
**Report to
The Vermont Legislature**

Reimbursement Rates for Service Providers

In Accordance with Act 162 Section E.300.1

Submitted to: House and Senate Appropriations Committees

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Agency of Human Services (AHS) programs with formulized rate setting reviews.

The Agency of Human Services has four types of programs where there are regulated financial reviews with a formalized rate setting process. These are:

- Long Term Care Facilities (Nursing Homes). AHS rules promulgated pursuant to 33 V.S.A. §§ 904(a) and 908(c) to meet the requirements of 33 V.S.A. Chapter 9, 42 U.S.C. §§1396a(a)(13(A) and 1396a(a)(30) are found at: [http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/adopted-rule-april-2011.pdf/view?searchterm=division of rate setting](http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/adopted-rule-april-2011.pdf/view?searchterm=division%20of%20rate%20setting) Payments made through HP and paid by DVHA. Inventory of current rates provided in Attachment A.
- Payment Rates for Private Nonmedical Institutions Providing Residential Child Care Services. AHS rules promulgated pursuant to 33 V.S.A. §1901(a) to meet the requirements of 33 V.S.A. Chapter 3, 42 U.S.C. §1396a(a)(30), and 42 C.F.R. Part 434, Subpart B are found at: <http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/pnmi/pnmi-rules> Payments made through HP and paid by DMH, VDH, and DCF. Inventory of current rates provided in Attachment B.
- Long-Term Care Services in Hospital Swing Beds. Rates are determined pursuant to 42 U.S.C. § 1396l(b)(1) and Section 13 of the nursing home rate setting rules, *Methods, Standards and Principles for Establishing Medicaid Payment Rates for Long-Term Facilities*, found at: [http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/adopted-rule-april-2011.pdf/view?searchterm=division of rate setting](http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/adopted-rule-april-2011.pdf/view?searchterm=division%20of%20rate%20setting) Payments made through HP and paid by DVHA.
- Long-Term Care Services in Intermediate Care Facilities for the Mentally Retarded (ICF/MR). Rates are determined according to Section 12 of the nursing home rate setting rules, *Methods, Standards and Principles for Establishing Medicaid Payment Rates for Long-Term Facilities*, and the *Regulations Governing the Operation of Intermediate Care Facilities for the Mentally Retarded*, found at: [http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/adopted-rule-april-2011.pdf/view?searchterm=division of rate setting](http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/adopted-rule-april-2011.pdf/view?searchterm=division%20of%20rate%20setting) and <http://dvha.vermont.gov/administration/attachment-4.19-d-addendum-b.pdf> Payments made through HP and paid by DDAIL Current Rate: \$578.44 set 7/1/12

Changes in the above statutes and regulations have been made in the last few years by language in the Appropriations Act that has affected both nursing home rates and PNMI rates. The most recent was Sec. E.300.1 of Act No 162 of the 2011-2012 session.

Department of Vermont Health Access (DVHA)

The next closest to a formal Rate Setting is when DVHA sets their rates as a percentage of Medicare rates.

Medicare's physician fee rates are based on the relative cost of providing services determined by the Resource-Based Relative Value Scale (RBRVS). A panel of medical doctors, through the American Medical Association, updates the relative work values every five years based on: the time it takes to perform the service, the technical skill and physical effort, the required mental effort and judgment, stress due to the potential risk to the patient, malpractice rates in the area, and other geographic adjustments to reflect cost variation before coming up with a number. The process is also open to public comment and private health insurers. Anyone has the opportunity to weigh in on this process and the rates.

That said DVHA has ten different methods for reimbursement. The following list provides a description of the methods and information pertaining to recent changes.

- **Diagnosis related groups (DRGs)** to assign payments to cases. Formula = Base Rate * DRG Relative Weight + Outlier Payment + Add On Payment.

Effective July 1, 2012 the DVHA rates for inpatient services to all hospitals will increase by 3.725%. The annual increase of \$3,709,604 is being made due to Act 162 of the SY2012 Legislative Session. Effective October 1, 2012, DVHA utilized the MS-DRG Grouper Version 30 to assign payments to inpatient claims. Other payment methodologies are amended, including updated cost data and claims data to set payments.

- **Outpatient Prospective Payment System (OPPS)** - Fees are set for individual CPT/HCPCS codes. Therefore, the CPT/HCPCS is what drives the payment, not the revenue code. Effective January 1, 2012 the DVHA rate for each service is comprised of the national median Medicare rate, set by Medicare effective January 1, 2012, multiplied by the following percentages: for in-state hospitals with Medicare Critical Access Hospital (CAH) or Sole Community Hospital (SCH) designation- 110.58%; for in-state hospitals without CAH or SCH designation- 103.25%; for Dartmouth hospital designation- 89.75%; and for all other out-of-state hospitals designation- 83.80%.
- **Resource Based Relative Value Scale (RBRVS)** (pd under level I pricing) that utilizes Relative Value Units (RVUs). Effective January 1, 2012, the DVHA conversion factors are as follows: for well-child visits and behavioral health services- \$29.20; for evaluation and management services and maternity-related services- \$28.09; for all other services- \$22.60.

- **PER DIEM Case payment** - The Per Diem Rate is for Nursing Homes. The rate setting for AHS is generally updated on a quarterly basis by the Chief of Rate Setting at AHS.
- **LEVEL I PRICING** Level I pricing was developed to enable pricing segments specific to provider number, procedure code/modifier combinations, dates of service and (PAC H per diem or PAC I percentage) allowable. Level I is a negotiated rate, specific to a provider, procedure and modifier.
- **LEVEL II PRICING** - Level II pricing was developed to enable specific pricing segments based on attending provider type and specialty. Very few pricing methods are implemented under Level II pricing. The main two are physician and transportation (transportation moved under Level III in Aug2012). Under physician exclusive to psycho-therapy services payment is made base on % of RBRVS.
- **LEVEL III PRICING** - Level III price on file times the number of units on the claim – unless there is a modifier with an action code M, P, or R billed also. Most payment methods are implemented under Level III pricing.
- **PMPM** - Per member per month (PMPM) payment to primary care physicians or specialists. Blueprint makes PPPM payments at least quarterly, by the 15th of the second month of the quarter. CIGNA plans to move from semi-annual to quarterly payment in January of 2013. Base PPPM payments on the most current PPPM rate that insurers have received from the Blueprint prior to check production. Transportation as of 30Aug2012 will pay providers a PMPM payment, set based on Level 1 pricing.
- **Ambulatory Surgical Centers (ASC)** - ASC services, anything billed by a provider of type T03, are reimbursed using the ASC code on the procedure code reference file (RFPR). The code values range from 01 to 09. The dollar values for these different ASC group codes are displayed below as they are not displayed on any screen in the MMIS. There are two VT Medicaid licenses ACSs, both are eye-care centers. One ASC is located in VT and the other is in MA.
- **AWP Pharmacy** - The Department of Vermont Health Access may modify the reimbursement amount paid pharmacies for any drug priced utilizing the Average Wholesale Price (AWP) methodology to reflect the current published price. The Department of Vermont Health Access implemented this modification effective July 1, 2010.

Attachment C provides a grid showing services paid through HP and what payment method is used.

Vermont Department of Health (VDH)

The Children with Special Health needs has a variety of services they pay for with Clinicians. E.g. Speech Language Evaluation.& Consultation; Developmental Evaluations; Physical Therapy Consultation; Newborn Screening Testing, etc.

VDH has developed individual contracts and rates with various providers. These rates are negotiated with VDH program staff and reviewed by VDH financial staff. Most contracts are updated annually. A list of services and rates is provided as Attachment D.

Also the VDH manages the Children's Personal Care program. Information on the base rates are provided in Attachment D. Since April 2012 MCH has offered the flexible wage to all personal care families as their children come up for reassessment for CPCS eligibility.

