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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 18-0058**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Regional Operations Group**

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March 8, 2019

Marie Matthews, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-18-0058. This amendment restores the rate methodology to previous levels by eliminating the percentage reduction driven by the State's 2017 budget challenges.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 1, 2018. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM). For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage, report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

For Other Rehabilitative services, the expenditures should be reported on: Line 40 – Rehabilitative Services.



If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Mary Marchioni  
Acting Deputy Director  
Western Regional Operations Group

cc: Sheila Hogan, Department Director  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 18-0058	2. STATE Montana
		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2018	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1905(a)(13) 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: Total FFY 18 (3 months) \$ 204,819 FFY 19 (12 months) \$ 829,400 FFY 20 (9 months) \$ 641,766	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19B, Other Rehabilitation Services, Methods and Standards for Establishing Payment Rates, Service - 13 D, Pages 1 to 15 of 15		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19B, Other Rehabilitation Services, Methods and Standards for Establishing Payment Rates, Service - 13 D, Pages 1 to 15 of 15	
10. SUBJECT OF AMENDMENT: Updates the fee schedule dates to reflect the legislatively approved rate increases implemented July 1, 2018.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept. of Public Health and Human Services Marie Matthews State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 09/21/18 DATE RESUBMITTED: 3-8-19			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  September 21, 2019		18. DATE APPROVED:  March 8, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME:  Mary Marchioni		22. TITLE:  Acting Deputy Director, ROG	
23. REMARKS:			

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Reimbursement for Other Rehabilitative Services

- I. The Department will reimburse Medicaid providers for Other Rehabilitative Services the lower of:
  - A. The provider's usual and customary (billed) charge for the service;
  - B. The Department's fee schedule published on the agency's website at <http://medicaidprovider.mt.gov>. The rate for each Other Rehabilitative Services is a set fee per unit of service. Unless otherwise specified in this state plan, reimbursement rates are the same for governmental and non-governmental providers. The reimbursement rates on the fee schedules are provided in accordance with the methodology described in this state plan.
    1. The Department's fee schedule rates were set as of July 1, 2018, and are effective for services provided on or after that date. July 1, 2018, providers of Other Rehabilitative Services received a legislatively approved increase.
- II. In accordance with the Social Security Act, the Department provides medically necessary Other Rehabilitative Services. When the Department has not established a fee schedule for a service required by a member covered under Other Rehabilitative Services, a rate is negotiated with the provider. This rate is set at a comparable rate to a service similar in scope.
- III. For services not included in the RBRVS methodology, the Department's fee schedule for Other Rehabilitation Services is determined as follows:
  - A. Rate-Setting Method:

Montana has a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations. Each rate is calculated on a unit basis and set at an amount based on estimated reasonable and efficient cost at a certain point in time.

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B. Rate Components:

The calculation separates out direct service components from indirect program components and overhead expenses essential to administer the service and program. In some rates individual, family, and group therapies, along with Community-Based Psychiatric Rehabilitation and Support Services (CBPRS) are costed independently and then added into the unit rate as direct service expenditure. The following elements are used to determine the rate, based on estimated reasonable costs, as applicable to each service:

1. Direct Service Expenditures

- Direct staff wages
- Employee benefit costs
- Direct supervision
- On-call differential for services that require 24-hour per day, 7-day a week on call for crisis intervention and response.
- Program support costs
- Mileage allowance. Mileage is only applicable to community services that require travel to a member's home.

2. Administrative Overhead / Indirect Costs

3. Auxiliary Operational Expenditures

4. Productivity or Billable Time. The productivity adjustment factor accounts for the amount of non-billable time spent by staff.

5. Calculation Adjustors

- Medicaid Offsets. Offsets are accounted for when providers receive other revenues in relation to the service. (e.g., direct care wage).
- Consumer Price Index (CPI) adjustment. A CPI adjustment is used to adjust economic series or surveys for price changes and to translate these series into inflation adjusted dollars at time of calculations.
- Other inflationary adjustments. Inflationary adjustments are allowed for legislative provider rate changes, other legislative adjustments, or changes in service scope from year to year.
- Policy adjustor. A policy adjustor may be applied to increase or decrease rates when the Department determines that relative adjustments to specific rates are appropriate to meet Medicaid policy goals and appropriated budgets.

