



COMMUNITY BEHAVIORAL HEALTH REBASE ALASKA MEDICAID

MEETING #4

PROGRAM SUPPORT AND ADMIN, DRAFT RATES

July 25, 2023

DISCLAIMER #1

- All information shared in this presentation is in draft form
- The information is being presented via publicly noticed meetings as part of a collaborative stakeholder process for the department to gather feedback prior to finalizing values
- Once the department finalizes values after stakeholder feedback, a regulation package with an adopted by reference fee schedule with proposed rates will be publicly noticed
- The public will be able to provide comments on the proposed rates and components utilized as part of the regulations process

MEETING SCHEDULE

Meeting Time/Date	Meeting Topic
6/27/23 1 – 3 PM AKSDT	Clinic services & Daily Substance Use Services
7/10/23 1 – 3 PM AKSDT	Wages & Fringe Benefit Inputs
7/18/23 1 – 3 PM AKSDT	Productivity & Time Inputs
7/25/23 1 – 3 PM AKSDT	Program Support & Admin Inputs & Draft Proposed Rates

SERVICES

- Community Behavioral Health and Mental Health Physician Clinic Medicaid Covered Services
 - https://health.alaska.gov/dbh/Documents/MedicaidRelated/CBH-MHPC-rates-updated_12-23-22.pdf
- Clinic services
 - Assessments
 - Psychotherapy
 - Psychological Testing
 - Neuropsychological Testing
 - Comprehensive Medication Services
 - Short-term Crisis Intervention Services
- Rehab services
 - Case Management
 - Peer Support Services
 - Therapeutic Behavioral Health Services
- Substance Use Services
 - Day treatment
 - Oral Medication Administration
 - Methadone Administration
 - Ambulatory Detoxification
 - Medically Managed Detoxification
 - Clinically Managed Detoxification
 - Medical Evaluation
 - Screening, Brief Intervention, and Referral for Treatment
 - Residential Substance Use Disorder Treatment

MEETING #1 SUMMARY

- Clinic Services
 - Draft decision:
 - Change clinic rates a set percentage to pass UPL
 - Previously communicated that was 7.5% was based on SFY23 rates
 - 3.7% inflation was granted July 1, 2023 (SFY24)
 - This increases the Medicaid reimbursement, but not the Medicare UPL ceiling
 - Increase of 3.8% (7.5% - 3.7%) to SFY24 current clinics rates possible is

MEETING #1 SUMMARY

- Clinic Services

Code	Desc.	Unit	SFY24 Alaska Medicaid Rate	Draft Rate (+3.8%)	% Change
90832	Psychotherapy, Individual	16-37 min	\$70.38	\$73.05	3.80%
90834	Psychotherapy, Individual	38-52 min	\$105.58	\$109.59	3.80%
90837	Psychotherapy, Individual	53-60 min	\$140.77	\$146.12	3.80%
90846	Psychotherapy, Family (w/o patient present)	60 min	\$148.07	\$153.70	3.80%
90847	Psychotherapy, Family (w/ patient present)	60 min	\$143.85	\$149.32	3.80%
90849	Psychotherapy, Multi-family group	60 min	\$57.55	\$59.74	3.80%
90853	Psychotherapy, Group	60 min	\$56.31	\$58.45	3.80%
H0031	Mental Health Intake	Assessment	\$471.38	\$489.29	3.80%
H0031 HH	Integrated MH and SU Intake Assessment	Assessment	\$542.09	\$562.69	3.80%
H2010	Comprehensive Medicaid Services	1 visit	\$156.40	\$162.34	3.80%
S9484	Short term Crisis Intervention	1 hour	\$138.34	\$143.60	3.80%
90791	Psychiatric Assessment - Diag Eval	Assessment	\$618.02	\$641.50	3.80%
96136 HO	Psychological Testing	30 min	\$73.01	\$75.78	3.80%
96136 HP	Neuropsychological Testing	30 min	\$85.79	\$89.05	3.80%
96137 HO	Psychological Testing	30 min	\$73.01	\$75.78	3.80%
96137 HP	Neuropsychological Testing	30 min	\$85.79	\$89.05	3.80%
96130 HO	Psychological Testing	60 min	\$146.12	\$151.67	3.80%
96131 HO	Psychological Testing	60 min	\$146.12	\$151.67	3.80%
96132 HP	Neuropsychological Testing	60 min	\$171.54	\$178.06	3.80%
96133 HP	Neuropsychological Testing	60 min	\$171.54	\$178.06	3.80%