VDH also manages the 'High Tech' Program for home based children with unusual medical needs. These rates are included in Attachment E.

ADAP has a combination of standard rates with providers and negotiated rates for intense services. Rates were last adjusted in 2010.

- D&E/Drug Assessment \$29.62 15 min
- Individual \$25.61 15 min
- Group \$11.88 15 min
- Case Mgmt \$13.68 15 min
- Family/Couple \$25.61 15 min
- Alcohol and/or substance abuse services, treatment plan development and or modification \$445.00 each

Methadone treatment rates are negotiated with the provider after a review of services provided, past expenses, projected expenses, and utilization. They are unique to each to each provider. Rates vary from \$98 to \$127 weekly.

Residential treatment rates are negotiated with the provider after a review of services provided, past expenses and projected expenses and utilization. They are unique to each provider. Rates vary from \$140 to \$249.49 daily.

Residential acute detoxification rates are negotiated with the provider after a review of services provided, past expenses and projected expenses and set by individual provider. Rates \$250.29 daily

All VDH contracts and subgrants are reviewed and approved by Business Office staff before the Commissioner signs them.

Department for Children and Families (DCF)

Child Care Subsidies

The Department pays for child care subsidies using a 2008 market rate survey. The base rate for each cohort is set at or below the 41st percentile while the 4 star level is set at the 75th percentile of the market rate. Attachment E shows the rates by STARS. Providers may also receive 7% above the base rate for Specialized Child Care. The child care subsidy rates were last adjusted in January 2010.

Foster Care

The Department has three levels of foster care rates based upon an assessment of the child's needs. The Department adjusts rates by age cohort. These rates were last increased in FY12. Attachment E includes these rates.

Out of State Residential

DCF and DMH pay the Medicaid established rate of the out of state facility or the posted charge by the facility if they do not have a State based rate. These rates may vary from \$180/day to over \$600/day based upon the child's needs. DCF pays the rate set by that state's rate setting body. This rate setting entity determines the split between treatment, room and board, and education. The Department of Education (DOE) pays for the education component other than for Massachusetts facilities where costs are split 50/50 between DOC and DOE

Department for Disabilities, Aging, and Independent Living

Choices For Care Services

Nursing Home information is covered in formalized rate setting section.

PACE rates are set by the Centers for Medicare and Medicaid Services.

Consumer and Surrogate Personnel Care Rates are based on the underlying wage rate of the care giver and are adjusted to reflect the additional cost for FICA, workers compensation, unemployment, and administration.

No cost review has been done on Home Health and ERC rates for a number of years. DAIL collects and reviews quarterly financial information from Home Health Agencies.

Developmental Services

ICF/MR information is covered in formalized rate setting section.

Fee For Service (FFS) rates have been adjusted when funding has allowed for increases. Individual FFS rates have not been costed out since the start of Home and Community Based waver services over twenty years ago. However, DMH annually creates financial Key Performance Indicators on the Designated Agencies. This information is reviewed by Department and AHS financial staff.

DS Case rates for individuals are negotiated between the provider and DAIL. They reflect a combination of units of services and hourly rate request of the Designated Agencies.

Traumatic Brain Injury Services

These rates were originally negotiated with the providers and have been adjusted as funds allow.

DDAIL Rates for all services are included in Attachment E.

Department of Mental Health

Similar to DDAIL, FFS rates have been adjusted when funding has allowed for increases. Individual FFS rates have not been costed out since the start of Home and Community Based waver services over twenty years ago. Residential expenses and revenue are reviewed every two-three years with providers. DMH annually creates financial Key Performance Indicators on the Designated Agencies. This information is reviewed by Department and AHS financial staff.

Community Rehabilitation and Treatment (CRT) services are costed out every 2-3 years. The last costing was completed for fiscal year 2009. Rates are based on monthly service and financial information submitted by the Designated Agencies and a statewide average for each service is used (service rates range from \$10.63 for Day programming to \$150.09 for Crisis supports). Individual rates for residential programs based on those program's revenues and expenses. A monthly PMPM is billed by DMH to cover all of the annual CRT programs, and those revenues are used to support the monthly payment paid to the Designated Agencies.

Rates are included in Attachment F

Inpatient Psychiatric Rates paid by DMH are set by a process established in Act 79. A report on this process is included, Attachment G.

Department of Corrections

DOC residential rates are initially established from the result of a RFP and negotiation with selected bidders. Subsequent adjustments may be made upon an annual review of expenditure and revenues.

Provider Funding is included as Attachment H.

Discussion and recommendations

As described above, rates for the provider services are established through a variety of mechanisms that allow for appropriate review and adjustment on a periodic basis. The FY14 proposed budget does include language requesting that PNMI regulations be updated to reflect actual expenses and occupancy versus proposed expenses and occupancy.

Other than this change, we do not recommend any change to reimbursement rates, methods, or basis other than will be pursued in the normal course of review.

The goal of rate setting is to implement a cost-based payment system with rates that are consistent with the policies of efficiency, economy and quality of care. The Division of Rate Setting (DRS) reviews providers' cost reports and determines which costs are allowable for reimbursement according to state and federal regulations. Formal rate setting is very staff intensive, requires detailed analysis and is expensive to conduct. For these reasons, this method is used primarily for the most expensive services provided by the 38 nursing homes, 16 PNMI facilities, and one ICF/MR.¹ In addition, The Division of Rate Setting (DRS) conducts rate adjustment processes for PNMI providers and nursing home providers seeking rate adjustments for various reasons during the year.²

Formal rate setting, however, would not be cost effective for all types of providers due to the significant costs involved. As described above, most provider rates are based on a combination of historical data, negotiated amounts and adjustments made for administrative, program or legislative increases.

Providers often confuse the term 'rate setting' with an assumption that providers will receive the full cost of any expense if they are rate set. However, even where the State has formalized rate setting methodologies, provider expenses may be disallowed because they may not be reimbursable according to the rate setting rules or because the costs may exceed various caps and limits on certain cost categories. Some examples are excessive individual or aggregate salaries or costs outside established norms, etc.

The current system for setting rates using a variety of methods appears to strike an appropriate balance between the costs required for the rate setting processes and opportunity for periodic input and adjustment.

¹ Nursing home expenditures are estimated to consume over \$115,000,000 in FY13 and PNMI expenditures consume over \$20,700,000.

² DRS has a staff of nine and a budget of approximately \$900,000. Approximately 75 percent of the cost of the Division is related to regulation of nursing homes.

Attachment A

Medicaid Rates for the Period from October 1, 2012 to December 31, 2012

| Facility | Final October 1, 2012 |
|--------------------------------------------------|-----------------------|
| Bel-Aire Center 35 Bel-Aire Drive SNF Operations | \$ 164.89 |
| Bennington | \$ 193.82 |
| Berlin | \$ 191.61 |
| Birchwood Terrace | \$ 188.87 |
| Brookside Health and Rehabilitation | \$ 228.81 |
| Burlington | \$ 231.45 |
| Cedar Hill | \$ 208.43 |
| Centers for Living & Rehab | \$ 223.60 |
| The Manor | \$ 228.55 |
| Crescent Manor | \$ 217.30 |
| Derby Green | \$ 160.24 |
| Brattleboro Crossings | \$ 234.21 |
| Rutland Crossings | \$ 217.93 |
| Franklin County Rehab | \$ 231.62 |
| Gifford | \$ 258.85 |
| Gill Odd Fellows | \$ 196.08 |
| Green Mountain Nursing and Rehabilitation | \$ 217.60 |
| Greensboro | \$ 216.96 |
| Rutland Healthcare and Rehab Ctr | \$ 173.07 |
| Saint Albans Healthcare and Rehab | \$ 190.77 |
| Helen Porter | \$ 220.73 |
| Maple Lane | \$ 170.07 |
| Mayo | \$ 211.93 |
| Mountain View Center 9 Haywood Avenue Operations | \$ 186.00 |
| Mt. Ascutney Hospital | \$ 259.00 |
| Newport | \$ 138.61 |
| Pines Rehab and Health Center | \$ 169.71 |
| Redstone Villa | \$ 191.43 |
| Rowan Court | \$ 205.11 |
| Springfield | \$ 184.00 |
| St. Johnsbury | \$ 189.91 |
| Starr Farm | \$ 194.27 |
| Thompson House | \$ 209.06 |
| Union House | \$ 165.51 |
| Vernon Green | \$ 210.95 |
| Woodridge | \$ 244.76 |
| VT Veterans Home | \$ 245.00 |
| | Mean \$ 204.61 |
| | Median \$ 208.43 |

