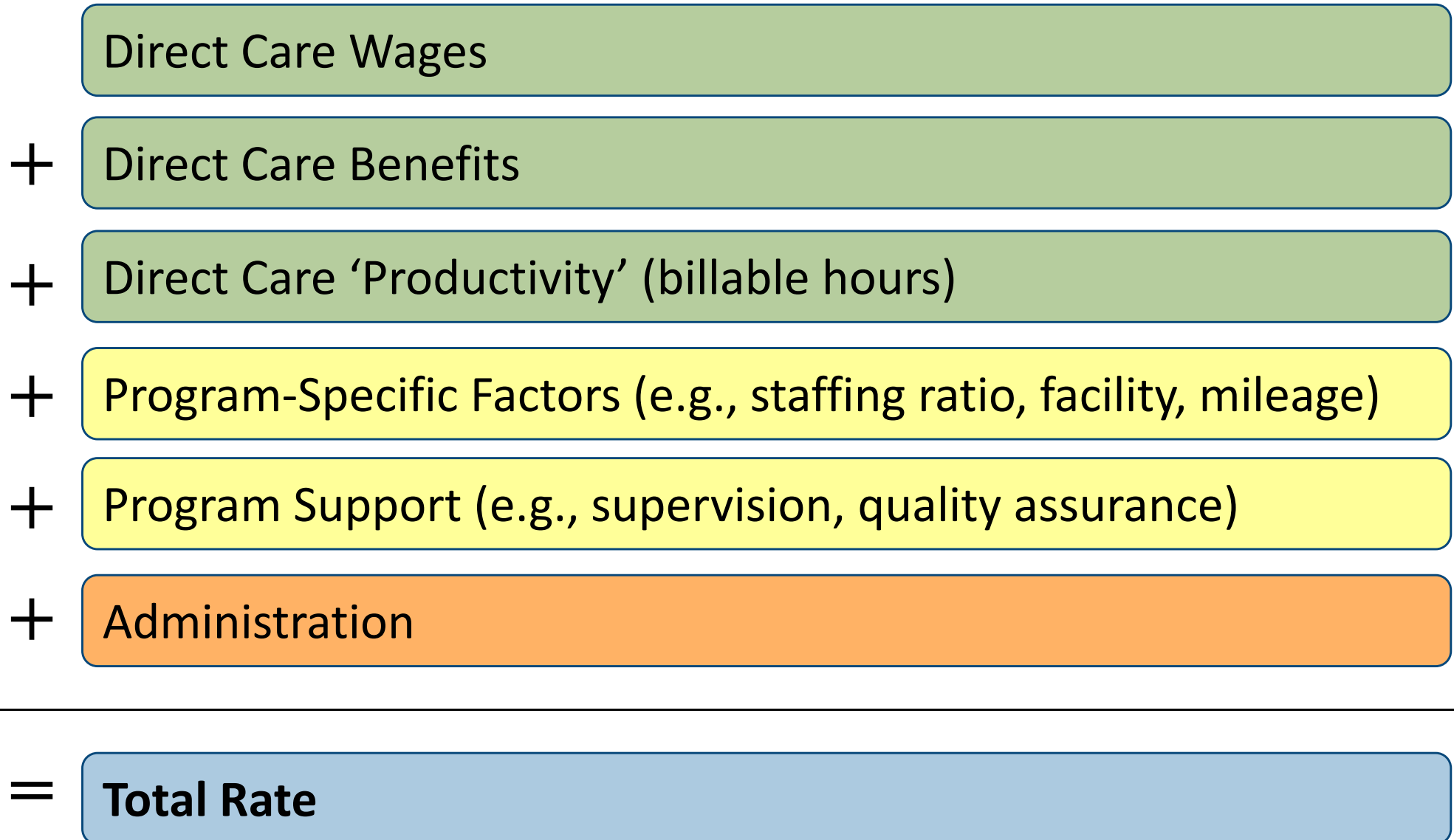
■ Benefits of Independent Rate Model Approach

