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State/Territory Name: MT

State Plan Amendment (SPA) MT: 22-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 15, 2022

Michael Randol
Montana Medicaid and Health Services Executive Director/State Medicaid Director
Montana Department of Public Health & Human Services
Attn: Mary Eve Kulawik
P.O. Box 4210
Helena, MT 59604

RE: Montana State Plan Amendment (SPA) Transmittal Number 22-0019

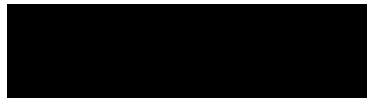
Dear Director Randol:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 20, 2022. This plan amendment lists new fee schedules for services within the Other Rehabilitative Services, in accordance with the 2021 Montana legislature.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,




Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22 - 0019	2. STATE MT
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <p style="text-align: right;">✓ XIX XXI</p>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 22 (3 months: 7/1/22-9/30/22) \$84,748 b. FFY 23 (12 months: 10/1/2022-9/30/23) \$337,345	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Reimbursement Other Rehabilitative Services Pages, Pages 1-17.	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Reimbursement Other Rehabilitative Services Pages, Pages 1-17.	

9. SUBJECT OF AMENDMENT
 Effective July 1, 2022, the department will be reimbursing providers the new rates as posted on the Fee Schedules that have been calculated using the appropriations from the 2021 Montana Legislature. This amendment will update the dates of the fee schedules for services provided on or after that date. The date for providers of Other Rehabilitative Services that received a legislatively approved increase will also be updated.

10. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Dept. of Public Health and Human Services Marie Matthews Acting State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604
12. TYPED NAME: Marie Matthews	
13. TITLE Acting State Medicaid Director	
14. DATE SUBMITTED 6-20-22	

FOR CMS USE ONLY

16. DATE RECEIVED 06-20-22	17. DATE APPROVED September 15, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07-01-22	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. 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, 2022, and are effective for services provided on or after that date. July 1, 2022, 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; SUD Multi-Family Group Therapy; and Certified Peer Support Services 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"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Mileage allowance • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	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"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per 15 Minutes
Crisis Stabilization Program	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor • On-call differential 	Per Day

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

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Behavioral Health Group Home	<ul style="list-style-type: none"> • Residential services for supervision and safety 24 hours a day • Clinical oversight and treatment • Care Management • Peer Support Services 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
Program for Assertive Community Treatment (PACT)- Tiered System	<p>The Montana PACT program has three tiers:</p> <p>Intensive PACT (InPACT) services; PACT; and Community Maintenance Program.</p> <p>InPACT includes:</p> <ul style="list-style-type: none"> • Supervision for safety in a residential setting; and • PACT services. <p>PACT includes:</p> <ul style="list-style-type: none"> • Psychiatric/Medical Assessment/Evaluation 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	<p>InPACT Per Diem</p> <p>PACT Weekly</p> <p>Community Maintenance Program Per Diem</p>

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Program for Assertive Community Treatment (PACT)-Tiered PACT	<ul style="list-style-type: none"> • Medication Administration, Management, Delivery, and Monitoring • Individual Therapy • Family Therapy • Group Therapy • Crisis Support, intervention, and stabilization • Care Coordination • Social and Interpersonal Skills Training • Substance Use Treatment • Community Reintegration • Peer Support Services • Vocational Rehabilitation • Tenancy Services <p>Community Maintenance Program (CMP) includes:</p> <ul style="list-style-type: none"> • Medication Administration, Management, Delivery, and Monitoring 		

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Program for Assertive Community Treatment (PACT) -Tiered System	<ul style="list-style-type: none"> • Care Coordination • Psychosocial Rehabilitation • Peer Support • Crisis Support, Intervention, and Stabilization 		
Montana Assertive Community Treatment (MACT)	<ul style="list-style-type: none"> • Medication Administration, Management, Delivery, and Monitoring • Care Coordination • Psychosocial Rehabilitation • Peer Support • Crisis Support, Intervention, and Stabilization 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct Supervision • Program Support Costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Weekly
Dialectical Behavior Therapy Services (DBT)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Skills Development and Training 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Individual DBT Psychother- apy- 50- minute units Skills Developmen- t- Individual 15-minute units Skills Developmen- t- Group 15-minute units

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Certified Peer Support Services	<ul style="list-style-type: none"> • Not a bundle but included here because its rate setting methodology is not included elsewhere. 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Individual Certified Peer Support Services - Per 15-minute unit
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.	Per 30-minute unit Per 45-minute unit Per 60-minute unit