MEETING #1 SUMMARY

- Daily Substance Use Services

- Draft decision:

- Leave the codes on the Community Behavioral Health state plan fee schedule at currently published rates
 - Work to sunset the codes

- Rates

- H0010 Clinically Managed Detox. \$340.82
 - H0011 Medically Managed Detox. \$544.49
 - H0047 Res. SU Disorder Tmnt., Low Intensity \$226.47
 - H0047 Res. SU Disorder Tmnt., Med Intensity \$309.00
 - H0047 Res. SU Disorder Tmnt., High Intensity \$483.35

MEETING #3 FOLLOW UP

- Productivity Question from Meeting #3
 - Still analyzing but looks like there may be some validity in changing the productivity calculation

Category (Productivity Other from Slide 21 of Meeting #3)	Licensed (Physician, PA, ANP, RN, LPN, Psychologist, MHPC)	Unlicensed (BHCA, SUDC)
Available Hours	2,080 hours	2,080 hours
Supervision	52 hours	52 hours
Case Conferences	52 hours	56 hours
Clinical Meetings	60.8 hours	59 hours
Admin Meetings	36 hours	16.5 hours
All Staff Meeting	52 hours	48 hours
Leadership Meetings	18.3 hours	0 hours
CPE	25 hours	23 hours
Training	30 hours	30 hours
Subtotal - Other productivity	326.1 hours	284.5 hours
Hours Available after other productivity	1,753.9 hours	1,795.5 hours
Productivity Factor subtotal (Total Time / Billable Time)	18.6%	15.85%

MEETING #3 FOLLOW UP

- Productivity
 - Looking at including all items (travel, documentation, 'other' and paid time off) in the calculation shown on 21 of Meeting #3 instead of separately calculating them
 - Would result in moving the 'Paid Time Off' out of fringe benefits component and into the Productivity component as well
 - Would result in fringe benefit %s being less than what was shown in Meeting #2 and today in Meeting #4
 - Would result in productivity %es being higher than what was shown in Meeting #3 and today in Meeting #4
 - Still testing then it will go through peer and supervisor review

CALCULATION

- Modeled methodology
 - Wages
 - Fringe Benefits
 - Productivity
 - Program Support
 - Administrative & General
 - Time
 - Group

Modeled Component	Value	Calculation
Wage	\$34.00	A
Fringe Benefit	47%	B
Direct Cost per Hour	\$49.98	$C = A * (1+B)$
Productivity	38%	D
Direct Service Cost after Productivity	\$68.97	$E = C * (1+D)$
Program Support	25%	F
Direct Service & Program Support Cost	\$86.22	$G = E * (1+F)$
Admin.	25%	H
Total Service Cost per Hour	\$107.77	$I = G * (1+H)$
Time (Hours)	0.25	J
Total Service Cost per Unit Time	\$26.94	$K = I * J$
Group Ratio	3	L
Proposed Rate	\$8.98	$M = K / L$

PROGRAM SUPPORT

- Definition
 - Program support costs are expenses that are neither direct care nor administrative. Such activities are program specific but are not billable independent of the direct services.
 - Included but is not limited to:
 - Costs of direct care worker training
 - Not pay of direct service employee
 - Salaries costs of persons performing training
 - Training materials
 - Vehicles costs for direct service workers & their supervisors
 - Background checks
 - Rent, depreciation, furnishings of direct service space
 - If the program disappeared, would the costs disappear?
 - Same for all codes
 - Source: State single audit

ADMIN & GENERAL

- Components
 - Accounting staff wages and benefits
 - Building rent (admin portion)
 - Consulting expenses
 - Corporate management wages and benefits
 - Depreciation
 - Home Office Costs or management fees
 - Human Resources
 - Insurance
 - IT
 - Legal
 - Office supplies
 - Outside audit fees
 - Subscriptions
 - Utilities of administrative space
- Same for all codes
- Source: State single audit