- + Transparency
 - + Models detail the factors, values, and calculations that produce the final rate
- + Ability to advance policy goals/objectives
 - + For example, improving direct care staff salaries or benefits, reducing staff-to-client ratios, incentivizing community-based services, etc.
- + Efficiency in maintaining rates
 - + Models can be scaled and adjusted for inflation or specific cost factors (e.g., IRS mileage rate) or to meet budget targets

Rate Study Process



■ Draft Rate Model Structure





DRAFT RATES

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■ Wage Assumptions – Bureau of Labor Statistics Data

- + Appendix A of the rate model packet
- + Maine wage data published by the Bureau of Labor Statistics used as the starting point for establishing market-based wage assumptions
 - + *Comprehensive*. Wage levels are published for more than 800 occupations based on data from 1.2 million establishments representing 57% of the employment in the United States
 - + *Cross-industry*. It is not limited to a single industry so estimates for a given occupation are representative of the overall labor market
 - + *Regularly updated*. Released once per year – in late March for the previous May (so most recent data published in March 2022 reflects May 2021 survey data)
 - + *State- (and local-) specific*. Data is published for individual states and sub-state regions ('metropolitan statistical areas')

■ Wage Assumptions – Accounting for Wage Growth

- + BLS wage data is inflated to July 2023 (the end of the potential first fiscal year of implementation)
 - + Based on Maine-specific data from the Bureau of Economic Analysis for net earnings growth
 - + Assume 13.59 percent based on 12 months at 9.0 percent (most recent annual figure) and remaining months at 3.6 percent (ten-year average)
- + Per legislated requirement, any wage assumption less than 125 percent of the state's minimum wage would be increased to that amount
 - + The 2023 minimum wage has not yet been set, but it is assumed the 125 percent requirement will be equal to \$17.30 per hour
 - + None of the draft rate models include a wage assumption of less than \$20 per hour so there is no impact of this requirement

■ Assumptions – Crosswalking BLS Occupations to Individual Services

- + For each service, BLS occupations are chosen based on comparing BLS data on educational requirements and typical responsibilities to service requirements
- + For most services, there is a direct match or a single best-fit between the staff providing services and a specific BLS occupation (e.g., the BLS has a classification for registered nurses that can be used for nursing services)
- + For other services, there is not a one-to-one match
 - + For example, the BLS combines direct support professionals with staff in other industries in the home health and personal care aide classification
 - + This classification may not represent the varied roles of DSPs so the rate models construct a weighted average of multiple BLS classifications
- + In general, rate models for different services use the same wage assumption when the staffing requirement is the same (e.g., most services provided by MHRT/C's include the same wage assumption)

■ Assumptions – Crosswalking BLS Occupations to Individual Services (cont.)

- + Community Rehabilitation Services
 - + MHRT 1 – psychiatric aides
 - + MHRT/C – substance use/ behavioral disorder/ mental health counselor
- + Skills Development, MHRT/C – substance use/ behavioral disorder/ mental health counselor
- + Daily Living Support Services, MHRT 1 – psychiatric aides
- + Day Supports, MHRT/C – substance use/ behavioral disorder/ mental health counselor

■ Assumptions – Crosswalking BLS Occupations to Individual Services (cont.)

- + Assertive Community Treatment
 - + MHRT/C – substance use/ behavioral disorder/ mental health counselor
 - + LCSW/ LCPC – mental health/ substance use social worker
 - + Nurse – registered nurse
 - + Psychiatrist – psychiatrist
 - + Substance Abuse Counselor – substance use/ behavioral disorder/ mental health counselor
 - + Rehabilitation Counselor/ Employment Specialist – rehabilitation counselors
 - + Certified Intentional Peer Support Specialist – psychiatric aides

■ Assumptions – Crosswalking BLS Occupations to Individual Services (cont.)

- + Children's Rehabilitative and Community Support – Home and Community/ School
 - + BHP – average of substance use/ behavioral disorder/ mental health counselor, community health workers, and percent psychiatric technician
 - + Specialized Services BHP – 40 percent substance use/ behavioral disorder/ mental health counselor, 40 percent community health workers, and 20 percent psychiatric technician
 - + BCBA – clinical and counseling psychologist

- + Children's Home/ Community Based Treatment
 - + BHP – 40 percent substance use/ behavioral disorder/ mental health counselor, 40 percent community health workers, and 20 percent psychiatric technician
 - + Master's level – mental health/ substance use social worker
 - + BCBA – clinical and counseling psychologist

■ Assumptions – Crosswalking BLS Occupations to Individual Services (cont.)

