

Behavioral Health Provider Rate Workgroup Meeting Minutes

February 22, 2022

9:00 AM (MST) – 12:00 PM (MST)

Zoom Invite Information:

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Agenda

1. Welcome

Jackie Jandt welcomed meeting Provider attendees to the meeting

Coy Jones with Guidehouse presented the agenda for the meeting and began facilitating

2. Update on Survey Submissions

Guidehouse provided the following updates on Survey Submissions.

- Cost and Wage Survey released on 2/3/2022
- There have been two provider survey trainings on February 3rd and February 4th, recordings are available to the public via the DPHHS Rate Study website
- We are about halfway through the completion period. We are making good progress with three completed surveys turned in thus far
- So far we have received one request for a timeline extension. We understand it's a tight turn around, and we welcome you raising those concerns and communicating with us via the mailbox to further discuss
- A Frequently Asked Questions (FAQ) document was created following those meetings to answer commonly nuanced questions from participants, common themes of provider feedback and questions:

- Clarifying scope and inclusion criteria to participate in the survey
- Technical questions related to survey functionality
- Determining accurate reporting and allocation methods for total costs, FTE, and productivity
- Clarifying questions related to reporting timelines
- Inquiries related to locating the link to the Survey and related materials
- Concerns related to turn around time for Survey submission
- We are about two weeks out from survey submission deadline
- Submission process update: Continue submitting to the DPHHS Rates email box, but also must include calvisi@guidehouse.com to help expedite the process of receiving and reviewing the surveys.
- Not currently seeing any partial hospitalization or therapeutic group home services; we will be following up with the State this week to see if this is expected or if there is a gap to fill
 - We are not soliciting out of state providers' data through the survey

3. Peer State Comparisons

Guidehouse presented on the Peer State Comparison. Attendees had no questions or comments on the agenda topic.

4. Key Job Types and BLS Benchmarking

Guidehouse presented on the Key Job Types and BLS Benchmarking.

- GH: Are there key practitioners missing from our lists that should be added to accurately reflect overall costs? Are these staff members all necessary to service delivery?
 - **ALF and Adult Foster Homes:**
 - GH: Worksheet 6: 'Additional Information' is a good place to include different staff types not already included and other pertinent information. We will be reviewing this.
 - **Crisis Stabilization:**
 - Attendee: Need to include a psychiatrist in the staff makeup. Facilities typically have one at least on-call based on need. For example, VA would not send patients to stabilization centers if they do not provide psychiatric stabilization. If we're not going to include psychiatrists, need to alter definition to not specify *psychiatric* stabilization services.
 - **Children's Mental Health – CSCT:**
 - Attendee: "We have mental health specialists and Licensed Therapists providing services for CSCT"
 - **PRTF:**
 - Attendee: "We are looking to add LPNs to PRTF to offload some services from RNs where possible given RN recruitment challenges"

- Similarly, PAs and APRNs are also used in conjunction with the psychiatrists, We'll only use LPNs where possible, not as a substitute for an RN.
- Perhaps we should include state Psychiatrist and Addiction Medicine Physicians

5. Overview of Rate Modeling Process

Guidehouse presented on the Rate Modeling Process.

- Attendee: Does productivity time include training / on-boarding? How will this be considered, particularly in a residential / PRTF environment, where services are bundled and productivity measures aren't as concrete.
 - GH: Yes, depending on nature of service, if there are specific trainings involved we may represent this discretely for productivity. We may not build it into the adjustment factor, but instead add another set of hours, but we do take into account training time. For onboarding costs, these are usually wrapped up into program support costs as hiring and onboarding expenses. Not usually put into productivity, usually represented as an additional % on top of direct care costs. For residential services, you will most likely not see a productivity adjustment because the whole day is productive/billable. We will have occupancy rates, which function in many ways like productivity; you may have absences from the residence which can impact billable time. We recognize that there are nuances to productivity on the residential side of service delivery.
- Attendee (related to hypothetical rate model example): Does that result reflect what the rate should have been for FY19?
 - GH: Some factors not dependent on time – even if based on FY19, they scale forward to 2023 so they are higher dollar amounts. This is not real data, just a hypothetical example.

6. Cost Report Plan Development

Guidehouse presented on the Cost Report Plan Development. Attendees had no comments or questions on this agenda topic.

7. Public Comment

No attendees provided public comment.

8. Adjournment @ 4:00 PM (MST)

Meeting Contact: Jackie Jandt, Medicaid Reform Initiative Specialist,
Email: jjandt@mt.gov

Phone: (406) 444-9656