Attachment B

PNMI RESIDENTIAL TREATMENT PROGRAMS PNMI RATE SUMMARY SFY2013

Information as of: September 20, 2012

| Program | Rate Period Total Beds / State Beds Utilization % | Allocation | PNMI Rate | Comments | |
|---------------------------------|---------------------------------------------------------|------------|--------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|
| BENNINGTON SCHOOL 75 beds | 07/01/12 - 08/31/12 75 / 45 90.0% | TREAT. | \$158.82 | Interim rate Effective as of 2/1/12 | |
| | | R & B | \$69.98 | | |
| | | EDU. | \$41.20 | | |
| | TOTAL | \$270.00 | | | |
| | 09/01/12 - 06/30/13 75 / 45 90.0% | TREAT. | \$155.16 | | Interim rate Effective as of 9/1/12 |
| | | R & B | \$68.37 | | |
| EDU. | | \$40.25 | | | |
| TOTAL | \$263.77 | | | | |
| BROOKHAVEN | 07/01/12 - 06/30/13 8 / 8 90.0% | TREAT. | \$182.20 | | |
| | | R & B | \$100.99 | | |
| | | EDU. | \$54.79 | | |
| | | TOTAL | \$337.98 | | |
| COMMUNITY HOUSE | 07/01/12 - 06/30/13 8 / 8 96.0% | TREAT. | \$220.16 | Rate increase from previous fiscal year due to NO applied revenue. | |
| | | R & B | \$51.29 | | |
| | | EDU. | \$52.77 | | |
| | | TOTAL | \$324.22 | | |
| HOWARDCENTER 77 PARK STREET | 07/01/12 - 06/30/13 10 / 10 90.0% | TREAT. | \$345.49 | | |
| | | R & B | \$67.33 | | |
| | | EDU. | \$67.91 | | |
| | | TOTAL | \$480.73 | | |
| HOWARDCENTER RESIDENTIAL | 07/01/2012 - 06/30/2013 18 / 18 93.0% | TREAT. | \$363.50 | Rate increased (\$1.28) from previous fiscal year Last year calc. based on 366 days, this year on 365 days | |
| | | R & B | \$52.03 | | |
| | | EDU. | \$52.81 | | |
| | | TOTAL | \$468.34 | | |
| LUND FAMILY CENTER | 07/01/2012 - 06/30/2013 24 / 24 94.0% | TREAT. | \$225.67 | | |
| | | R & B | \$44.75 | | |
| | | EDU. | \$71.96 | | |
| | | TOTAL | \$342.38 | | |
| NFI ALLENBROOK | 07/01/2012 - 06/30/2013 8 / 8 90.0% | TREAT. | \$159.36 | | |
| | | R & B | \$52.13 | | |
| | | EDU. | \$0.00 | | |
| | | TOTAL | \$211.49 | | |
| NFI GROUP HOME | 07/01/2012 - 06/30/2013 6 / 6 93.0% | TREAT. | \$289.84 | | |
| | | R & B | \$93.09 | | |
| | | EDU. | \$0.00 | | |
| | | TOTAL | \$382.93 | | |
| ONION RIVER CROSSROADS | 07/01/2012 - 06/30/2013 8 / 8 90.0% | TREAT. | \$123.56 | Rate increased from prior state fiscal year \$2.71 due to NO applied revenue | |
| | | R & B | \$107.87 | | |
| | | EDU. | \$0.00 | | |
| | | TOTAL | \$231.42 | | |

| | | | | | |
|-----------------------------------------------|-------------------------|-----------------|-----------------|-------------------------------------------------------------------------------------|-----------------------------------------------|
| RETREAT ABIGAIL ROCKWELL | 07/01/2012 - 06/30/2013 | TREAT. | \$247.71 | | |
| | 11 / 11 | R &B | \$68.55 | | |
| | 96.5% | EDU. | \$71.27 | | |
| | | <u>TOTAL</u> | <u>\$387.53</u> | | |
| RETREAT ADOLESCENT RESIDENTIAL | 07/01/2012 - 06/30/2013 | TREAT. | \$284.13 | | |
| | 20 /11 | R &B | \$116.97 | | |
| | 90.0% | EDU. | \$71.27 | | |
| | | <u>TOTAL</u> | <u>\$472.37</u> | | |
| SEALL, INC. | 07/01/2012 - 06/30/2013 | TREAT. | \$247.14 | Rate increased from prior fiscal year \$29.06 due to offset less applied revenue | |
| | 8 / 8 | R &B | \$139.06 | | |
| | 73.0% | EDU. | \$0.00 | | |
| | | <u>TOTAL</u> | <u>\$386.20</u> | | |
| SPECTRUM YOUTH COOPERATIVE | 07/01/2012 - 09/30/2012 | TREAT. | \$257.62 | Received approved waiver from the base utilization rate of 85% | |
| | 6 / 6 | R &B | \$59.06 | | |
| | 78.0% | EDU. | \$0.00 | | |
| | | <u>TOTAL</u> | <u>\$316.68</u> | | |
| | 10/01/2012 - 06/30/2013 | TREAT. | \$236.40 | | Waiver from the base utilization rate expired |
| | 6 / 6 | R &B | \$54.20 | | |
| 85.0% | EDU. | \$0.00 | | | |
| | <u>TOTAL</u> | <u>\$290.60</u> | | | |
| VALLEY VISTA | 07/01/2012 - 06/30/2013 | TREAT. | \$240.02 | | |
| | 15 /10 | R &B | \$85.42 | | |
| | 73.0% | EDU. | \$25.43 | | |
| | | <u>TOTAL</u> | <u>\$350.87</u> | | |
| VCDHH WILLIAM CENTER | 07/01/2012 - 06/30/2013 | TREAT. | \$355.37 | | |
| | 10 /1 | R &B | \$142.21 | | |
| | 100.0% | EDU. | \$127.97 | | |
| | | <u>TOTAL</u> | <u>\$625.55</u> | | |