- + Children’s Assertive Community Treatment
 - + MHRT/C – substance use/ behavioral disorder/ mental health counselor
 - + LCSW/ LMFT/ LCPC – mental health/ substance use social worker
 - + Nurse – registered nurse
 - + Psychiatrist – psychiatrist
 - + LADC – substance use/ behavioral disorder/ mental health counselor
 - + Vocational Counselor – educational/ vocational/ school counselors
 - + Family/Youth Support Specialists – psychiatric aides
- + Mental Health Psychosocial Clubhouse – substance use/ behavioral disorder/ mental health counselor
- + Behavioral Therapies for Disruptive Behavior Disorders
 - + Therapist – mental health/ substance use social worker
 - + Bachelor’s Level – substance use/ behavioral disorder/ mental health counselor

■ Assumptions – Crosswalking BLS Occupations to Individual Services (cont.)

- + Substance Use Disorder Partial Hospitalization
 - + Lead Therapist – mental health/ substance use social worker
 - + LADC – substance use/ behavioral disorder/ mental health counselor
 - + MHRT/C – substance use/ behavioral disorder/ mental health counselor
 - + Nurse – registered nurse
 - + Psychologist – clinical and counseling psychologists
 - + Psychiatrist – psychiatrist
 - + Peer Support Specialist – psychiatric aides

Assumptions – Wage Values

- + The rate models use the median wage value reported by the BLS for the selected occupation(s) for each service, adjusted for inflation as described

Service	Provider Survey (weighted average with number of responses)	Rate Model Assumption
Community Rehab. Svcs. – MHRT 1	\$18.89 (2)	\$20.40
Community Rehab. Svcs. – MHRT/C	\$20.50 (1)	\$26.74
Skills Development – MHRT/C	\$16.25 (2)	\$26.74
Daily Living Support Services – MHRT I	\$15.89 (2)	\$20.40
Day Support Services – MHRT/C	No responses	\$26.74

■ Assumptions – Wage Values (cont.)

- + The rate models use the median wage value reported by the BLS for the selected occupation(s) for each service, adjusted for inflation as described

Service	Provider Survey (weighted average with number of responses)	Rate Model Assumption
ACT Adult – MHRT/C	\$18.39 (3)	\$26.74
ACT Adult – LCSW/ LCPC	\$23.89 (4)	\$32.43
ACT Adult – Registered Nurse	\$32.16 (4)	\$40.98
ACT Adult – Rehab. Counselor/ Employ	No staff reported	\$26.59
ACT Adult – Sub. Abuse Coun. (LADC)	\$29.88 (1)	\$26.74
ACT Adult – CIPSS (BHP)	\$19.20 (1)	\$20.40
ACT Adult – Psychiatrist	No staff reported	\$177.06

Assumptions – Wage Values (cont.)

- + The rate models use the median wage value reported by the BLS for the selected occupation(s) for each service, adjusted for inflation as described

Service	Provider Survey (weighted average with number of responses)	Rate Model Assumption
Children's Rehab. & Comm. Supp. – BHP	\$17.53 (13)	\$23.01
Spec. Child. Rehab. & Comm. Supp. -BHP	\$17.53 (13)	\$24.41
Children's Rehab. & Comm. Supp – BCBA	\$42.43 (7)	\$41.32
Children's HCT – BHP	\$19.89 (5)	\$24.41
Children's HCT – Master's (LCSW)	\$22.43 (7)	\$32.43
Children's HCT – BCBA	\$26.44 (1)	\$41.32
Clubhouse – MHRT/C	\$21.61 (1)	\$26.74
Behavioral Therapies - Therapist	No responses	\$32.43
Behavioral Therapies – Bachelor's	No responses	\$26.74

■ Assumptions – Wage Values (cont.)