PROGRAM SUPPORT & ADMIN

	Program Services	Management and General	Thrift Store and Fundraising	2021 Total
Personnel and fringe benefits	\$ 3,885,395	\$ 606,521	\$ 40,184	\$ 4,532,100
Travel	4,467	-	246	4,713
Facilities expense	629,174	24,071	9,343	662,588
Program supplies	270,727	7,007	657	278,391
Equipment	179,940	3,486	51	183,477
Other expense	376,039	289,757	5,207	671,003
Total Cash Operating Expenses	5,345,742	930,842	55,688	6,332,272
Depreciation	186,085	129,801	-	315,886
In-kind support	182,166	-	-	182,166
Interest	-	22,367	-	22,367
Total Expenses	\$ 5,713,993	\$ 1,083,010	\$ 55,688	\$ 6,852,691

- Program Support % = Green / Yellow
- Admin % = Blue / (Green + Yellow)

PROGRAM SUPPORT & ADMIN

- PS% = $\frac{\text{Green}}{\text{Yellow}} = \frac{1,828,598}{3,885,395} = 47.1\%$
- Admin % = $\frac{\text{Blue}}{(\text{Green} + \text{Yellow})} = \frac{1,083,010}{(3,885,395 + 1,828,598)} = 19.0\%$
- All Costs = $3,885,395 + 1,828,598 + 1,083,010 = 6,797,003$ (Ties to below)
- Proof

Modeled Component	Value	Calculation
Direct Service Cost after Productivity	\$3,885,395	E
Program Support	47.1%	F
Direct Service & Program Support Cost	\$5,713,993	G = E * (1+F)
Admin.	19.0%	H
Total Service Cost	\$6,797,003	I = G * (1+H)

PROGRAM SUPPORT & ADMIN

Provider	A	B	C	D = B / A	E = [C / (A + B)]
	Direct Wages & FB	Program Support	Admin	Program Support %	Admin %
Provider #1	\$ 4,924,358	\$ 1,522,836	\$ 2,866,627	30.9%	44.5%
Provider #2	\$ 6,171,485	\$ 2,648,728	\$ 2,616,907	42.9%	29.7%
Provider #3	\$ 3,885,395	\$ 1,828,598	\$ 1,083,010	47.1%	19.0%
Provider #4	\$ 12,717,509	\$ 6,274,431	\$ 2,956,297	49.3%	15.6%
Provider #5	\$ 4,178,364	\$ 2,214,569	\$ 808,817	53.0%	12.7%
Provider #6	\$ 5,851,732	\$ 3,432,860	\$ 269,567	58.7%	2.9%
Provider #7	\$ 93,877,149	\$ 63,354,029	\$ 31,167,641	67.5%	19.8%
Provider #8	\$ 10,091,428	\$ 6,990,688	\$ 3,268,960	69.3%	19.1%
Provider #9	\$ 5,724,286	\$ 4,011,216	\$ 4,060,851	70.1%	41.7%
			MEDIAN	53.0%	19.1%

- Program Support % = 53.0%
- Admin % = 19.1%

T1023

BEHAVIORAL HEALTH SCREEN – AK SCREEN TOOL

Modeled Component	Value	Calculation
Wage	\$36.53	A
Fringe Benefit	49.3%	B
Direct Cost per Hour	\$49.98	C = A * (1+B)
Productivity	20.1%	D
Direct Service Cost after Productivity	\$65.50	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$100.21	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$119.35	I = G * (1+H)
Time (Hours)	1	J
Proposed Rate	\$119.35	K = I * J

SFY24 Rate	\$ 46.15
Draft Proposed Rate	\$ 119.35
Draft Rate Change	159%

H0001

ALCOHOL AND/OR DRUG ASSESSMENT

Modeled Component	Value	Calculation
Wage	\$27.67	A
Fringe Benefit	54.3%	B
Direct Cost per Hour	\$42.71	$C = A * (1+B)$
Productivity	18.7%	D
Direct Service Cost after Productivity	\$50.70	$E = C * (1+D)$
Program Support	53.0%	F
Direct Service & Program Support Cost	\$77.57	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$92.39	$I = G * (1+H)$
Time (Hours)	3.5	J
Proposed Rate	\$323.36	$K = I * J$

