4.b.Early and periodic screening, diagnosis, and treatment services (continued)

Youth ACT services provided by entities with contracts with the Department are paid a regional per diem rate per provider as indicated by the table below. The Department will set rates inclusive of all intensive nonresidential rehabilitative services identified in Attachments 3.1-A and B, section 4.b., item 5, using statewide parameters with assigned values based on regional costs of providing care. To determine this rate, the Department will include and document:

A. the cost for similar services in the geographic region;
B. actual costs incurred by entities providing the services;
C. the intensity and frequency of services to be provided to each client;
D. the degree to which clients will receive services other than services under this section; and
E. the costs of other services that will be separately reimbursed.

The chart below identifies the per diem rate for youth ACT services provided on or after the effective date. The rate is based on the five criteria above. Rates are recalculated annually based on the submitted charges for the individual service components within the geographical regions. Effective for the rate years beginning on and after January 1, 2024, rates for Youth ACT services must be annually adjusted for inflation using the Centers for Medicare and Medicaid Services Medicare Economic Index (MEI). The inflation adjustment must be based on the 12-month period from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined.

Region	**Rate** Eff. 7/1/2021	**Rate** Eff. 1/1/2022	Rate Eff.1/1/2023	Rate Eff. 1/1/2024
Central	$194.49	$188.46	$238.28	$283.63
Metro	$257.42	$279.81	$364.54	$435.78
Northeast	$178.60	$178.60	$178.60	$184.61
Northwest	$185.28	$185.28	$185.28	$406.26
Southeast	$149.63	$149.63	$149.63	$154.67
Southwest	$170.01	$170.01	$170.01	$175.73

Travel time, as described in item 6.d.A., is paid separately.

13.d. Rehabilitative services. (continued)

Crisis assessment, crisis intervention, and crisis stabilization provided as part of mental health crisis response services are paid:

- As described in item 4.b. when provided by mental health professionals or mental health practitioners;

- when provided by mental health rehabilitation workers, the lower of the submitted charge or $18.59 per 15- minute unit;

- in a group setting (which does not include short-term services provided in a supervised, licensed residential setting that is not an IMD), regardless of the provider, the lower of the submitted charge or $9.29 per 15-minute unit. For the purposes of mental health crisis response services, "group" is defined as two to 10 recipients;

For a supervised, licensed residential setting with four or fewer beds, and does not provide intensive residential treatment services, payment is based on a historical calculation of the average cost of providing the component services of crisis assessment, crisis intervention and crisis stabilization in a residential setting, exclusive of costs related to room and board or other unallowable facility costs. , ~~and is equal to the lower of the submitted charge or $523.10 per day.~~ Effective for the rate years beginning on and after January 1, 2024, rates for adult residential services must be annually adjusted for inflation using the Centers for Medicare and Medicaid Services Medicare Economic Index (MEI). The inflation adjustment must be based on the 12-month period from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined. Rates are equal to the lower of the submitted charge or $530.20 per day.

13.d. Rehabilitative Services. (continued)

Rebasing and Inflation Adjustments

CCBHC payment rates are rebased after an initial rate period, following a rate adjustment for a change in scope, and ~~three~~ two years following the last rebasing. Rates are rebased by dividing the total annual allowable CCBHC costs from the CCBHC's most recent 12 month audited cost report by the total annual number of CCBHC Medicaid and non-Medicaid visits during that 12-month time period. The resulting rate is trended from the midpoint of the cost year to the midpoint of the rate year using the MEI.

Initial payment rates are rebased once the CCBHC submits the first audited cost report including a full year of actual cost and visit data for CCBHC services under the state plan. Rates are rebased using actual data on costs and visits. Rebased rates take effect the following January, and the state does not reconcile previous payments to cost.

Rates adjusted for a change in scope are rebased once the CCBHC submits the first cost report with a full year of cost and visit data including the change in scope. Rates are rebased using actual data on costs and visits Rebased rates take effect the following January, and the state does not reconcile previous payments to cost.

Payment rates are updated between rebasing years by trending each provider-specific rate by the Medicare Economic Index (MEI) for primary care services. Rates are trended from the midpoint of the previous calendar year to the midpoint of the following year using the MEI.

Incentive Payments

CCBHCs are eligible for a quality incentive payment based on reaching specific numeric thresholds on state identified performance metrics. Quality incentive payments are in addition to payments under the bundled payment rate and are paid to CCBHCs that achieve specific performance thresholds identified by the state agency with input from clinical expertsand stakeholders and may include measures specific to the population served in each clinic.

CCBHCs must achieve thresholds on all six (6) quality measures in order tobe eligible for a quality incentive payment. A minimum of 30 members/visits (i.e., denominator size) for each CCBHC must be present in order for the state to calculate any given measure. For measures with multiple reported rates, the minimum denominator size will need to be met for all rates calculated under the measure.

The measurement year aligns with the rate year. The state will publish quality measures and numeric thresholds and notify each CCBHC of the criteria for receiving incentive payments in writing prior to the start ofeach measurement year.