- + The rate models use the median wage value reported by the BLS for the selected occupation(s) for each service, adjusted for inflation as described

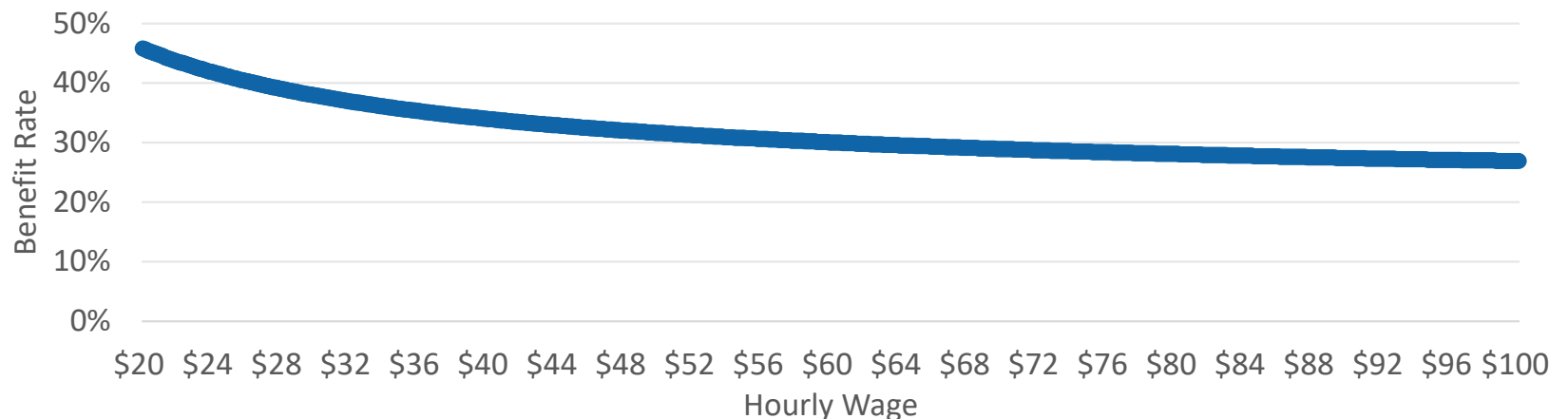
Service	Provider Survey (weighted average with number of responses)	Rate Model Assumption
Children’s ACT – MHRT/C	No responses	\$26.74
Children’s ACT – LCSW/LCPC	No responses	\$32.43
Children’s ACT – RN	No responses	\$40.98
Children’s ACT – Psychiatrist	No responses	\$177.06
Children’s ACT – Vocational Counselor	No responses	\$27.44
Children’s ACT – Family/ Youth Spec.	No responses	\$20.40
Children’s ACT - Substance Abuse Coun.	No responses	\$26.74

■ Payroll Tax and Fringe Benefit Assumptions

- + Benefit assumptions for direct care staff
 - + Paid days off per year (holiday, vacation, and sick leave) – 30 days for “professional” level staff and 25 days for paraprofessionals
 - + \$591 per month for health insurance for employer share of premiums
 - + Based on Maine-specific data from U.S. DHHS’ Medical Expenditure Panel Survey for take-up rates and costs for a mix of employee only, employee plus-one, and family coverage options
 - + \$200 per month for other benefits (e.g., retirement, dental, etc.)
- + Payroll taxes
 - + 7.65 percent Social Security and Medicare payroll
 - + Unemployment Insurance
 - + Federal tax at 0.60 percent on first \$7,000 in wages
 - + State tax at 2.45 percent (new employer rate in 2022) on first \$12,000 in wages (inclusive of the 0.07 percent CSSF assessment and the 0.14 percent for the Unemployment Administrative Fund assessment)
- + Workers’ compensation rate of 3.00 percent

■ Payroll Tax and Fringe Benefit Assumptions (cont.)