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- C. Bundle-Specific Rate Setting:  
Other Rehabilitative Services include the following components, as noted in the Supplements to Attachments 3.1A and 3.1B, and are calculated in the units as noted. Community-Based Psychiatric Rehabilitation and Support Services (CBPRS); Crisis Stabilization Program; Illness Management and Recovery Services (IMR); Screening, Brief Intervention and Referral to Treatment (SBIRT); Substance Use Disorders (SUD) Assessment; SUD Individual Therapy; SUD Group Therapy; SUD Family Therapy; and SUD Multi-Family Group Therapy are included in this table but they are not bundled services. All other unbundled rehabilitative services are covered by other state plans or their rates are included in the State's Resource Based Relative Value System (RBRVS). The state will review utilization of services every two years. If the utilization falls significantly, the state will review bundled rates for sufficiency to ensure beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs. Room and board costs are excluded from all rates.
- Any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately for the services in the bundle. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures. At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

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Name of Service	Service Bundle Includes:	Rate Component Includes:	Unit
Community Based Psychiatric Rehabilitation and Support Services (CBPRS)	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Mileage allowance</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per 15 Minutes
Illness Management and Recovery (IMR)	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per 15 Minutes

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Crisis Stabilization Program	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> <li>• On-call differential</li> </ul>	Per Diem
Day Treatment	<ul style="list-style-type: none"> <li>• CBPRS</li> <li>• Group Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/ Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Hour



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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Adult Foster Care Support	<ul style="list-style-type: none"> <li>• Adult Foster Care Support</li> <li>• Clinical Assessment</li> <li>• Crisis Services</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• On-call differential (crisis services)</li> <li>• Program support costs</li> <li>• Mileage allowance</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem
Adult Group Home	<ul style="list-style-type: none"> <li>• CBPRS</li> <li>• Independent Living</li> <li>• Community Reintegration</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Program for Assertive Community Treatment (PACT)	<ul style="list-style-type: none"> <li>• Psychiatric/ Medical Assessment/ Evaluation</li> <li>• Medication Administration, Management, and Monitoring</li> <li>• Individual Therapy</li> <li>• Family Therapy</li> <li>• Group Therapy</li> <li>• Service Coordination</li> <li>• CBPRS</li> <li>• Co-Occurring SUD Treatment</li> <li>• Community Reintegration</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem
Intensive Community Based Rehabilitation (ICBR)	<ul style="list-style-type: none"> <li>• Medication Administration and Monitoring</li> <li>• Independent Living</li> <li>• Community Reintegration</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Dialectical Behavior Therapy Services (DBT)	<ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Skills Development and Training</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	<p>Individual DBT Psychotherapy- 50 minute units</p> <p>Skills Development- Individual 15 minute units</p> <p>Skills Development- Group 15 minute units</p>
SBIRT	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included on the RBRVS methodology.	Completed Screening
SUD Assessment	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Completed Assessment
SUD Individual Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	<p>Per 30-minute unit</p> <p>Per 45-minute unit</p> <p>Per 60-minute unit</p>

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
SUD Family Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per 50-minute unit
SUD Multi-Family Group Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per visit
SUD Group Therapy	Not a bundle but included here because its rate setting methodology is not included elsewhere.	Included in the RBRVS methodology.	Per visit
SUD Partial Hospitalization American Society of Addiction Medicine (ASAM) (Level 2.5)	<ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• Psychosocial Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/ Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• Psychosocial Rehabilitation</li> <li>• Nurse Intervention and Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/ Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem

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SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• Psychosocial Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/ Indirect costs</li> <li>• Auxiliary operational expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per Diem
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D. Rate Notes and Formula:

1. CBPRS Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)  
CBPRS Group therapy has a maximum of staff to member ratio of one to four. The rate for CBPRS group therapy is set at 30% of the individual rate.
  
2. IMR Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)
  
3. Crisis Stabilization Program Rate = ((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Daily Units or Bed Days) x Calculation Adjustors)  
The Crisis Stabilization Program rate is based on the assumptions of Full Time Equivalents (FTE) necessary to provide 24- hour direct care staff at a ratio sufficient to meet the needs of the members, necessary program supervision, and 24-hour Mental Health Professionals on-call differential. This rate is not a bundled service and may include a crisis intervention stay of up to 72 hours.

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4. The Day Treatment rate is based on caseload assumptions for FTE necessary to provide Day Treatment. The rates are divided into hourly time increments for billing purposes.

Day Treatment Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours)) x Calculation Adjustors)

5. In the Adult Group Home, Adult Foster Care Support, and ICBR rate calculation, licensed therapies and non-licensed observations and supports are separate components of the rate. Room and board, educational components, and other non-allowable facility costs are excluded from the per diem Adult Group Home, Adult Foster Care Support, and ICBR rate.

For Auxiliary Operational Expenditures, only a designated dollar amount or percentage of the facility and equipment that is devoted to treatment and programming is included in the bundled rate (e.g. therapist office space, individual treatment or therapy rooms, and family or group treatment or therapy rooms).