SFY24 Rate	\$ 250.28
Draft Proposed Rate	\$ 323.36
Draft Rate Change	29%

H2011

SHORT-TERM CRISIS STABILIZATION

Modeled Component	Value	Calculation
Wage	\$28.61	A
Fringe Benefit	54.3%	B
Direct Cost per Hour	\$44.15	C = A * (1+B)
Productivity	52.8%	D
Direct Service Cost after Productivity	\$67.46	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$103.21	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$122.92	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$30.73	K = I * J

SFY24 Rate	\$ 27.83
Draft Proposed Rate	\$ 30.73
Draft Rate Change	10%

T1016

CASE MANAGEMENT

Modeled Component	Value	Calculation
Wage	\$26.81	A
Fringe Benefit	55.3%	B
Direct Cost per Hour	\$41.65	C = A * (1+B)
Productivity	52.6%	D
Direct Service Cost after Productivity	\$63.57	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$97.26	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$115.84	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$28.96	K = I * J

SFY24 Rate	\$ 27.17
Draft Proposed Rate	\$ 28.96
Draft Rate Change	7%

H2019, H2019 HR, H2019 HS THERAPEUTIC BH SERVICES

INDIVIDUAL, FAMILY (W/ PATIENT), FAMILY (W/O PATIENT)

Modeled Component	Value	Calculation
Wage	\$24.66	A
Fringe Benefit	57.3%	B
Direct Cost per Hour	\$38.80	C = A * (1+B)
Productivity	52.4%	D
Direct Service Cost after Productivity	\$59.13	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$90.47	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$107.74	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$26.94	K = I * J

SFY24 Rate	\$ 24.84
Draft Proposed Rate	\$ 26.94
Draft Rate Change	8%

H2019 HQ

THERAPEUTIC BH SERVICES

GROUP

Modeled Component	Value	Calculation
Wage	\$24.66	A
Fringe Benefit	57.3%	B
Direct Cost per Hour	\$38.80	C = A * (1+B)
Productivity	73.9%	D
Direct Service Cost after Productivity	\$67.47	E = C * (1+D)
Program Support	53%	F
Direct Service & Program Support Cost	\$103.23	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$122.94	I = G * (1+H)
Time (Hours)	0.25	J
Total Service Cost per Unit Time	\$30.74	K = I * J
Group Ratio	2.43	L
Proposed Rate	\$12.65	M = K / L

SFY24 Rate	\$ 9.93
Draft Proposed Rate	\$ 12.65
Draft Rate Change	27%

H0038, H0038 HR, H0038 HS

PEER SUPPORT SERVICES

INDIVIDUAL, FAMILY (W/ PATIENT), FAMILY (W/O PATIENT)

Modeled Component	Value	Calculation
Wage	\$24.92	A
Fringe Benefit	57.3%	B
Direct Cost per Hour	\$39.21	C = A * (1+B)
Productivity	52.4%	D
Direct Service Cost after Productivity	\$59.76	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$91.44	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$108.90	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$27.23	K = I * J

SFY24 Rate	\$ 23.94
Draft Proposed Rate	\$ 27.23
Draft Rate Change	14%

H2012

DAY TREATMENT

Modeled Component	Value	Calculation
Wage	\$24.62	A
Fringe Benefit	57.3%	B
Direct Cost per Hour	\$38.74	$C = A * (1+B)$
Productivity	73.9%	D
Direct Service Cost after Productivity	\$67.37	$E = C * (1+D)$
Program Support	53%	F
Direct Service & Program Support Cost	\$103.07	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$122.76	$I = G * (1+H)$
Time (Hours)	1	J
Total Service Cost per Unit Time	\$122.76	$K = I * J$
Group Ratio	3	L
Proposed Rate	\$40.92	$M = K / L$

SFY24 Rate	\$ 21.30
Draft Proposed Rate	\$ 40.92
Draft Rate Change	92%

T1007

TREATMENT PLAN REVIEW FOR METHADONE RECIPIENT

Modeled Component	Value	Calculation
Wage	\$25.37	A
Fringe Benefit	56.3%	B
Direct Cost per Hour	\$39.67	C = A * (1+B)
Productivity	18.6%	D
Direct Service Cost after Productivity	\$47.04	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$71.97	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$85.72	I = G * (1+H)
Time (Hours)	1.0	J
Proposed Rate	\$85.72	K = I * J