- + Benefit assumptions are translated to benefit rates by wage level
 - + Rate models include the same benefit assumptions for all direct care staff
 - + Paid time off is treated as a productivity adjustment (reduction in billable hours) rather than calculated as part of the benefit rate
 - + Since certain benefit assumptions are fixed, the benefit rate declines as the wage increases
 - + For example, the \$591 assumed for monthly health insurance represents a larger percentage of the wage of someone making \$20.00 per hour than for someone earning \$50.00 per hour
- + Benefit rate assumed in rate models, by wage level (excludes paid time off)



■ Productivity Assumptions

- + For rate models based on hourly billing, 'productivity adjustments' are intended to recognize costs associated with direct care workers' non-billable responsibilities such as time spent in training or traveling between service encounters
 - + Example
 - + An employee earning \$15 per hour (wages and benefits) and working 40 hours per week earns \$600 per week
 - + However, if the employer can only bill for 30 hours per week, a productivity adjustment of 1.33 is required (work hours divided by billable hours)
 - + Thus, the agency must be able to bill \$20 per service hour (\$15 multiplied by 1.33) to cover the cost of wages and benefits
- + In general, for rate models based on caseload standards, assumptions are intended to reflect a caseload that a staff person can carry based on both direct service and non-service tasks

■ Productivity Assumptions (cont.)

- + Assumptions vary by service as detailed in Appendix C of the rate model packet
- + General standards
 - + All services include 200/240 annual hours for paid time off (25/30 days as noted in the benefits assumptions section, an average of 3.85/4.62 hours per 40-hour week)
 - + All rate models include 50 annual hours for training (an average of 0.96 hours per week)
 - + All rate models include 1.50 hour per week for supervision and other employer time
- + The other productivity adjustments (e.g., travel time, recordkeeping, etc.) included in the rate models and the assumed amount of time spent on each are more variable across services
- + Several rate models assume that direct service staff work fewer than 40 hours per week, on average, based on provider survey results
 - + Results in larger productivity adjustment to account for fixed assumptions (e.g., training) being allocated across fewer overall work hours

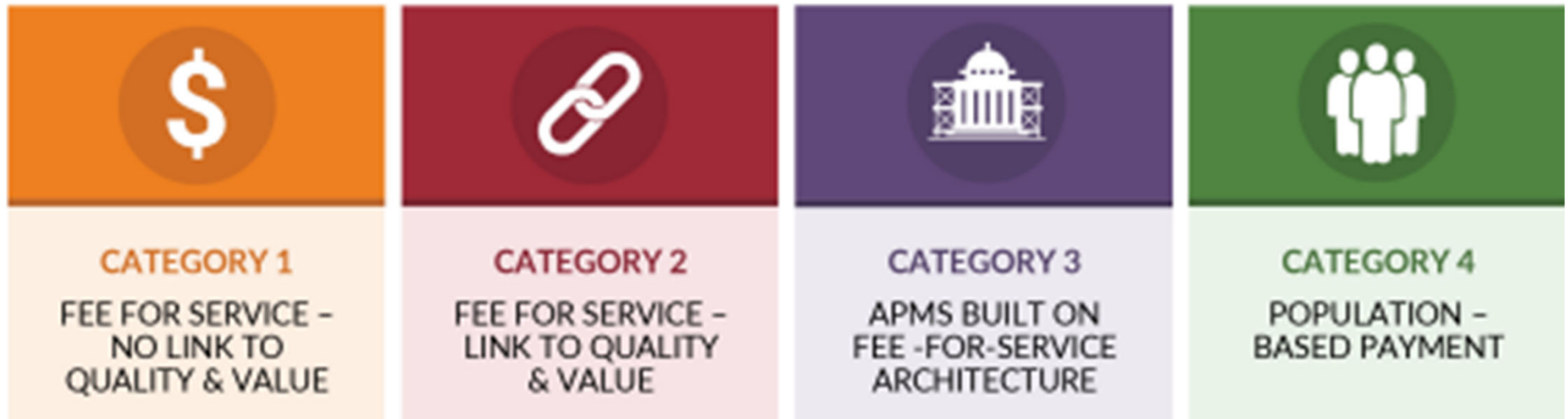
■ Administration, Program Support, and Service Provider Tax Assumptions

- + Rate models include 15 percent funding for agency administration expenses
 - + Administration funds activities that are not program-specific such as executive management, accounting, human resources
- + Rate models include 15 percent funding for program operations expenses (group services are funded 20 percent)
 - + Program operations funds activities that are program-specific, but not direct support and/or billable such as supervision; training (excluding time of the employee being trained); program development and oversight; quality monitoring; and coordination of care activities
- + Total administration and program support of 30 percent (and 35 percent for group services) is higher than the 23 to 25 percent in recent rate studies
 - + Generally consistent with provider survey results after accounting for overall rate increases (e.g., 15 percent of \$120 is equal to 18 percent of \$100)
- + Service provider tax calculated as 6 percent of all other costs
 - + Applies to all Section 17 services, Section 28 services not provided by schools/ exempt providers, and Section 65 Clubhouse

