

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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7) Multi Systemic Therapy (Child – H2033)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Multi Systemic Therapy (Child – H2033). The agency's fee schedule rate was set as of *June 01, 2008* and is effective for services provided on or after that date. All rates are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Payment for Multi Systemic Therapy is based on a per 15 minute increment. This service is provided in accordance with Attachment 3.1-A.1 Page 7c. 7, Paragraph 4.b.(8), subparagraph (h).

The reimbursement rate is established utilizing cost modeling. Based on input from providers and compared to national data, the cost model recognizes direct care service costs for staff salaries and related fringe benefits, program-related expenses, provider overhead and program attendance.

The cost model based the direct care service costs for staff salaries and related fringe benefits on a compensation survey conducted to determine typical salaries for each provider qualification. These numbers were regionalized through provider input.

Program-related expenses (include supplies, cell phones and other items that assist the direct care delivery of the program) are based on actual costs submitted by providers.

Facility overhead costs are recognized at actual costs submitted by providers and compared to a market analysis of provider overhead costs and adjusted for reasonable expectations.

Productivity was determined utilizing an estimated number of billable units generated by a Multi Systemic Therapy provider.

This initial rate will be adjusted annually using the Chained Price Index, GNP as provided by the NC Office of State Budget.

The facilities providing these services are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Annual cost reporting will continue to be required of providers who provide mental health services as outlined in attachment 4.19-B, Section 13, Page 2, paragraph (E) and (F).

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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8) Ambulatory Detoxification (Child and Adult - H0014)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulatory Detoxification (Child and Adult - H0014). The agency's fee schedule rate was set as of *October 01, 2008* and is effective for services provided on or after that date. All rates are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Payment for Ambulatory Detoxification is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 7c. 9, Paragraph 4.b.(8), subparagraph (j).

The reimbursement rate is established utilizing cost modeling. Based on input from providers and compared to national data, the cost model recognizes direct care service costs for staff salaries and related fringe benefits, program-related expenses, provider overhead and program attendance.

The cost model based the direct care service costs for staff salaries and related fringe benefits on a compensation survey conducted to determine typical salaries for each provider qualification. These numbers were regionalized through provider input.

Program-related expenses (include supplies, cell phones and other items that assist the direct care delivery of the program) are allowed at 5% based on an average across all providers.

Facility overhead costs are recognized at 35% of total direct care service costs. The 35% was determined through a market analysis of provider overhead costs and adjusted for reasonable expectations.

Productivity was determined utilizing an estimated number of billable units generated by an Ambulatory Detoxification provider.

This initial rate will be adjusted annually using the Chained Price Index, GNP as provided by the NC Office of State Budget.

The facilities providing these services are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Annual cost reporting will continue to be required of providers who provide mental health services as outlined in attachment 4.19-B, Section 13, Page 2, paragraph (E) and (F).

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9) Professional Treatment Services in Facility Based Crisis Programs (Adult – S9484)

Payment for Professional Treatment Services in Facility Based Crisis Programs is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 15A, Paragraph 13 D, sub paragraph B. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Facility-Based Crisis- Adult. The agency's fee schedule rate was set as of January 01, 2009 and is effective for services provided on or after that date. All rates are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board.

The reimbursement rate is established utilizing cost modeling. Based on input from providers and compared to national data, the cost model recognizes direct care service costs for staff salaries and related fringe benefits, program-related expenses, provider overhead and program attendance.

The cost model based the direct care service costs for staff salaries and related fringe benefits on a compensation survey conducted to determine typical salaries for each provider qualification. These numbers were regionalized through provider input.

Program-related expenses (include supplies, cell phones and other items that assist the direct care delivery of the program) are allowed at 5% based on an average across all providers.

Facility overhead costs are recognized at 35% of total direct care service costs. The 35% was determined through a market analysis of provider overhead costs and adjusted for reasonable expectations.

Productivity was determined utilizing an estimated number of billable units generated by a Professional Treatment Services in Facility Based Crisis Programs provider.

This initial rate will be adjusted annually using the Chained Price Index, GNP as provided by the NC Office of State Budget.

Annual cost reporting will continue to be required of providers who provide mental health services as outlined in attachment 4.19-B, Section 13, Page 2, paragraph (E) and (F).

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10) Facility-Based Crisis Program – Children and Adolescents (S9484 HA)

Payment for Facility-Based Crisis – Children and Adolescents is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.9a, Paragraph 4.b.(8), subparagraph (k). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Facility-Based Crisis- Children. The agency's fee schedule rate was set as of July 1, 2010 and is effective for services provided on or after that date. All rates are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing Room and board for this service.

The reimbursement rate is established utilizing cost modeling. Based on input from providers and compared to national data, the cost model recognizes direct care service costs for staff salaries and related fringe benefits, program-related expenses, provider overhead and program attendance.

The cost model based the direct care service costs for staff salaries and related fringe benefits on a compensation survey conducted to determine typical salaries for each provider qualification. These numbers were regionalized through provider input.

Program-related expenses (include supplies, cell phones and other items that assist the direct care delivery of the program) are allowed at 5% based on an average across all providers.

Facility overhead costs are recognized at 35% of total direct care service costs. The 35% was determined through a market analysis of provider overhead costs and adjusted for reasonable expectations.

Productivity was determined utilizing an estimated number of billable units generated by a Facility Based Crisis provider.

This initial rate will be adjusted annually using the Chained Price Index, GNP as provided by the NC Office of State Budget.

Annual cost reporting will continue to be required of providers who provide mental health services as outlined in attachment 4.19B, Section 13, Page 2, paragraph (E) and (F).

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