SFY24 Rate	\$ 95.14
Draft Proposed Rate	\$ 85.72
Draft Rate Change	-10%

H0033

ORAL MEDICATION ADMIN DIRECT OBSERVATION; ON PREMISES

Modeled Component	Value	Calculation
Wage	\$52.06	A
Fringe Benefit	44.3%	B
Direct Cost per Hour	\$75.13	C = A * (1+B)
Productivity	46.3%	D
Direct Service Cost after Productivity	\$109.95	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$168.22	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$200.35	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$50.09	K = I * J

SFY24 Rate	\$ 75.37
Draft Proposed Rate	\$ 50.09
Draft Rate Change	-34%

H0033 HK

ORAL MEDICATION ADMIN DIRECT OBSERVATION; OFF PREMISES

Modeled Component	Value	Calculation
Wage	\$52.06	A
Fringe Benefit	44.3%	B
Direct Cost per Hour	\$75.13	C = A * (1+B)
Productivity	46.3%	D
Direct Service Cost after Productivity	\$109.95	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$168.22	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$200.35	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$50.09	K = I * J

SFY24 Rate	\$ 87.41
Draft Proposed Rate	\$ 50.09
Draft Rate Change	-43%

H0020

METHADONE ADMINISTRATION AND/OR SERVICE

Modeled Component	Value	Calculation
Wage	\$52.06	A
Fringe Benefit	44.3%	B
Direct Cost per Hour	\$75.13	C = A * (1+B)
Productivity	21.3%	D
Direct Service Cost after Productivity	\$91.16	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$139.48	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$166.12	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$41.53	K = I * J

SFY24 Rate	\$ 22.60
Draft Proposed Rate	\$ 41.53
Draft Rate Change	84%

H0014

AMBULATORY DETOXIFICATION

Modeled Component	Value	Calculation
Wage	\$49.04	A
Fringe Benefit	45.3%	B
Direct Cost per Hour	\$71.27	C = A * (1+B)
Productivity	55.2%	D
Direct Service Cost after Productivity	\$110.58	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$169.19	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$201.50	I = G * (1+H)
Time (Hours)	0.25	J
Proposed Rate	\$50.38	K = I * J

SFY24 Rate	\$ 38.12
Draft Proposed Rate	\$ 50.38
Draft Rate Change	32%

H0002

MEDICAL EVALUATION FOR RECIPIENT NOT RECEIVING METHADONE TREATMENT

Modeled Component	Value	Calculation
Wage	\$120.75	A
Fringe Benefit	38.3%	B
Direct Cost per Hour	\$167.04	C = A * (1+B)
Productivity	21.3%	D
Direct Service Cost after Productivity	\$202.67	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$310.09	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$369.31	I = G * (1+H)
Time (Hours)	2.5	J
Proposed Rate	\$923.28	K = I * J

SFY24 Rate	\$ 494.23
Draft Proposed Rate	\$ 923.28
Draft Rate Change	87%

H0002 HF

MEDICAL EVALUATION FOR RECIPIENT RECEIVING METHADONE TREATMENT

Modeled Component	Value	Calculation
Wage	\$120.75	A
Fringe Benefit	38.3%	B
Direct Cost per Hour	\$167.04	C = A * (1+B)
Productivity	21.3%	D
Direct Service Cost after Productivity	\$202.67	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$310.09	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$369.31	I = G * (1+H)
Time (Hours)	1.25	J
Proposed Rate	\$461.64	K = I * J

SFY24 Rate	\$ 614.06
Draft Proposed Rate	\$ 461.64
Draft Rate Change	-25%

99408

SCREENING, BRIEF INTERVENTION, AND REFERRAL FOR TREATMENT (SBIRT)

Modeled Component	Value	Calculation
Wage	\$32.39	A
Fringe Benefit	51.3%	B
Direct Cost per Hour	\$49.02	C = A * (1+B)
Productivity	53.6%	D
Direct Service Cost after Productivity	\$75.31	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$115.23	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$137.24	I = G * (1+H)
Time (Hours)	0.38	J
Proposed Rate	\$51.46	K = I * J