Attachment C

State of Vermont ~ Department of Vermont Health Access

| Description of Service | DRG | OPPS | PER DIEM | CROSSOVER (X,Y,W) | LEVEL I PRICING | LEVEL II PRICING | LEVEL III PRICING | PMPM | AWP | ASC | Cost to Charge |
|-----------------------------------|-----|------|----------|-------------------|-----------------|------------------|-------------------|------|-----|-----|----------------|
| Inpatient | X | | | X | | | | | | | X |
| Outpatient | | X | | X | | | | | | | X |
| Physician | | | | X | X | X | X | | | | |
| Pharmacy | | | | X | | | | | X | | |
| Nursing Home | | | X | | | | | | | | |
| Mental Health Facility | X | | | X | | | | | | | |
| Dental | | | | | | | X | | | | |
| MH Clinic | | | | X | | | X | | | | |
| Independent Laboratory | | | | X | | | X | | | | |
| Home Health | | | | X | | | X | | | | |
| RHC & FQHC | | | | X | X | | | | | | |
| Hospice | | | | X | | | X | | | | |
| FQHC | | | | X | X | | | | | | |
| Chiropractor | | | | X | | | X | | | | |
| Nurse Practitioners | | | | X | | | X | | | | |
| Skilled Nursing | | | | X | | | X | | | | |
| Podiatrist | | | | X | | | X | | | | |
| Psychologist | | | | X | | | X | | | | |
| Optometrist | | | | | | | X | | | | |
| Optician | | | | | | | X | | | | |
| Transportation | | | | | | X | X | X | | | |
| OT/PT/ST Services | | X | | X | | | X | | | | |
| Prosthetic/Orthro | | | | X | | | X | | | | |
| Medical Supplies & DME (26-00) | | | | X | | | X | | | | |
| H&CB Services | | | | | | | X | | | | |
| H&CB Mental Health Services | | | | | | | X | | | | |
| H&CB Mental Retardation | | | | | | | X | | | | |
| TBI Services | | | | X | | | X | | | | |
| Enhanced Resident Care | | | | | | | X | | | | |
| Personal Care Services | | | | | | | X | | | | |
| Target Case Management | | | | | | | X | | | | |
| Assistive Community Care Services | | | | | | | X | | | | |
| Day Treatment (MHS) | | | | X | | | X | | | | |
| PC+ Case Management Fees | | | | X | | | | X | | | |
| Blueprint & CHT | | | | X | | | | X | | | |
| Pace Capitation | | | | X | | | | X | | | |
| Ambulance | | | | X | | | X | | | | |
| Dialysis | | | | X | | | X | | | | |
| ASC | | | | X | | | | | | X | |
| Outpatient Rehab | | X | | X | | | | | | | |

Attachment D - page 1

Children With Special Health Care Needs

| CSHN Service Provider | Service | Rate | Unit | Method of Reimbursement | Date Last Changed |
|-------------------------------------------------|-----------------------------------------------|-----------|--------------------------------------------------------|-------------------------|-------------------|
| Aakre, Kimberly MD | CDC Developmental Pediatrician | \$1,000 | Evaluation | Contract | 2011 |
| Aakre, Kimberly MD | CDC Developmental Pediatrician | \$1,300 | Enhanced Evaluation | Contract | 2012 |
| Aakre, Kimberly MD | CDC Developmental Pediatrician | \$300 | Monitoring Visit | Contract | 2012 |
| Aakre, Kimberly MD | CDC Developmental Pediatrician | 50% / 50% | No Show | Contract | 2012 |
| Aakre, Kimberly MD | CDC Developmental Pediatrician | \$619 | Monthly - Baseline Reimb. | Contract | 2012 |
| Amicus Sten-Tel | Clinical Transcription | \$. 14 | 9 word line | Contract | 2004 |
| Andrew, Carol | Evaluation & Diagnosis for CDC | \$500 | Evaluation | Contract | 2012 |
| Andrew, Carol | Evaluation & Diagnosis for CDC | \$725 | Enhanced Evaluation | Contract | 2012 |
| Andrew, Carol | Evaluation & Diagnosis for CDC | \$225 | Monitoring Visit | Contract | 2012 |
| Andrew, Carol | Evaluation & Diagnosis for CDC | 50% / 50% | No Show | Contract | 2012 |
| Beers, Jennifer - SLP | Speech Language Eval.& Consult - Cleft Palate | \$45 | Hour | Contract | 2012 |
| Brakeley, Johana MD | CDC Developmental Pediatrician | \$1,000 | Evaluation | Contract | 2011 |
| Brakeley, Johana MD | CDC Developmental Pediatrician | \$1,300 | Enhanced Evaluation | Contract | 2012 |
| Brakeley, Johana MD | CDC Developmental Pediatrician | \$300 | Monitoring Visit | Contract | 2012 |
| Brakeley, Johana MD | CDC Developmental Pediatrician | 50% / 50% | No Show | Contract | 2012 |
| Brakeley, Johana MD | CDC Developmental Pediatrician | \$619 | Monthly - Baseline Reimb. | Contract | 2012 |
| Carpenter, Marc | CDC Psychologist | \$500 | Evaluation | Contract | 2011 |
| Carpenter, Marc | CDC Psychologist | \$725 | Enhanced Evaluation | Contract | 2012 |
| Carpenter, Marc | CDC Psychologist | \$225 | Monitoring Visit | Contract | 2012 |
| Carpenter, Marc | CDC Psychologist | 50% / 50% | No Show | Contract | 2012 |
| Champlain Orthodontic Associates - Dr. Peterson | Orthodontic Consultation - Cleft Palate | \$50 | Hour | Contract | 2008 |
| Cooke, Catherine RN | Clinic Consultation - Cleft Palate | \$21 | Hour | Contract | 2012 |
| E.M. Luse Center | Speech Language Eval.& Consult - Cleft Palate | \$480 | Full-day Clinic | Contract | 2010 |
| FAHC - Psychiatry - Dr. Hudziak | Developmental Diagnostic Evaluation | \$2,000 | Comprehensive Evaluation | Grant | 2011 |
| Greenblatt, Jeanne MD | CDC Psychiatry | \$135 | Hour | Contract | Prior to 2006 |
| Hazard, Linda - Audiologist | Audiology - Cleft Palate Clinic | \$37.50 | Hour | Contract | 2012 |
| Jordan, Stacy - Audiologist | Audiology - Cleft Palate Clinic | \$37.50 | Hour | Contract | 2012 |
| Lavigne, Catherine - SLP & Dental Hygienist | Dental Hygiene - Cleft Palate - Burlington | \$30 | Hour | Contract | 2011 |
| Dr. Mark A. Price, DDS | Dental Consultation - Rutland - Cleft Palate | \$50 | Hour | Contract | 2012 |
| Rutland Area Visiting Nurse Assoc. | Physical Therapy Cosult. - Physiatry | \$47.02 | Hour - Clinic & Follow-up | Contract | 2008 |
| Rutland Area Visiting Nurse Assoc. | Physical Therapy Cosult. - Physiatry | \$40 | Hour - Travel | Contract | Prior to 2006 |
| Rutland Area Visiting Nurse Assoc. | Physical Therapy Cosult. - Physiatry | Mileage | At State Recognized rate | Contract | Prior to 2006 |
| Sweet, Christina - Dental Hygienist | Dental Hygiene - Cleft Palate Burlington | \$30 | Hour | Contract | 2011 |
| University of Massachusetts Med. School | Newborn Screening Testing - Dried Bloodspots | \$43 | Specimen | Contract | 2012 |
| University of Massachusetts Med. School | Newborn Screening Testing - Dried Bloodspots | \$4.80 | Specimen - Severe Combined Immunodeficiency | Contract | 2012 |
| University of Massachusetts Med. School | Newborn Screening Testing - Dried Bloodspots | \$11.14 | Specimen - MONITOR or KNOWN PKU | Contract | 2012 |
| University of Massachusetts Med. School | Newborn Screening Testing - Dried Bloodspots | \$11.14 | Specimen - Special Hemoglobinopathy Testing - Refugess | Contract | 2012 |
| University of Massachusetts Med. School | Newborn Screening Testing - Dried Bloodspots | \$85 | Special - Special DNA Mutation Analysis | Contract | 2012 |
| Vogt, William | Financial Technical Assistance | \$32 | Hour | Contract | 2012 |
| Yankee Medical | Orthotic Consultation - Physiatry Clinic | \$200 | Clinic | Contract | 2007 |
| Yankee Medical | Orthotic Consultation - Physiatry Clinic | \$20 | Hour - report Writing | Contract | 2007 |

