

Proposed SPA Language

Tribal Residential Substance Use Disorder Treatment Facilities (TRTF)

Payment to residential substance use disorder treatment facilities of the Indian Health Service (IHS), which includes, at the option of the tribe, residential substance use disorder treatment facilities operated by a tribe or tribal organization and funded by Title I or V of the Indian Self Determination and Education Assistance Act (also known as tribal residential substance use disorder treatment facilities), will be at a per patient, per day facility-specific rate for residential substance use disorder treatment services meeting ASAM criteria for youth and adult patients.

A. Establishment of an interim reimbursement rate for a new TRTF

The Department will establish an interim reimbursement rate for new providers based on the cost of the one ASAM 3.5 tribally operated facility. The costs of an ASAM 3.5 facility will not be negotiated lower than the current All-Inclusive Rate at the time of the approval of this SPA to prevent a negative impact. The interim rate for an ASAM 3.7 facility will be calculated with a 15.76% increase from the ASAM 3.5 rate. The interim rate for an ASAM 3.1 facility will be calculated with a 48.38% decrease from the ASAM 3.5 rate. The interim rate will be adjusted annually thereafter on July 1st, based on the percentage increase or decrease of the inpatient hospital per diem rate published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. § 1601 et seq.).

B. Payment for Services

The individual Tribal Residential Treatment Facility reimbursement rate will be calculated on a per patient, per day basis, based on three (3) years of cost reports. The rate negotiated will be adjusted annually thereafter on July 1st, based on the percentage increase or decrease of the inpatient hospital per diem rate published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. § 1601 et seq.).