SFY24 Rate	\$	44.19
Draft Proposed Rate	\$	51.46
Draft Rate Change		16%

SUMMARY

Code	Service Description	Unit	SFY24 Alaska Medicaid Rate	Draft Rate (Subject Possible Changes based on stakeholder feedback)	% Change
T1023	Behavioral Health Screen - AK Screen Tool	1 screening	\$ 46.15	\$ 119.35	159%
H0001	Alcohol and/or Drug Assessment	1 Assessment	\$ 250.28	\$ 323.36	29%
H2011	Short-term Crisis Stabilization Service	15 minutes	\$ 27.83	\$ 30.73	10%
T1016	Case Management	15 minutes	\$ 27.17	\$ 28.96	7%
H2019	Therapeutic BH Services - Individual	15 minutes	\$ 24.84	\$ 26.94	8%
H0038	Peer Support Services - Individual	15 minutes	\$ 23.94	\$ 27.23	14%
H2019-HQ	Therapeutic BH Services - Group	15 minutes	\$ 9.93	\$ 12.65	27%
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	\$ 24.84	\$ 26.94	8%
H2019-HS	Therapeutic BH Services - Family (w/o) patient present)	15 minutes	\$ 24.84	\$ 26.94	8%
H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	\$ 23.94	\$ 27.23	14%
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	\$ 23.94	\$ 27.23	14%
H2012	Day Treatment for Children	1 hour	\$ 21.30	\$ 40.92	92%
T1007	Treatment Plan Review for Methadone Recipient (AKAIMS)	1 review	\$ 95.14	\$ 85.72	-10%
H0033	Oral Medication Administration, direct observation; on premises (Time)	1 day	\$ 75.37	\$ 50.09	-34%
H0033-HK	Oral Medication Administration, direct observation; off premises (Time)	1 day	\$ 87.41	\$ 50.09	-43%
H0020	Methadone Administration and/or service	administration episode	\$ 22.60	\$ 41.53	84%
H0014	Ambulatory Detoxification	15 minutes	\$ 38.12	\$ 50.38	32%
H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	\$ 494.23	\$ 923.28	87%
H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment (Time)	1 evaluation	\$ 614.06	\$ 461.64	-25%
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	\$ 44.19	\$ 51.46	16%

DISCLAIMER #2

- The following slides are showing the modeled inputs for Clinic Services.
- These rates would result in a failure of the Clinic Upper Payment Limit (UPL)
- These rates are not proposed to be moved forward because the federal government would not approve rate changes that result in a failure to the Upper Payment Limit
- These rates are being provided per stakeholder request.
- These drafted rates do include the changes in the inflation noted in Meeting #3, but do not include changes that may be made to fringe benefits/productivity based on the discussion in slides 9-10

DISCLAIMER – SHOWN PER REQUEST

SEE DISCLAIMER #2

H0031

MENTAL HEALTH INTAKE ASSESSMENT

Modeled Component	Value	Calculation
Wage	\$42.12	A
Fringe Benefit	47.3%	B
Direct Cost per Hour	\$62.05	$C = A * (1+B)$
Productivity	21.3%	D
Direct Service Cost after Productivity	\$75.29	$E = C * (1+D)$
Program Support	53.0%	F
Direct Service & Program Support Cost	\$115.19	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$137.19	$I = G * (1+H)$
Time (Hours)	3.5	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$480.17	$K = I * J$

SFY24 Rate	\$	471.38
Result of Model (NOT PROPOSED RATE)	\$	480.17
Variance		2%

DISCLAIMER – SHOWN PER REQUEST SEE DISCLAIMER #2

H0031 HH

INTEGRATED MENTAL HEALTH & SUBSTANCE USE INTAKE ASSESSMENT

Modeled Component	Value	Calculation
Wage	\$42.12	A
Fringe Benefit	47.3%	B
Direct Cost per Hour	\$62.05	$C = A * (1+B)$
Productivity	21.3%	D
Direct Service Cost after Productivity	\$75.29	$E = C * (1+D)$
Program Support	53.0%	F
Direct Service & Program Support Cost	\$115.19	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$137.19	$I = G * (1+H)$
Time (Hours)	5.0	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$685.96	$K = I * J$

SFY24 Rate	\$	471.38
Result of Model (NOT PROPOSED RATE)	\$	685.96
Variance		27%

DISCLAIMER – SHOWN PER REQUEST SEE DISCLAIMER #2

90791

PSYCHIATRIC ASSESSMENT – DIAG. EVAL.

