

Fee-for-Service Initiative



DBHDD

TIER ONE PROVIDERS

July 1, 2017 Transition

Based upon current assessed risk:

- Limited roll-out of Fee-For-Service effective July 1, 2016
 - ❖ Adult MH Core Benefit Package
 - ❖ Adult AD Core Benefit Package
 - ❖ Substance Abuse Intensive Outpatient Program
 - ❖ Psychosocial Rehabilitation - Individual and Group
 - ❖ Peer Support – Individual and Group and Whole Health and Wellness
- Phased transition of other Specialty Services beginning in calendar year 2017
- Phased transition of remaining GIA-based services to Fully Costed Reimbursement contracts beginning in calendar year 2017
- Implementation of approval-based Supplemental Support Funds requests July 1, 2017

Adult BH Core Benefits Package

BH Assessment and Service Plan Development

Psychological Testing

Diagnostic Assessment

Crisis Intervention

Psychiatric Treatment (E&M)

Nursing Services

Medication Administration

Psychosocial Rehabilitation - Individual

Addictive Diseases Support Services

Case Management

Outpatient Services – Individual and Group

Outpatient Services – Family

Community Transition Planning

Peer Support – Individual

Peer Support – Whole Health and Wellness

Tier One Provider Funding

- **Maximum Reimbursement Limits**

- Maximum reimbursement limits are being assigned to providers as a statewide budgetary control mechanism. This limit provides a reasonable assurance that the state allocation for community behavioral health services is not exceeded on an annual basis.
- Initial limits for FY17 will be based upon FY16 contracted values for the core benefit package and other selected services transitioning to FFS on July 1, 2016.
- Maximum reimbursement limits will be reviewed for potential adjustment to allow for possible redirects of funding at mid-year and year-end.
- Reviews will be based upon actual utilization data collected.

Tier One Provider Funding

- **Minimum Reimbursement Limits**
 - Tier One providers will be eligible for one year of transitional revenue protection in the form of guaranteed minimum levels of reimbursement.
 - Minimum reimbursement limits for FY17 will be set based on 70% of a provider's FY16 funding levels for the core benefit package and other services being transitioned to FFS on July 1, 2016. Actual earned revenues will be reviewed and compared to initial Minimum Reimbursement Limits at mid-year and year-end.
 - Any shortfall between actual earned revenues and Minimum Reimbursement Limits will be addressed through an increase in supplemental support funding at year-end or upon approved intermediate request by contractor.

Tier One Provider Funding

- **Supplemental Support Funding**
 - Supplemental Support funding for FY17 contracts will carry forward from FY16 contracts
 - Adjustments will be made based upon required additional funding resulting from minimum reimbursement limits, if applicable
- **Future FFS Transitions**
 - Remaining services not transitioning to FFS on July 1, 2016 will transition to FFS or to fully-costed reimbursement beginning in calendar year 2017