

MINUTES

Substance Use Disorder Services Financial Workgroup

October 18, 2018
9:00-10:15 am
Conference Call

In Attendance

Tiffany Wolfgang, Stacy Bruels, Greg Evans, Steven Gordon, Brenda Tidball-Zeltinger, Amy Iversen-Pollreisz, Laura Schaeffer, Amy Hartman, Gary Tuschen, Michelle Carpenter, Michelle Spies, Susan Sandgren, Terry Dosch, Stacia Nissen

Not Present: Laurie Mikkonen, Brendan Smith

Welcome and Introductions

- Tiffany Wolfgang welcomed the group.
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Review and finalize minutes from September 12th meeting

- The minutes were reviewed. Michelle Carpenter moved to approve. Terry Dosch seconded the motion. Minutes were approved.
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Review and continue discussion on models for: Outpatient: Individual and group, and Low-intensity Residential

- DSS staff explained updates made to the model and additional research conducted. DSS staff looked at the Bureau of Labor Statistics, national averages for related provider types, and other payers. The average reimbursement for similar providers, nationally, was 17-20 dollars per hour. The salary used in the modeled rate aligns with the national averages. Additional follow up and research will be conducted as it relates to the mix of staff credentialed and ensuring the rate supports a higher mix of certified or licensed addiction counselors with the understanding that trainees will always be part of the mix of credentialed counselors. Clinical supervision time allotment will be reviewed to account for increased requirements as evidence-based practices are implemented. If work group members have feedback as it relates to the mix of credentialed staff, members should provide that feedback to Tiffany

Wolfgang or Steven Gordon. Other adjustments included adding Consumer Price Index for All Urban Consumers (CPI-U) to the modeled rate as well as adjusting the billable time to 50% as per the meeting in September to account for no-shows and cancellations. 50% billable time aligns with other payers and states, which average between 50-56% billable time. Michelle Spies suggested that we also survey the billable time component in the future to validate that the no show/cancellation adjustment aligns with actual experience. and the group agreed to analyze billable hours in more detail at a later date.

- Before the next meeting, DSS staff will review research on how other states and payers model group rates to determine if changes should be made to the current group model. This may include an adjustment to the rate based on other data such as increased prep time for group services. In addition, review and recommendation of a rural adjustment factor will be brought forward to the next meeting with the goal of finalizing the outpatient treatment models (both individual and group).
- In the low intensity rate, DSS staff reviewed cost reports and validated salary information. Updates to the model included moving the occupancy adjustment so it is adjusting the total rate and not just the residential portion. The room and board, administration, and indirect costs portion were separated and increased from \$17.25 to \$28.92. The calculated rate was inflated one year by the CPI-U. The modeled rate includes residential worker expenses, room and board, and other administrative, indirect expenses. DSS staff reviewed the survey for average occupancy and determined average occupancy was 89%, so the model remains at 90%. CPI-U was applied. Clarification was provided that this portion of the low intensity modeled rate would be reimbursable each day an individual is in residence while the low intensity treatment rates would follow the outpatient individual and group rates, reimbursable on the days when treatment occurred. To compare the current low-intensity rates to the modeled rates, work will need to be completed on the outpatient individual and group rates. The group discussed the variation in current rates among providers including the pregnant women's programs. The proposed model will allow for billing the treatment component based on the individual's needs; however, the intent is that the non-treatment component of the rate would be uniform. Terry Dosch indicated that he was pleased to see the adjustments for market comparability and the prospective component of the cost modeling.

Next Steps—Inpatient rate review

- Additional inpatient providers have been invited to participate in the next meeting, scheduled for November 7, as inpatient rates begin review.
- A model from a similar setting may be able to be utilized as a basis for the inpatient setting, adjusting for staffing ratios and configurations required of inpatient services. At future meetings, the work group will begin discussion of what data should be collected in the future for all service types on an annual or ongoing basis including no-show/cancellation impact to evaluate actual experience to the models

Public Comment

- Brenda Tidball-Zeltinger asked for any public comment. Being none, the meeting was adjourned.

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