Group Therapy

DVHA Proposed Reimbursement Rate, per group size

Code	Description	Position	Rate	Discount @ 76%	# Medicaid clients per Event	Revenue per Event
90853	group psychtherapy	Clinician	$ 20.50	$ 15.58	4	$ 62.32
90853	group psychtherapy	Clinician	$ 20.50	$ 15.58	5	$ 77.90
90853	group psychtherapy	Clinician	$ 20.50	$ 15.58	6	$ 93.48
90853	group psychtherapy	Clinician	$ 20.50	$ 15.58	7	$ 109.06
90853	group psychtherapy	Clinician	$ 20.50	$ 15.58	8	$ 124.64

Cost per Group

Per Session	Hours	Rate		Total costs per event
Outpatient Clinician Group	1.5	$ 17.33		26.03
Outpatient Clinician Group	1.5	$ 17.33		26.03
Group Therapy Preparation	1	$ 17.33		17.33
Supervision	1	$ 27.04		27.04
Documentation	1	$ 17.33		17.33
				114.35
Fringe		37%		42.32
Program Support		6.23%		9.76
Agency Admin		9.82%		16.35
				182.83

Rate Needed for average group size of 5

Code	Description	Position	Rate	Discount @ 76%	# Medicaid clients per Event	Revenue per Event
90853	group psychtherapy	Clinician	$ **48.11**	$ 36.57	5	$ 182.83

	FTE	% of time billable
BCBA (approx. 8hrs billable time per week)	0.45	21%
BI (approx. 25hrs billable time per week)	0.6	67%
FTE / Client		
Gain (		
T(		

*assuming that they have a meeting 1x a month and based on BCBA rate
** this meeting may include discussions regarding several clients and therefo
*** for example: travel time, meetings with ASP leadership, assessment writi

Annual Revenue Generated	Salary, fringe, indirects etc… for % FTE (45% & 60%)				Group	Prep	
-	$	40,733.17	Outpatient Clinician		1.5		1
-	$	33,030.59	Outpatient Clinician		1.5		
-	**$**	**73,763.76**	Supervision	1 hour per clinician pe			
			Program support				
Loss) per Client	**$**	**(73,763.76)**	Agency Admin				
Clients		13					
otal Gain (Loss)	**$**	**(958,928.88)**					

ore the full amount is not billable for one client and based on BCBA rate

ing, analyzing data, trainings, care coordination

Documentation

1

r week, dbt 1 hr oer mo for lincs, hr every 2 weeks cyfs