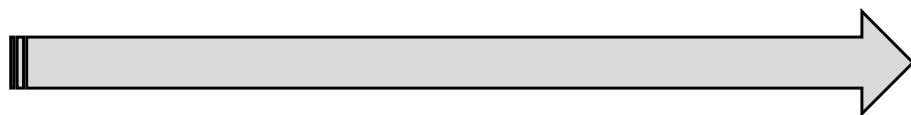
What is Value-Based Purchasing?

$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$

Alternative Payment Models



Draft rates for Home and Community Based Treatment (HCT), Assertive Community Treatment (ACT), and home- and community-based Children's Rehabilitative and Community Services (RCS)

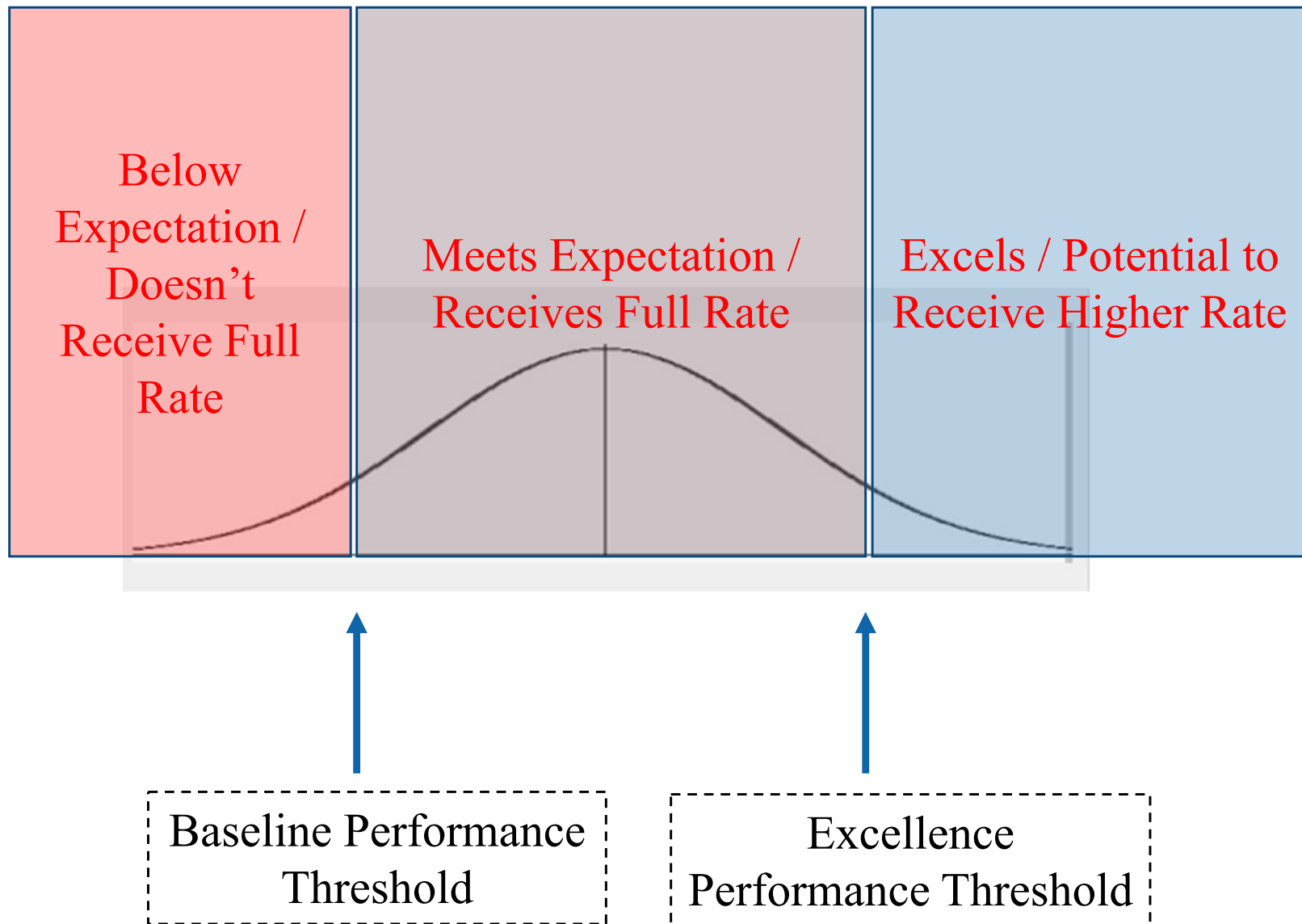


- Increased flexibility
- Can reduce variability in revenue
- Increased accountability
- Should improve outcomes

Selecting Performance Measures

Assessment Criteria	Yes/No
Clear link to an outcome that is important to stakeholders/aligns with policy goals	
Has appropriate incentives	
Places accountability in the right place	
Measure is easy to understand	
Data is feasible to collect and analyze	
Measure is well-defined	
Benchmarks/targets are available	
Multi-payer/aligned with other payers	
Incentives and supports health equity	

Proposed Value-Based Framework



Section 17 Services

- + Community Rehabilitation Services rate model assumes a team of two MHRT 1 positions and 1 MHRT/C serving eight individuals
- + Day Support Services assumes a staffing ratio of 5 individuals per MHRT/C
- + For ACT, rate study recommends moving from a by report/per diem to a weekly rate

Service	Billing Unit	Current Rate	Draft Rate	% Change
Community Rehab Services	Day	\$79.63	\$114.68	44%
Skills Develop., One-to-One	15 min.	\$13.05	\$21.92	68%
Skills Development, Group	15 min.	\$3.26	\$7.38	126%
Daily Living Support Services	15 min.	\$8.32	\$17.46	110%
Day Support Services	Hour	By Report ¹	\$23.11	
Assertive Comm. Treatment	Weekly	By Report ²	\$456.75	

¹Most providers have an approved rate of \$16.07 per hour for these provider the rate increase would be 44 percent

²Most providers have an approved rate of \$63.23 per day. If a provider bills five days per week for an individual, the rate increase would be 44 percent