Attachment D page 2

| Children's Personal Care Services | Unit | Max Amount Per Unit | Hourly or Daily Rate | unit | Effective Date |
|----------------------------------------------------------------------------------------------|----------------------------|---------------------|--------------------------------------------------|--------|----------------|
| ARIS ISO Employer Support Services #1007622 | 1 Unit=1 month | 47 | Up to \$47/month | month | 1/1/10 |
| Children's Personal Care Services Agency Directed | 1 unit=15 Min | 3.31 | 13.24 | hour | 10/1/07 |
| Children's Personal Care Services Agency Dir. - Night | 1 unit=15 Min | 3.8 | 15.2 | hour | 10/1/07 |
| Children's Personal Care Services Family/Self Directed | 1 unit=15 Min | 2.75 | 11 | hour | 11/7/10 |
| Children's Personal Care Services Family/Self Directed- Night | 1 unit=15 Min | 3.3 | 13.2 | hour | 11/7/10 |
| Children's Personal Care Services Specialized Childcare- Children's Creative Connection (C3) | 1 unit=1 Day max. 6 months | pay as billed | pay as billed up to individual maximum allowance | day | 6/1/08 |
| Children's Personal Care Assessment | 1 unit = 1 assess | 48.78 | 48.78 | 1 unit | |

| GC High Tech | | | last changed |
|----------------------------------------------------|------|---------|--------------|
| Skilled Nurse-Weekday Morning | hour | \$34.08 | 7/1/06 |
| Skilled Nurse-Weekday Afternoon | hour | \$36.64 | 7/1/06 |
| Skilled Nurse-Weekday Evening | hour | \$41.28 | 7/1/06 |
| Skilled Nurse, RN- Weekday Day - Self Directed | hour | \$27.86 | 7/1/06 |
| Skilled Nurse, RN- Weekday Night - Self Directed | hour | \$33.22 | 7/1/06 |
| Skilled Nurse-Weekend Morning | hour | \$38.04 | 7/1/06 |
| Skilled Nurse-Weekend Afternoon | hour | \$40.36 | 7/1/06 |
| Skilled Nurse-Weekend Evening | hour | \$51.48 | 7/1/06 |
| Skilled Nurse, RN- Weekend Day - Self Directed | hour | \$28.94 | 7/1/06 |
| Skilled Nurse, RN- Weekend Night - Self Directed | hour | \$37.66 | 7/1/06 |
| Home Health Aide- Weekday Morning | hour | \$22.00 | 1/1/01 |
| Home Health Aide- Weekday Afternoon | hour | \$22.80 | 1/1/01 |
| Home Health Aide- Weekday Evening | hour | \$24.40 | 1/1/01 |
| Skilled Nurse, LPN-Weekday Day - Self Directed | hour | \$23.54 | 7/1/06 |
| Skilled Nurse, LPN-Weekday Night - Self Directed | hour | \$27.86 | 7/1/06 |
| Home Health Aide- Weekend Morning | hour | \$23.60 | 1/1/01 |
| Home Health Aide- Weekend Afternoon | hour | \$24.80 | 1/1/01 |
| Home Health Aide- Weekend Evening | hour | \$26.40 | 1/1/01 |
| Skilled Nurse, LPN- Weekend Day - Self Directed | hour | \$24.62 | 7/1/06 |
| Skilled Nurse, LPN - Weekend Night - Self Directed | hour | \$30.64 | 7/1/06 |
| Case Management | hour | \$67.37 | 7/1/06 |
| Nurse Case Manager- Weekday - Self Directed | hour | \$34.22 | 7/1/06 |
| Nurse Case Manager- Weekend - Self Directed | hour | \$34.22 | 7/1/06 |
| Discharge Planning/Blood Draw | hour | \$57.50 | 1/1/01 |

Attachment E

DCF Base Rates for Child Care

| STARS INCREASES |
|-----------------|
| 0 Stars = 0 % |
| 1 Stars = 5% |
| 2 Stars = 10% |
| 3 Stars = 20% |
| 4 Stars = 30% |
| 5 Stars = 40% |

| Specialized Child Care |
|--------------------------------------------|
| 7% over base rate or current STARS Rating. |

| Base Rate for Child Care | Payment | 1 Star | 2 Stars | 3 Stars | 4 Stars | 5 Stars | |
|---------------------------------|---------|--------|-----------|-----------|-----------|-----------|-----------|
| Licensed Infant Full Time | \$ | 137.14 | \$ 144.00 | \$ 150.85 | \$ 164.57 | \$ 178.28 | \$ 192.00 |
| Licensed Infant Part Time | \$ | 75.43 | \$ 79.20 | \$ 82.97 | \$ 90.52 | \$ 98.06 | \$ 105.60 |
| Licensed Infant Extended | \$ | 186.51 | \$ 195.84 | \$ 205.16 | \$ 223.81 | \$ 242.46 | \$ 261.11 |
| Licensed Toddler Full Time | \$ | 133.43 | \$ 140.10 | \$ 146.77 | \$ 160.12 | \$ 173.46 | \$ 186.80 |
| Licensed Toddler Part Time | \$ | 73.39 | \$ 77.06 | \$ 80.73 | \$ 88.07 | \$ 95.41 | \$ 102.75 |
| Licensed Toddler Extended | \$ | 181.46 | \$ 190.53 | \$ 199.61 | \$ 217.75 | \$ 235.90 | \$ 254.04 |
| Licensed Preschool Full Time | \$ | 129.60 | \$ 136.08 | \$ 142.56 | \$ 155.52 | \$ 168.48 | \$ 181.44 |
| Licensed Preschool Part Time | \$ | 71.28 | \$ 74.84 | \$ 78.41 | \$ 85.54 | \$ 92.66 | \$ 99.79 |
| Licensed Preschool Extended | \$ | 176.26 | \$ 185.07 | \$ 193.89 | \$ 211.51 | \$ 229.14 | \$ 246.76 |
| Licensed School Age Full Time | \$ | 125.71 | \$ 132.00 | \$ 138.28 | \$ 150.85 | \$ 163.42 | \$ 175.99 |
| Licensed School Age Part Time | \$ | 69.14 | \$ 72.60 | \$ 76.05 | \$ 82.97 | \$ 89.88 | \$ 96.80 |
| Licensed School Age Extended | \$ | 170.97 | \$ 179.52 | \$ 188.07 | \$ 205.16 | \$ 222.26 | \$ 239.36 |
| Registered Infant Full Time | \$ | 114.29 | \$ 120.00 | \$ 125.72 | \$ 137.15 | \$ 148.58 | \$ 160.01 |
| Registered Infant Part Time | \$ | 62.86 | \$ 66.00 | \$ 69.15 | \$ 75.43 | \$ 81.72 | \$ 88.00 |
| Registered Infant Extended | \$ | 155.43 | \$ 163.20 | \$ 170.97 | \$ 186.52 | \$ 202.06 | \$ 217.60 |
| Registered Toddler Full Time | \$ | 110.00 | \$ 115.50 | \$ 121.00 | \$ 132.00 | \$ 143.00 | \$ 154.00 |
| Registered Toddler Part Time | \$ | 60.50 | \$ 63.53 | \$ 66.55 | \$ 72.60 | \$ 78.65 | \$ 84.70 |
| Registered Toddler Extended | \$ | 149.60 | \$ 157.08 | \$ 164.56 | \$ 179.52 | \$ 194.48 | \$ 209.44 |
| Registered Preschool Full Time | \$ | 98.86 | \$ 103.80 | \$ 108.75 | \$ 118.63 | \$ 128.52 | \$ 138.40 |
| Registered Preschool Part Time | \$ | 54.37 | \$ 57.09 | \$ 59.81 | \$ 65.24 | \$ 70.68 | \$ 76.12 |
| Registered Preschool Extended | \$ | 134.45 | \$ 141.17 | \$ 147.90 | \$ 161.34 | \$ 174.79 | \$ 188.23 |
| Registered School Age Full Time | \$ | 95.14 | \$ 99.90 | \$ 104.65 | \$ 114.17 | \$ 123.68 | \$ 133.20 |
| Registered School Age Part Time | \$ | 53.53 | \$ 56.21 | \$ 58.88 | \$ 64.24 | \$ 69.59 | \$ 74.94 |
| Registered School Age Extended | \$ | 129.39 | \$ 135.86 | \$ 142.33 | \$ 155.27 | \$ 168.21 | \$ 181.15 |