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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 Intensive Outpatient Services (ASAM 2.1)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Educational Groups • Psychosocial Rehabilitation • Co-occurring Behavioral Health Treatment • Care Coordination • Crisis Services 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
SUD Partial Hospitalization American Society of Addiction Medicine (ASAM) (Level 2.5)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Psychosocial Rehabilitation 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Psychosocial Rehabilitation • Nurse Intervention and Monitoring 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	Per Diem
SUD Clinically Managed High-Intensity Residential Services (ASAM Level 3.5)	<ul style="list-style-type: none"> • Individual Therapy • Group Therapy • Family Therapy • Psychosocial Rehabilitation 	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/ Indirect costs • Auxiliary operational expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor 	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 Equivalent (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.

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)

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5. In the Behavioral Health Group Home, Adult Foster Care Support, and InPACT rate calculation, licensed therapies and/or 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 Behavioral Health Group Home, Adult Foster Care Support and InPACT 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 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 Foster Care Support Services Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors).

6. $CMP\ Rate = (Hourly\ Provider\ Direct\ Costs + Hourly\ Provider\ Indirect\ Costs\ and\ Auxiliary\ Operational\ Expenditures) \div Productivity\ Adjustment\ Factor\ or\ Billable\ Hours) \times Productive\ FTE\ Hours = Daily\ Units) \times Calculation\ Adjustors)$
7. $PACT\ and\ MACT\ Rate = (((Hourly\ Provider\ Direct\ Costs + Hourly\ Provider\ Indirect\ Costs\ and\ Auxiliary\ Operational\ Expenditures) \div Productivity\ Adjustment\ Factor\ or\ Billable\ Hours) \times Productive\ FTE\ Hours) = Weekly\ Rate) \times Calculation\ Adjustors)$
8. $DBT\ Rate = Intensive\ Individual\ Psychotherapy\ rate = (((Hourly\ Provider\ Direct\ Costs + Hourly\ Provider\ Indirect\ Costs + Auxiliary\ Operational\ Expenditures) \div (Productivity\ Adjustment\ Factor\ or\ Billable\ Hours) \times Calculation\ Adjustors) \times 0.83\ to\ convert\ to\ 50-minute\ units)$

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= 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.

9. Certified Peer Support Services = (((Provider Hourly Direct Costs + Provider Hourly Indirect Costs and Auxiliary Operational Expenditures) X Suggested Yearly Workload Units) + ((Provider Hourly Supervision Direct Costs + Provider Hourly Supervision Indirect Costs and Auxiliary Operational Expenditures) X (Yearly Supervision Workload Units) ÷ (Suggested Yearly Workload Units)) ÷ 4 to convert to 15-minute unit).
10. 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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11. In the SUD intensive outpatient treatment (ASAM 2.1), 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 Intensive Outpatient Treatment (ASAM 2.1), 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 = $((\text{Provider Direct Costs} + \text{Provider Indirect Costs and Auxiliary Operational Expenditures}) \div \text{Medicaid Bed Days or Units of Service}) \times \text{Calculation Adjustors}$

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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 in the amount calculated by the methodology described in Section IV. Direct Care Wage Add-on Reimbursement. The following table represents the amounts that Montana has paid to mental health centers during the specified timeframes as a result of the payment methodology for the direct care wage add on reimbursement in Section IV. Direct Care Wage Add-on Reimbursement.

Quarter Start	Quarter End	Quarter Name	Amount Paid
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
7/1/2018	9/30/2018	September-18	\$4,663.69
10/1/2018	12/31/2018	December-18	\$4,970.50
1/1/2019	3/31/2019	March-19	\$4,803.19
4/1/2019	6/30/2019	June-19	\$5,422.65
7/1/2019	9/30/2019	September-19	\$3,638.82
10/1/2019	12/31/2019	December-19	\$3,934.91
1/1/2020	3/31/2020	March-20	\$3,145.41
4/1/2020	6/30/2020	June-20	\$4,329.11
7/1/2020	9/30/2020	September-20	\$2,364.16
10/1/2020	12/31/2020	December-20	\$2,675.27
1/1/2021	3/31/2021	March-21	\$2,539.81
4/1/2021	6/30/2021	June-21	\$2,483.60
7/1/2021	9/30/2021	September-21	\$3,302.05
10/1/2021	12/31/2021	December-21	\$2,675.27