In lieu of a productivity or billable time percentage, the Adult Group Home and Adult Foster Care Support Services rate calculation uses actual units of service or occupied bed days. The number of occupied bed days is used to allocate costs into a daily service unit. At the time of calculation, the representative or current state fiscal year bed days or units is used to allocate expenditures into a daily unit rate. Adult Group Home, Adult Foster Care Support, and ICBR Support Services Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors)

6. PACT Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) X Productive FTE Hours) = Daily Units) x Calculation Adjustors)

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7. DBT Rate =Intensive Individual Psychotherapy rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs + Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors) x 0.83 to convert to 50 minute units)
- = DBT Skills Development-Individual = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs + Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors) ÷ 4 to convert to 15 minute units) = DBT Skills Development-Group Rate = The rate for DBT Skills Development Group Rate is set at 65% of the individual rate.
8. SBIRT; SUD Family Therapy; Assessment; Individual Therapy; Group Therapy; and SUD Multi-Family Group Therapy are included in the State's Resource Based Relative Value System RBRVS.
- a. In accordance with the RBRVS methodology, by multiplying Medicare's Relative Value Units (RVU), or Medicare's base and time units for services, which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjuster (either plus or minus) to affect the fee.
- (1) RBRVS means the version of the Medicare resource based relative value scale contained in the Medicare Physician Fee Schedule (MPFS) adopted by the Centers for Medicare and Medicaid Services (CMS). The Department will update Medicare additions, deletions, or changes to procedure codes on the first of each quarter.
- (2) RVU means a numerical value assigned by Medicare in the RBRVS methodology to each procedure code used to bill for services provided by a health care provider. The RVU assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.

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9. In the SUD partial hospitalization (ASAM 2.5), inpatient (ASAM 3.7), and residential (ASAM 3.5) per diem rate calculation, licensed therapies and non-licensed observations and supports are separate components of the rate. Room and board and other non-allowable facility costs are excluded from the per diem rate.

For Auxiliary Operational Expenditures, only a designated dollar amount or percentage of the facility and equipment that is devoted to treatment and programming is included in the bundled rate (e.g. therapist office space, individual treatment or therapy rooms, and family or group treatment or therapy rooms).

In lieu of a productivity or billable time percentage, the rate calculation uses actual units of service or occupied bed days.

The number of occupied bed days is used to allocate costs into a daily service unit. At time of calculation, the representative or current state fiscal year bed days or units is used to allocate expenditures into a daily per diem rate.

SUD Partial Hospitalization (ASAM 2.5), SUD Medically Monitored Intensive Inpatient Services (ASAM 3.7), and SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5) Per diem Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors)



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IV. The Direct Care Wage Add-on Reimbursement

Effective on or after February 8, 2013, additional payments will be made to participating mental health centers for direct care wage reimbursement. Providers may opt-in to become a participating provider by contacting the department and submitting quarterly reports of direct care wage hours for reimbursement. The amount is distributed in a lump sum quarterly to the participating providers and is determined using the payment methodology below. Distribution to each participating provider is calculated in the following manner.

Direct Care Wage Add-on Reimbursement = ((Wage - Actual Wage Paid Per Worker) x Actual Hours Worked Per Worker) x Applied Benefits Percentage.

These funds are distributed to the participating mental health providers based on the number of units of Medicaid Other Rehabilitative direct care services provided, up to an additional \$0.70/hour.

Example: Reimbursement to participating providers based upon worker and base wage.

Last Name	First Name	Position	Wage	Actual Wage Paid	Difference up to \$0.70	Hours Worked July	Hours Worked August	Hours Worked September	Wage Reimbursement	Applied Benefits Percentage	Total Reimbursement
Doe	Jane	Rehabilitation Specialist	\$8.50	\$10.10	\$0.70	160	160	160	\$336.00	\$40.32	\$376.32
Doe	John	OC Rehabilitation Specialist	\$9.50	\$9.80	\$0.30	103	90	105	\$89.40	\$10.73	\$100.13
										<i>Total</i>	\$476.45

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Payments will be made quarterly.

<b>Quarter Start</b>	<b>Quarter End</b>	<b>Quarter Name</b>	<b>Amount Paid</b>
2/8/2013	3/31/2013	March-13	\$16,502
4/1/2013	6/30/2013	June-13	\$21,530
7/1/2013	9/30/2013	September-13	\$21,938
10/1/2013	12/31/2013	December-13	\$19,670
1/1/2014	3/31/2014	March-14	\$20,137
4/1/2014	6/30/2014	June-14	\$16,595
7/1/2014	9/30/2014	September-14	\$15,974
10/1/2014	12/31/2014	December-14	\$18,256
1/1/2015	3/31/2015	March-15	\$17,107
4/1/2015	6/30/2015	June-15	\$20,256
7/1/2015	9/30/2015	September-15	\$21,623
10/1/2015	12/31/2015	December-15	\$20,083
1/1/2016	3/31/2016	March-16	\$17,276
4/1/2016	6/30/2016	June-16	\$17,225
7/1/2016	9/30/2016	September-16	\$15,329
10/1/2016	12/31/2016	December-16	\$15,746
1/1/2017	3/31/2017	March-17	\$12,529
4/1/2017	6/30/2017	June-17	\$11,919.18
7/1/2017	9/30/2017	September-17	\$9,290.24
10/1/2017	12/31/2017	December-17	\$10,954.75
1/1/2018	3/31/2018	March-18	\$7,864.46
4/1/2018	6/30/2018	June-18	\$7,314.57