January 2010 (using 2008 market rate study)

FY 13 Foster Care Rate Schedule

| | preschool {0-5} | | | child {6-12} | | | teen {13-18} | | |
|------------|-----------------|----------|----------|--------------|----------|----------|--------------|----------|----------|
| | level 1 | level 2 | level 3 | level 1 | level 2 | level 3 | level 1 | level 2 | level 3 |
| board | \$ 13.71 | \$ 15.80 | \$ 18.98 | \$ 15.50 | \$ 17.75 | \$ 21.30 | \$ 16.82 | \$ 19.22 | \$ 22.94 |
| clothing | \$ 3.45 | \$ 3.45 | \$ 3.45 | \$ 2.32 | \$ 2.32 | \$ 2.32 | \$ 2.50 | \$ 2.50 | \$ 2.50 |
| incidental | \$ - | \$ - | \$ - | \$ 0.79 | \$ 0.79 | \$ 0.79 | \$ 0.97 | \$ 0.97 | \$ 0.97 |
| allowance | \$ - | \$ - | \$ - | \$ 0.46 | \$ 0.46 | \$ 0.46 | \$ 0.77 | \$ 0.77 | \$ 0.77 |
| total | \$ 17.16 | \$ 19.25 | \$ 22.43 | \$ 19.07 | \$ 21.32 | \$ 24.87 | \$ 21.06 | \$ 23.46 | \$ 27.18 |

| | | | | | | | | | |
|-----------|----|-------|------------------|----|-------|------------------|----|-------|------------------|
| Emergency | \$ | 30.00 | Flat rate | \$ | 30.00 | Flat rate | \$ | 30.00 | Flat rate |
| | | | (Board and care) | | | (Board and care) | | | (Board and care) |

Attachment E

Department of Disabilities, Aging and Independent Living

| <u>Funding/ program</u> | <u>Service</u> | <u>Current Rate or Rate Ranges</u> | <u>per unit</u> | <u>Method of Reimbursement (Grant, FFS, Both, Other)</u> | <u>Date Last Changed</u> | <u>Other - Is budget or financial information looked at annually? If so, who, how, etc.</u> |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------|----------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------|
| CFC | *Case Management by HHA or AAA | \$67.44 | hour | FFS | 7/1/2007 | yes by dail bo |
| CFC | Personal Care by HHA | \$26.88 | hour | FFS | 7/1/2011 | yes by dail bo |
| CFC | Personal Care by Consumer-Directed Personnel | \$11.96 | hour | FFS | 8/5/2012 | no |
| CFC | Personal Care by Surrogate-Directed Personnel | \$11.96 | hour | FFS | 8/5/2012 | no |
| CFC | **Respite or Companion Care by HHA | \$21.48 | hour | FFS | 7/1/2011 | yes by dail bo |
| CFC | **Respite or Companion Care by Consumer-Directed Personnel | \$11.96 | hour | FFS | 8/5/2012 | no |
| CFC | **Respite or Companion Care by Surrogate-Directed Personnel | \$11.96 | hour | FFS | 8/5/2012 | no |
| CFC | **Respite in Residential Care Home | \$91.30 | day | FFS | 7/1/2007 | no |
| CFC | **Respite by Adult Day Service provider | \$15.00 | hour | FFS | 7/1/2008 | ? |
| CFC | **Companion by Senior Companion Agency | \$7.76 | hour | FFS | 7/1/2007 | yes by dail bo |
| CFC | Home-Based Waiver Adult Day Service | \$15.00 | hour | FFS | 7/1/2008 | ? |
| CFC | Assistive Devices & Modifications | actual cost up to \$750.00 per year | episode | FFS | 10/1/2005 | n/a |
| CFC | Personal Emergency Response Systems-Installation Group Directed Attendant Care (<i>approved providers only</i>) | \$55.00 | 1-time | FFS | 10/1/2005 | no |
| CFC | ARIS ISO Employer Support Services #047W070 | \$161.00 | day | FFS | 7/1/2011 | yes by dail bo |
| CFC | Personal Care Daily Rate (<i>approved providers only</i>) | \$47.00 | month | FFS | 1/1/2010 | no |
| CFC | ARIS ISO CFC Flexible Choices Support Services #047W070 | Varies by provider | day | FFS | 10/1/2006 | no |
| CFC | Flexible Choices Services | \$47.00 | month | FFS | 1/1/2010 | no |
| CFC | Flexible Choices Consultant Pre-admission Service | Pay as billed | na | FFS | 7/1/2007 | no |
| CFC | ERC-tier 1** | \$16.52 | hour | FFS | 7/1/2009 | no |
| CFC | ERC-tier 2** | \$48.76 RCH/day | day | FFS | 7/1/2007 | no |
| CFC | ERC-tier 3** | \$53.95 ALR/day | day | FFS | 7/1/2007 | no |
| CFC | ERC Special Rate | \$55.51 RCH/day | day | FFS | 7/1/2007 | no |
| CFC | | \$60.69 ALR/day | day | FFS | 7/1/2007 | no |
| CFC | | \$62.25 RCH/day | day | FFS | 7/1/2007 | no |
| CFC | | \$67.44 ALR/day | day | FFS | 7/1/2007 | no |
| CFC | | Set for individual actual cost, up to | | FFS | 7/1/2007 | no |
| MFP grant | MFP Transition Funds (Prior Authorization Required) | \$2,500 | episode | FFS | 4/1/2012 | n/a |
| CFC | PACE- dual eligibles | \$4,214.00 | month | prospective | 11/1/2008 | formula approved by cms |
| CFC | PACE- Medicaid only | \$4,996.00 | month | prospective | 11/1/2008 | formula approved by cms |
| CFC | MNG Homemaker | \$19.32/hour | hour | FFS | 7/1/2011 | yes by dail bo |
| GC DS Clinic | DS Case Management - Bridges Program for Children | Pay as Billed | month | FFS | 7/1/2012 | yes by dail bo |
| GC DS Clinic | Clinical Assessment Services | \$81.20 | hour | FFS | ? | yes by dail bo |
| GC DS Clinic | Medication Mgmt & Consultation Svcs, Chemotherapy | \$32.45 | session | FFS | 7/1/2008 | yes by dail bo |
| GC DS Clinic | Crisis Intervention Services | \$72.00 | hour | FFS | 7/1/2008 | yes by dail bo |
| GC DS Clinic | Therapeutic Behavioral Services | \$70.20 | hour | FFS | 7/1/2008 | yes by dail bo |
| GC DS Clinic | Group Therapy | \$32.60 | hour | FFS | 7/1/2008 | yes by dail bo |
| GC DS Clinic | Transportation/Mileage | Pay as Billed | trip | FFS | 7/1/2008 | yes by dail bo |
| GC DS Clinic | Nursing Facility Day Rehabilitation Services | Pay as Billed | hour | FFS | 7/1/2008 | yes by dail bo |
| GC DS Clinic | Targeted Case Management | \$48.68 | hour | FFS | 7/1/2008 | yes by dail bo |
| GC DS Clinic | *Targeted Case Management - <i>court ordered</i> | **\$216.67 Monthly | month | FFS | 7/1/2008 | yes by dail bo |
| GC DS Waiver | DS Home and Community Based Services | Pay as Billed | day | FFS | 7/1/2012 | yes by dail bo |
| GC DS ICF-MR | DS ICF-MR | \$578.44 | day | FFS | 7/1/2012 | Division of rate setting |
| GC TBI | Community Supports | | | | | no |
| GC TBI | Rehab/Long Term | \$75.00 | day | FFS | 7/1/2008 | no |
| GC TBI | Mental Health Funded | \$75.00 | day | FFS | 7/1/2008 | no |
| GC TBI | Respite | | | | | no |
| GC TBI | Rehab/Long Term | \$75.00 | day | FFS | 7/1/2008 | no |
| GC TBI | Mental Health Funded | \$75.00 | day | FFS | 7/1/2008 | no |
| GC TBI | Case Management | | | | | no |
| GC TBI | Rehab/Long Term | \$48.68/Hour | hour | FFS | ? | no |
| GC TBI | Mental Health Funded | \$48.68/Hour | hour | FFS | ? | no |
| GC TBI | Rehabilitation | | | | | no |
| GC TBI | Rehab/Long Term | \$20.52/Hour | hour | FFS | 1/1/2010 | no |
| GC TBI | Mental Health Funded | \$20.52/Hour | hour | FFS | 1/1/2010 | no |