Modeled Component	Value	Calculation
Wage	\$101.10	A
Fringe Benefit	39.3%	B
Direct Cost per Hour	\$140.97	C = A * (1+B)
Productivity	21.3%	D
Direct Service Cost after Productivity	\$170.92	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$261.60	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$311.45	I = G * (1+H)
Time (Hours)	2.0	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$622.90	K = I * J

SFY24 Rate	\$	618.02
Result of Model (NOT PROPOSED RATE)	\$	622.90
Variance		1%

DISCLAIMER – SHOWN PER REQUEST

SEE DISCLAIMER #2

96130 HO, 96131 HO, 96132 HP, 96133 HP
HOURLY PSYCHOLOGICAL TESTING & NEUROPSYCHOLOGICAL TESTING.

Modeled Component	Value	Calculation
Wage	\$76.56	A
Fringe Benefit	41.3%	B
Direct Cost per Hour	\$108.20	$C = A * (1+B)$
Productivity	50.5%	D
Direct Service Cost after Productivity	\$162.85	$E = C * (1+D)$
Program Support	53.0%	F
Direct Service & Program Support Cost	\$249.16	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$296.74	$I = G * (1+H)$
Time (Hours)	1.0	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$296.74	$K = I * J$

	96130 HO , 96131 HO	96132 HP, 96133 HP
SFY24 Rate	\$146.12	\$171.54
Result of Model (NOT PROPOSED RATE)	\$296.74	\$296.74
Variance	103%	73%

DISCLAIMER – SHOWN PER REQUEST SEE DISCLAIMER #2

90832, 90834, 90837
INDIVIDUAL PSYCHOTHERAPY (30, 45, 60 MIN)

Modeled Component	Value	Calculation
Wage	\$42.40	A
Fringe Benefit	47.3%	B
Direct Cost per Hour	\$62.48	C = A * (1+B)
Productivity	50.5%	D
Direct Service Cost after Productivity	\$94.03	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$143.86	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$171.34	I = G * (1+H)
Time (Hours)	.5, .75, 1	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$85.67 , \$128.50, \$171.34	K = I * J

	90832	90834	90837
SFY24 Rate	\$70.38	\$105.58	\$140.77
Result of Model (NOT PROPOSED RATE)	\$85.67	\$128.50	\$171.34
Variance	22%	22%	22%

DISCLAIMER – SHOWN PER REQUEST SEE DISCLAIMER #2

90846

PSYCHOTHERAPY, FAMILY (W/O PATIENT PRESENT).

Modeled Component	Value	Calculation
Wage	\$42.54	A
Fringe Benefit	47.3%	B
Direct Cost per Hour	\$62.67	$C = A * (1+B)$
Productivity	50.5%	D
Direct Service Cost after Productivity	\$94.32	$E = C * (1+D)$
Program Support	53.0%	F
Direct Service & Program Support Cost	\$144.30	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$171.87	$I = G * (1+H)$
Time (Hours)	1.0	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$171.87	$K = I * J$

SFY24 Rate	\$148.07
Result of Model (NOT PROPOSED RATE)	\$171.87
Variance	16%

DISCLAIMER – SHOWN PER REQUEST SEE DISCLAIMER #2

90847

PSYCHOTHERAPY, FAMILY (WITH PATIENT PRESENT).

