



FY 21-22 Payment and Rates

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REMINDERS: DMC RATES HIGHLIGHTS

- **Increased** DMC base rates by 2.3%, which is the Medicare Market Basket Inflation for 2021.
- **Removed** Staffing Modifiers for certified counselors (+6%), licensed eligible (+15%) and licensed (+20%) staff.
- **Continued** Population Modifiers for youth (+2.14%) and perinatal (+7.81%).
- **Removed** Case Management as a separate billable services for WM-3.7 and WM-4 per State requirement and instead incorporated units into the daily rate.
- **TBD** if/how screening will be reimbursable given expected guidance from DHCS on pre-diagnosis services and waiver updates.
- **TBD** if/how EPSDT and ASAM 0.5 services will change based on expected DHCS guidance and waiver updates.



FY 2021-2022 Highlights and Changes

- Nearly all base rates are increasing from FY 2020-21 base rates, which include an increase by the Medicare Market Basket Inflator of 2.3%.

FY 21-22 Changes over Standard Base Rate	
ASAM 1.0 – Outpatient	+ 15.6%
ASAM 2.0 – Intensive Outpatient	+ 14.4%
ASAM 3.1, 3.3, 3.5 – Residential	+ 8.4%
ASAM 1-WM, 2-WM, 3.2-WM, 7.7-WM, 4-WM	+ 2.3%
Case Management	+ 5.8%
Recovery Support Services	+ 33.0%
Opioid Treatment Programs	Not Applicable



FY 2021-2022 BASE RATE CHANGES

DMC-ODS Base Rates			
Level of Care/Service	Increment	FY 20-21	FY 21-22
Outpatient 1.0-AR	15-Minute	\$32.69	-
Outpatient 1.0	15-Minute	\$32.69	\$37.78
Intensive Outpatient: 2.1	15-Minute	\$35.32	\$40.41
Withdrawal Management WM-1	Clinical Day Rate*	\$230.10	\$235.39
Withdrawal Management WM-2	Clinical Day Rate*	\$270.03	\$276.24
Withdrawal Management WM-3.2	Clinical Day Rate*	\$338.01	\$345.78
Withdrawal Management WM-3.7	Clinical Day Rate*	\$739.23	\$831.85 (draft)
Withdrawal Management WM-4	Clinical Day Rate*	\$785.43	\$879.11 (draft)
Residential 3.1	Clinical Day Rate*	\$174.69	\$189.43
Residential 3.3	Clinical Day Rate*	\$219.24	\$237.74
Residential 3.5	Clinical Day Rate*	\$198.84	\$215.62
Room and Board (Non-DMC)	Day Rate	\$25.00	25.00
Case Management ⁺	15-Minute	\$35.75	\$37.81
Recovery Support Services	15-Minute	\$24.40	\$32.45

* Excludes Room and Board

+ Case Management is not a separate billable service for 3.7-WM and 4-WM.



FY 2021-2022 PERINATAL RATE CHANGES (+7.81%)

DMC-ODS Perinatal Rates			
Level of Care/Service	Increment	FY 20-21	FY 21-22
Outpatient 1.0-AR	15-Minute	\$35.24	TBD
Outpatient 1.0	15-Minute	\$35.24	\$40.73
Intensive Outpatient: 2.1	15-Minute	\$38.08	\$43.57
Withdrawal Management WM-1	Clinical Day Rate*	\$230.10	\$235.39
Withdrawal Management WM-2	Clinical Day Rate*	\$270.03	\$276.24
Withdrawal Management WM-3.2	Clinical Day Rate*	\$338.01	\$345.78
Withdrawal Management WM-3.7	Clinical Day Rate*	\$739.23	\$831.85 (draft)
Withdrawal Management WM-4	Clinical Day Rate*	\$785.43	\$879.11 (draft)
Residential 3.1	Clinical Day Rate*	\$188.28	\$204.22
Residential 3.3	Clinical Day Rate*	\$236.31	\$256.31
Residential 3.5	Clinical Day Rate*	\$214.32	\$232.46
Room and Board (Non-DMC)	Day Rate	\$25.00	\$25.00
Case Management ⁺	15-Minute	\$38.54	\$40.76
Recovery Support Services	15-Minute	\$24.40	\$32.45

* Excludes Room and Board

+ Case Management is not a separate billable service for 3.7-WM and 4-WM.



FY 2021-2022 YOUTH RATE CHANGES (+2.14%)

DMC-ODS Youth Rates			
Level of Care/Service	Increment	FY 20-21	FY 21-22
Outpatient 1.0-AR/0.5	15-Minute	\$33.39	TBD
Outpatient 1.0	15-Minute	\$33.39	\$38.59
Intensive Outpatient: 2.1	15-Minute	\$36.08	\$41.28
Withdrawal Management WM-1	Clinical Day Rate*	\$230.10	\$235.39
Withdrawal Management WM-2	Clinical Day Rate*	\$270.03	\$276.24
Withdrawal Management WM-3.2	Clinical Day Rate*	\$338.01	\$345.78
Withdrawal Management WM-3.7	Clinical Day Rate*	\$739.23	\$831.85 (draft)
Withdrawal Management WM-4	Clinical Day Rate*	\$785.43	\$879.11 (draft)
Residential 3.1	Clinical Day Rate*	\$178.42	\$193.49
Residential 3.3	Clinical Day Rate*	\$223.93	\$242.84
Residential 3.5	Clinical Day Rate*	\$203.09	\$220.24
Room and Board (Non-DMC)	Day Rate	\$25.00	\$25.00
Case Management ⁺	15-Minute	\$36.52	\$38.62
Recovery Support Services	15-Minute	\$24.40	\$32.45

* Excludes Room and Board

+ Case Management is not a separate billable service for 3.7-WM and 4-WM.