| | | | | | | | |
|--------|-----------------------------------------------|------------------|----------|-----|----------|--|-----|
| GC TBI | Environmental and Assistive Technology | | | | | | no |
| GC TBI | Rehab/Long Term | \$4000/Lifetime | lifetime | FFS | ? | | no |
| GC TBI | Mental Health Funded | \$4000/Lifetime | lifetime | FFS | ? | | no |
| GC TBI | Crisis Support | | | | | | no |
| GC TBI | Rehab/Long Term | \$500.00/Day | day | FFS | ? | | no |
| GC TBI | Mental Health Funded | \$500.00/Day | day | FFS | ? | | no |
| GC TBI | Psychology and Counseling Supports | | | | | | no |
| GC TBI | Rehab/Long Term | \$65.00/Hour | hour | FFS | 1/1/2010 | | no |
| GC TBI | Mental Health Funded | \$65.00/Hour | hour | FFS | 1/1/2010 | | no |
| GC TBI | Employment Supports | | | | | | no |
| GC TBI | Rehab/Long Term | \$20.52/Hour | hour | FFS | 1/1/2010 | | no |
| GC TBI | Mental Health Funded | \$20.52/Hour | hour | FFS | 1/1/2010 | | no |
| GC TBI | TBI Personal Care Daily Rate | | | | | | no |
| GC TBI | Rehab/Long Term | individual rates | day | FFS | 1/1/2010 | | no |
| GC TBI | Mental Health Funded | individual rates | day | FFS | 1/1/2010 | | no |
| GC TBI | Pre-Admission Planning | | | | | | no |
| GC TBI | Rehab/Long Term | \$48.68/Hour | hour | FFS | ? | | no |
| GC TBI | Mental Health Funded | \$48.68/Hour | hour | FFS | ? | | no |
| ASP | ARIS ISO Employer Support Services #1008601 | Up to \$47/month | month | FFS | 1/1/2010 | | no |
| GC ASP | Medicaid 1st 6 Months | \$10.36 | hour | FFS | 7/8/2012 | | n/a |
| GC ASP | Medicaid after 6 Months | \$10.92 | hour | FFS | 7/8/2012 | | n/a |
| GF ASP | *General Fund 1st 6 Months | \$10.36 | hour | FFS | 7/8/2012 | | n/a |
| GF ASP | *General Fund after 6 Months | \$10.92 | hour | FFS | 7/8/2012 | | n/a |

GC = Global Commitment
ASP = Attendant Services Program
GF = General Fund
TBI = Traumatic Brain Injury
CFC = Choices For Care
MFP = Money Follows the Person

Attachment F

Department of Mental Health

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|--------|--------------------------------------------------------------------------------------------------------------------------------|
| PSYCHIATRIC DIAG INTERVIEW CLINICAL ASSESSMENT SERVICES, DIAGNOSIS+EVALUATION | Pay as Billed | FFS | 7/1/08 | Based on individual DA rates |
| INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, ETC., FACE-TO-FACE W/PT., WITH MEDICAL EVAL & MANAG'MT: Medication / Psychotherapy (30 Min.) | \$ 69.46 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, ETC., FACE-TO-FACE W/PT.,WITH MEDICAL EVAL & MANAG'MT: Medication / Psychotherapy (60 Min.) | \$ 91.55 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, ETC., FACE-TO-FACE W/PT., WITH MEDICAL EVAL & MANAG'MT: Medication / Psychotherapy (90 Min.) | \$ 119.16 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| PHARMACOLOGIC MANAGEMENT, INCL. PRESCRIPTION, USE, AND REVIEW OF MED. W/NO MORE THAN MIN. MEDICAL PSYCHOTHERAPY MEDICATION MANAGEMENT &CONSULTATION SERVICES, CHEMOTHERAPY, | \$ 52.53 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT) , MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE | \$ 55.74 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| MENTAL HEALTH ASSESSMENT BY NON- PHYSICIAN | Pay as billed | FFS | 7/1/08 | Based on individual DA rates |
| MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS | \$ 224.15 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| COMPREHENSIVE MEDICATION SERVICE MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE CHEMOTHERAPY | \$ 52.53 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| CRISIS INTERVENTION SERVICES PER 15 MINUTES | \$ 55.74 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT | \$ 8.74 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| PSYCHOSOCIAL REHABILITATION SERVICE, PER 15 MINUTES: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE | \$ 23.63 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES: THERAPEUTIC BEHAVIORAL SERVICES | \$ 25.61 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| C.E.R.T | \$116.38-\$232.58 | FFS | 7/1/08 | Budgets are reviewed annually by DMH and DOE, and individual rates are set |
| COMMUNITY BASED WRAP AROUND SERVICES: Waiver Services | \$94.83-\$451.68 | FFS | 7/1/08 | DMH sets the rate based on an approved budget for each patient. |
| ACTIVITY THERAPY, PER 15 MINUTES: GROUP THERAPY | \$ 11.88 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE | \$ 14.03 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |

| | | | | |
|---------------------------------------|----------------------|----------------|---------|--------------------------------------------------------------------------------------------------------------------------|
| TARGETED CASE MANAGEMENT | \$ 23.63 | FFS | 7/1/08 | Base rates were set several (20+) years ago. Changes to the rate reflect legislative reductions or inflationary increase |
| CRT PMPM Base Rate | \$ 1,721.27 | FFS | 3/19/09 | Rate set by PMPM analysis. Reviewed yearly for any needed increases or decreases. |
| CRT Duals | \$ 9.08 | FFS | 3/19/09 | Rate set by PMPM analysis. Reviewed yearly for any needed increases or decreases. |
| SFI Medicaid Services | Pay as billed | FFS | 7/1/12 | DMH sets the monthly pmpm rate based on a approved budget for each patient. |
| SFI MCO Non-Traditional Investment | Pay as billed | FFS | 7/1/12 | Program set up 7/1/12 to pay as billed. DMH sets the rate based on a approved budget for each patient. |
| SBS -SBClinicians PMPM Base Rate | \$585.90 -\$1,249.80 | FFS | 7/1/12 | Monthly pmpm set per program by DMH annually based on school based service contracts |
| CSAC - Bundled Rate PMPM | \$ 981.00 | FFS | 7/1/12 | Rate set by PMPM analysis. Reviewed yearly for any needed increases or decreases. |
| PCC - Bundled Rate PMPM | \$ 660.00 | FFS | 7/1/12 | Rate set by PMPM analysis. Reviewed yearly for any needed increases or decreases. |
| NFI - Bundled Rate PMPW | \$ 1,469.48 | FFS | 7/1/12 | Rate set by PMPM analysis. Reviewed yearly for any needed increases or decreases. |
| Clinical Interventions | \$ 77.28 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Community Supports & Service Planning | \$ 76.66 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Crisis | \$ 150.09 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Day Programming (Services) | \$ 10.63 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Vocational/Employment Services | \$ 81.67 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Partial Hospitalization (daily rate) | \$ 233.12 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Transportation | \$ 15.54 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Consultation, Education, and Advocacy | \$ 76.66 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Safe Haven | \$ 81.04 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Hill House | \$ 65.90 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Robinson House (new at 7/1/2008) | \$ 145.96 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Alternatives | \$ 564.29 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Beekman House | \$ 128.29 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Woodstock House | \$ 103.71 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Branches | \$ 41.92 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |

| | | | | |
|----------------------------------------------|-----------|----------------|--------|-----------------------------------------------------------------------------------------------------|
| Safe Haven | \$ 65.10 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Lakeview | \$ 116.37 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| 20 South Willard | \$ 101.81 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| 72 North Winooski | \$ 142.74 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Arroway | \$ 74.18 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Next Door | \$ 257.94 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Assist (old and new combined) | \$ 516.06 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Johnson Street Group Home | \$ 148.04 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Copley House | \$ 112.61 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Crisis Bed | \$ 689.25 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| 174 North Main Street | \$ 35.55 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| 22 Upper Welden | \$ 138.94 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| New Crisis Beds Program | \$ 583.52 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| New Crisis Beds Program | \$ 689.03 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| South Street | \$ 127.87 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Battelle House | \$ 373.84 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Contracted Home Provider (CHP) | \$ 123.72 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| 62 Barre Street (Single Steps) | \$ 105.54 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| 7 St. Paul (Segue) | \$ 164.03 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Home Intervention (Kynoch Ave., Barre) | \$ 770.75 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |
| Transitional Housing (apartment-short stays) | \$ 31.45 | CRT Unit Rates | 7/1/09 | Rates reviewed every 2-3 years based on actual (state-wide average) expenses and services provided. |

Attachment G

Department of Mental Health

Act 79 Inpatient Rate review process update

Background

On August 28 and 29, 2011, the Vermont State Hospital sustained widespread damage resulting from heavy rains and flooding in the aftermath of Hurricane Irene. Beginning August 29, 2011, patients at the Vermont State Hospital were evacuated from VSH to protect the safety and security of the patients and staff and placed in the designated hospitals in Vermont.

In addition to placements in community residential settings and the medical unit within Southern State Correctional Facility, patients were transferred to the following facilities:

- Brattleboro Retreat (BR)
- Fletcher Allen Medical Center (FAHC)
- Rutland Regional Medical Center (RRMC)

The units at these hospitals serve individuals participating in the Vermont Medicaid program, individuals with commercial coverage and individuals who are uninsured or underinsured.

Act 79, An Act Related to Reforming Vermont's Mental Health System, was signed by the Governor on February 12, 2012. Act 79 includes the following requirements:

Sec. 33b. COST-BASED REIMBURSEMENT FOR ACUTE HOSPITAL SERVICES

(a) The department of mental health shall ensure that hospitals are paid reasonable actual costs for providing necessary care to persons who otherwise would have been cared for at the Vermont State Hospital as defined by the department. The department shall contract with a third party with experience in psychiatric hospital care and expenses to conduct a comprehensive fiscal review to determine if the department's cost reimbursement methodology reflects reasonable actual costs.

(b) The department of mental health shall report to the joint fiscal committee regarding the fiscal review described in subsection (a) of this section on or before September 1, 2012.

Two of these facilities have undertaken some construction to serve high acuity patients over the long term. However, construction costs will be reimbursed separately and will not be a component of the financial reviews.

Rate Setting and Settlement Process Update

The Agency of Human Services contracted with Mark Podrazik, from Burns and Associates (B&A) to complete the annual cost settlement process. He was also instrumental in setting the rates for Fletcher Allen. B&A assisted the Department of Vermont Health Access (DVHA) implement methodology to pay for inpatient hospital services to diagnosis related groups (DRGs) in 2008. They conducted a rate update for DVHA in 2012. The update included inpatient psychiatric cases. Mark Podrazik has also conducted analyses of BR data for the Green Mountain Care Board in 2012 and has set inpatient psychiatric hospital rates in two

Attachment H

Department of Corrections

FY 2013 - DOC Transitional Housing - Per Diems

| | | | |
|-----------------------------------|---------------|---------------------------|-----------|
| Central VT Comm. Action | Barre | 6 beds (females) | \$ 37.94 |
| Return House | Barre | 10 beds (males under 22) | \$ 112.73 |
| Barre Community Justice Ctr | Barre | 8 beds (males & females) | \$ 35.70 |
| Phoenix House | Bellows Falls | 5 beds (males) | \$ 29.40 |
| Benn. Homeless Coalition | Bennington | 3 beds (males & females) | \$ 35.58 |
| Seall, Inc. | Bennington | 14 beds (males) | \$ 71.73 |
| Phoenix House | Brattleboro | 4 beds (females) | \$ 29.40 |
| Phoenix House | Brattleboro | 10 beds (males) | \$ 29.40 |
| Morningside House | Brattleboro | 5 beds (males & females) | \$ 42.97 |
| Dismas Satellite | Burlington | 6 beds (males & females) | \$ 31.94 |
| Northern Lights | Burlington | 11 beds (females) | \$ 75.97 |
| Pathways to Housing | Burlington | 10 beds (males & females) | \$ 44.77 |
| Phoenix House | Burlington | 18 beds (male) | \$ 29.40 |
| Burlington Housing Authority | Burlington | 4 beds (females) | \$ 59.40 |
| Pathways to Housing | Montpelier | 10 beds (males & females) | \$ 44.77 |
| Montpelier Community Justice Ctr | Montpelier | 8 beds (males & females) | \$ 36.34 |
| Dismas Satellite | Rutland | 3 beds (males & females) | \$ 31.94 |
| Rutland County Housing | Rutland | 13 beds (males & females) | \$ 36.26 |
| Samaritan House | St. Albans | 4 beds (males & females) | \$ 42.23 |
| St. Albans Community Justice Ctr | St. Albans | 5 beds (males & females) | \$ 36.49 |
| Pathways to Housing | St. Albans | 8 beds (males & females) | \$ 44.77 |
| Covered Bridge | St. Johnsbury | 6 beds (males) | \$ 29.38 |
| Springfield Supportive Housing | Springfield | 3 beds (males & female) | \$ 45.95 |
| Springfield Community Justice Ctr | Springfield | 3 beds (males & female) | \$ 53.00 |
| John Graham Shelter | Vergennes | 2 beds (male or female) | \$ 50.69 |
| Winooski Community Justice Ctr | Winooski | 2 beds (male or female) | \$ 41.10 |
| East Allen Dismas | Winooski | 9 beds (males & females) | \$ 31.94 |

Per Diems represent amount of total grant award divided by number of beds and number of days in grant award. DOC does not pay based on per diems. Grantees are paid in lump sums through out the duration of the grant. Grantees are required to track occupancy.

Sec. E.300.1 REIMBURSEMENT RATES FOR SERVICE PROVIDERS

(a) The agency shall provide an inventory of the payment rates for various community service providers in the area of child welfare, including PNMI, child development, substance abuse, and long-term care services. The inventory shall list the types of programs, including residential programs and methods of reimbursement, including those subject to rate setting by provider type, as well as the most recent base year utilized for market or cost-based reimbursement methodologies. A list of rates paid to out-of-state residential providers and the methodology used to determine the rates shall also be included. This inventory shall be reported to the house and senate committees on appropriations by February 1, 2013 and shall include any recommendations to change reimbursement rates, methods, or basis.