

Child/Youth BH Continuum – Current Services

Increasing intensity of services

<p>Counseling</p> <ul style="list-style-type: none"> • Individual • Family • Group • Crisis Intervention 	<p>Home & Community Based Services (HCBS)</p> <ul style="list-style-type: none"> • Behavioral Assistance • Child and Youth Support • Life Skills Development • Planned Respite • Family Peer Support Partner • Crisis Stabilization Intervention 	<p>Residential HCBS</p> <ul style="list-style-type: none"> • Residential Community Reintegration Program 	<p>Psychiatric Residential Treatment Facility (PRTF)</p> <ul style="list-style-type: none"> • Residential Treatment Center 	<p>Psychiatric Hospital Sub-Acute Unit</p> <ul style="list-style-type: none"> • Residential Treatment Unit • Inpatient Stay (short-term stabilization)
<p>Provider types: OBHA or ILP/ILP groups</p>		<p>Provider types: OBHA or CSSP</p>		<p>Provider types: U21 Inpatient Psychiatric RTC</p>

← Crisis Services →

Acute crisis unit beds



This presentation is intended to facilitate discussion related to DHS' BH continuum Medicaid payment rate strategy and is not complete without oral comment

DHS Payment Rate Strategy Across the BH Continuum

July 2022

Comparison payment rate development for targeted PASSSE member services

- Targeted individual services
- New team-based service that includes targeted individual services and crisis services
- PRTF services

Regulations and provider manual review and updates

January 2023

Continued assessment of the need for additional changes to payment approaches across the BH continuum

Crisis services planning

- Development of a plan for a behavioral health statewide integrated crisis system
- Stakeholders will include but not limited to behavioral health providers, developmental disabilities providers, hospital providers, emergency transport providers, schools and law enforcement

Consideration of stakeholder feedback, including feedback raised in legislatively-coordinated BH workgroups



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PRTF Comparison Rate Development

PRTF Service and Current Payment Approach



Definition

Non-acute inpatient facility care for children and youth under 21 with mental illness or substance abuse who need 24-hour care



Purpose

Improve the patient's condition or prevent further regression so that the services will no longer be needed, and the patient can be managed in a community setting.



Payment

Per diem basis based on PRTF-reported budgeted costs, with a current \$350.00 per diem limit

PRTF Technical Workgroup Role

- Includes all 13 in-state PRTFs
- Provides subject matter expertise regarding:
 - Current state and local landscape with respect to PRTF service requirements
 - Programmatic and financial PRTF experience, including budgeted costs (submitted to DHS annually) and rate considerations for subpopulations
- Informs the development of rate models and related assumptions
- Provides feedback on preliminary rates

PRTF Workgroup Member Responsibilities

- Attend monthly virtual workgroup meetings, with potential additional attendance at ad hoc and/or subgroup meetings
- Provide feedback on a particular service from the perspective of their organization and the broader service delivery system in the state
- Work across their respective organizations between workgroup meetings to obtain feedback on specific payment rate assumptions

Development of PRTF Rates: Overall Approach



Overall Payment Rate Approach

Per diem prospective rate(s)



Rate Structure

- Identification of baseline rate
- Consideration of additional costs specific to subpopulations
 - Additional staffing requirements
 - Program support



Anticipated Data Sources

- Provider budgeted cost data and other submitted cost data
- Workgroup input
- National and state data sources, e.g., specific to trend factors and wages and benefits