While DHCS has approved rates with the exception of 3.7-WM and 4-WM, figures are not considered final until issuance of the bulletin.





Settlement Type for FY 21-22:

***Return to the Less of Costs or
Charges not Cost Reimbursement***



COST SETTLEMENT

**Rates Paid
for Services
Delivered**



**Actual
Provider
Costs**



**SAPC
Pays the
Difference**



If fee-for-service claims for patients served are **below** allowable expenditures, SAPC **pays** the difference.

COST RECONCILIATION

**Rates Paid
for Services
Delivered**

**Actual
Provider
Costs**

**Provider
Pays Back
SAPC**



If fee-for-service claims for patients served is **above** allowable expenditures, provider **pays back** SAPC the difference.

COST RECONCILIATION

Rates Paid
for Services
Delivered



Actual
Provider
Costs

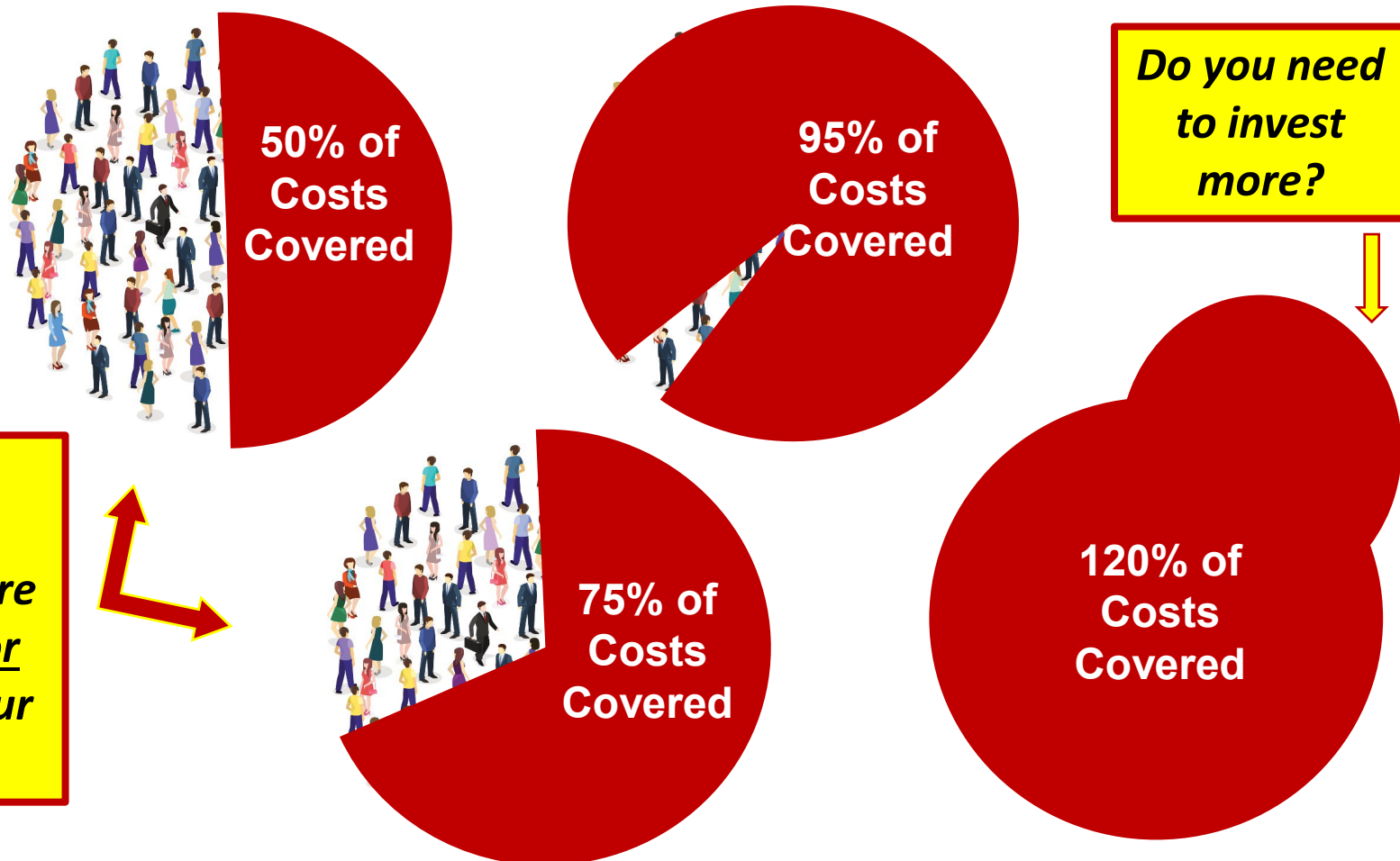


Additional
Payment by
SAPC



If fee-for-service claims for patients served is below allowable expenditures, SAPC does not pay the difference.

Does your agency deliver enough medically necessary services at the appropriate frequency to cover costs?
Which pie chart looks most like your financial situation?





Thank you!