Modeled Component	Value	Calculation
Wage	\$41.60	A
Fringe Benefit	47.3%	B
Direct Cost per Hour	\$61.28	C = A * (1+B)
Productivity	50.5%	D
Direct Service Cost after Productivity	\$92.23	E = C * (1+D)
Program Support	53.0%	F
Direct Service & Program Support Cost	\$141.12	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$168.07	I = G * (1+H)
Time (Hours)	1.0	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$168.07	K = I * J

SFY24 Rate	\$143.85
Result of Model (NOT PROPOSED RATE)	\$168.07
Variance	17%

DISCLAIMER – SHOWN PER REQUEST

SEE DISCLAIMER #2

90849

PSYCHOTHERAPY, MULTI-FAMILY GROUP

Modeled Component	Value	Calculation
Wage	\$40.83	A
Fringe Benefit	47.3%	B
Direct Cost per Hour	\$60.15	C = A * (1+B)
Productivity	96.3%	D
Direct Service Cost after Productivity	\$118.10	E = C * (1+D)
Program Support	53%	F
Direct Service & Program Support Cost	\$180.69	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$215.20	I = G * (1+H)
Time (Hours)	1	J
Total Service Cost per Unit Time	\$215.20	K = I * J
Group Ratio	5.5	L
Proposed Rate	\$39.13	M = K / L

SFY24 Rate	\$ 57.55
Result of Model (NOT PROPOSED RATE)	\$ 39.13
Draft Rate Change	-32%

DISCLAIMER – SHOWN PER REQUEST

SEE DISCLAIMER #2

90853

PSYCHOTHERAPY, GROUP

Modeled Component	Value	Calculation
Wage	\$47.12	A
Fringe Benefit	46.3%	B
Direct Cost per Hour	\$68.96	C = A * (1+B)
Productivity	96.3%	D
Direct Service Cost after Productivity	\$135.39	E = C * (1+D)
Program Support	53%	F
Direct Service & Program Support Cost	\$207.15	G = E * (1+F)
Admin.	19.1%	H
Total Service Cost per Hour	\$246.71	I = G * (1+H)
Time (Hours)	1	J
Total Service Cost per Unit Time	\$246.71	K = I * J
Group Ratio	5.1	L
Proposed Rate	\$48.37	M = K / L

SFY24 Rate	\$ 56.31
Result of Model (NOT PROPOSED RATE)	\$ 48.37
Draft Rate Change	-14%

DISCLAIMER – SHOWN PER REQUEST

SEE DISCLAIMER #2

H2010
COMPREHENSIVE MEDICATION SERVICES

Modeled Component	Value	Calculation
Wage	\$161.96	A
Fringe Benefit	37.3%	B
Direct Cost per Hour	\$222.43	$C = A * (1+B)$
Productivity	21.3%	D
Direct Service Cost after Productivity	\$269.88	$E = C * (1+D)$
Program Support	53.0%	F
Direct Service & Program Support Cost	\$412.92	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$491.79	$I = G * (1+H)$
Time (Hours)	0.5	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$245.89	$K = I * J$

SFY24 Rate	\$156.40
Result of Model (NOT PROPOSED RATE)	\$245.89
Variance	57%

DISCLAIMER – SHOWN PER REQUEST SEE DISCLAIMER #2

S9484

SHORT TERM CRISIS INTERVENTION SERVICE

Modeled Component	Value	Calculation
Wage	\$41.24	A
Fringe Benefit	47.3%	B
Direct Cost per Hour	\$60.76	$C = A * (1+B)$
Productivity	50.5%	D
Direct Service Cost after Productivity	\$91.44	$E = C * (1+D)$
Program Support	53.0%	F
Direct Service & Program Support Cost	\$139.90	$G = E * (1+F)$
Admin.	19.1%	H
Total Service Cost per Hour	\$166.62	$I = G * (1+H)$
Time (Hours)	1.0	J
Result of Model for Clinic Code shown per stakeholder request, NOT PROPOSED RATE	\$166.62	$K = I * J$

SFY24 Rate	\$138.34
Result of Model (NOT PROPOSED RATE)	\$166.62
Variance	20%

NEXT STEPS

1. Gather feedback
2. Department to consider changes based on feedback
3. Begin regulations process
 - Additional opportunity for formal public comment as part of the regulations
 - No rate changes are effective until the fee schedule is adopted by reference in regulations

COMMENTS

Please provide any feedback you wish the Department to consider prior to finalizing rate setting decisions to:

Katherine.McDonald@alaska.gov

Feedback due date: August 8, 2023

Please include in the subject line: “CBH Rebase”