■ Section 28 – Rehabilitative and Community Support Services for Children

- + Recommend adopting a weekly billing unit based on the number of support hours provided
 - + Under 10 Hours - \$542.85
 - + 10 to 20 Hours – \$802.43
 - + 20 or More Hours - \$1,581.18

- + In addition to the rate models based on a weekly unit, rate models have been prepared for 15-minute units for informational purposes and feedback

■ Section 28 – Rehabilitative and Community Support Services for Children (cont.)

- + Rate study recommends separate rates for school-based and community-based services
 - + Higher community-based rates recognize additional costs associated with travel and lower productivity
- + Specialized services include a higher wage assumption for BHPs as well as BCBA support
 - + Since BCBA costs are covered through the billing of the specialized service (that is, BCBA costs are spread over the billing of BHP time), the rate model for direct billing of certain BCBA supports includes limited productivity adjustments
- + Rate study recommends adding rate for providers exempt from the Service Provider Tax

Section 28 – Rehabilitative and Community Support Services for Children (cont.)

+ Recommended rates for standard services

Position		Billing Unit	Current Rate	Draft Rate	% Change
1-to-1	Home and Comm.	15 min.	\$11.06	\$19.89	80%
	School			\$17.13	55%
	School, SPT Exempt			\$16.19	46%
Group of 2	Home and Comm.	15 min.	\$5.58	\$10.84	94%
	School			\$9.47	70%
	School, SPT Exempt			\$8.95	60%
Group of 3	Home and Comm.	15 min.	\$3.84	\$7.72	101%
	School			\$6.68	74%
	School, SPT Exempt			\$6.32	65%
Group of 4	Home and Comm.	15 min.	\$2.97	\$6.25	110%
	School			\$5.32	79%
	School, SPT Exempt			\$5.03	69%

Section 28 – Rehabilitative and Community Support Services for Children (cont.)

+ Recommended rates for specialized services

Position		Billing Unit	Current Rate	Draft Rate	% Change
1-to-1	Home and Comm.	15 min.	\$15.31	\$27.24	78%
	School			\$23.22	52%
	School, SPT Exempt			\$21.94	43%
Group of 2	Home and Comm.	15 min.	\$7.74	\$14.84	92%
	School			\$12.84	66%
	School, SPT Exempt			\$12.13	57%
Group of 3	Home and Comm.	15 min.	\$5.30	\$10.57	99%
	School			\$9.06	71%
	School, SPT Exempt			\$8.56	62%
Group of 4	Home and Comm.	15 min.	\$4.10	\$8.56	109%
	School			\$7.22	76%
	School, SPT Exempt			\$6.82	66%
BCBA		15 min.	\$17.42	\$23.46	35%

■ Section 65 – Children’s HCT

- + Rate study recommends changing the billing units from 15 minutes to weekly
 - + Rate model assumes that individuals are served by a team of a BHP (assuming a 1:5 ratio) and a master’s-level staffer (assuming a 1:6 ratio)
 - + Resultant rate is \$774.86 per week

- + Rate study recommends the establishment of a new service and rate for supports provided by a BCBA
 - + 15-minute rate would be \$32.75

■ Section 65 – Board Certified Behavior Analyst Services

- + Rate study recommends the establishment of a new service and rate for supports provided by a BCBA
 - + 15-minute rate would be \$32.75

Section 65 - Children's Assertive Community Treatment

- + Staffing ratios generally follow the standards for Adult ACT in Section 17, with a few differences
 - + The children's model assumes one licensed social worker for every 25 cases compared to one social worker for every 40 cases in the adult model
 - + The children's model assumes one substance use counselor for every 75 cases compared to one counselor for every 50 cases in the adult model
 - + Rather than a peer position in the adult model, the children's model includes both a family support specialist and a youth support specialist (both of which are funded at one full-time position per 50 cases)
- + Recommend adopting weekly billing unit

Service	Billing Unit	Current Rate	Draft Rate	% Change
Children's ACT	Week	By Report ¹	\$542.90	

¹Most providers have an approved rate of \$111.46 per day. If provider bills five days per week for an individual, the rate decrease would be 3 percent

Section 65 - Clubhouse

- + No changes to billing units or rules proposed at this time

Service	Billing Unit	Current Rate	Draft Rate	% Change
Mental Health Clubhouse	15 min.	\$6.33	\$7.31	15%

■ Section 65 - Behavioral Therapies for Disruptive Behavior Disorders

- + Rate study recommends session rates rather than 15-minute units for Triple P and Incredible Years
 - + 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
 - + Rates vary by size of groups with a one-to-one rate, and group sizes of 2-4, 5-7, and 8 or more
 - + For Triple P there are different rates based on a master's or bachelor's level staff delivering the service

- + For Parent-Child Interaction Therapy (PCIT), the rate study recommends continuation of 15-minute units

Section 65 - Behavioral Therapies for Disruptive Behavior Disorders (cont.)

+ Draft session rates

Group Size	Triple P, Bachelor's	Triple P, Master's	Incredible Years
1 to 1	\$127.78	\$149.52	-
2 – 4	\$95.01	\$110.64	\$110.64
5 – 7	\$49.15	\$56.95	\$56.95
8+	\$33.86	\$39.06	\$46.76

+ There is an additional rate model for required Triple P phone consultations

+ Recommended rate for PCIT is \$28.07, a 12 percent increase to the current \$25.12 rate

■ Section 65 - Substance Use Disorder Partial Hospitalization

- + Recommending the addition of a more intensive SUD program compared to the current intensive outpatient program
- + Service would be based on the ASAM 2.5 service level guidelines
- + Draft rate is \$263.32 per day



PUBLIC COMMENTS

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■ Public Comment Process

- + Rate models and the supporting documentation will be available on the project website: <https://www.burnshealthpolicy.com/MaineCareBH/>

- + Written comments will be accepted until October 14th and should be submitted to kmatzinger@healthmanagement.com

- + All comments will be reviewed and summarized
 - + Consolidated document of comments and responses will be published

- + Revise rate models based on public comments as warranted

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