



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

Arthur J. Robarge, Ph.D., MBA, Acting Director

August 30, 2001

Memorandum

TO: Area MH/DD/SA Directors

FROM: Martha Kaufman, Child & Family Section Chief *Martha Kaufman*
Phillip Hoffman, Chief Budget Officer *Phillip Hoffman*

SUBJECT: Allocation of At-Risk Children's Funding SFY 02

In this session of the General Assembly, a Special Provision to establish the Comprehensive Treatment Services Program for children at risk for institutionalization or other out-of-home placement was introduced as part of the State Budget Bill (SB1005) of the Appropriations Act of 2001. The primary differences between the Senate and House versions of this Special Provision considered by the General Assembly are highlighted below. We understand that the House version has been adopted. Once the Legislature adjourns, we will provide the final version with further guidance. Should any changes be necessary at that time, they will be communicated to you.

SENATE

The Senate version of the provision revises and combines the At-Risk and Residential Treatment provisions from HB1840 with substantive changes. It provides for a comprehensive treatment services program for children at risk for institutionalization or other out-of-home placement. Under section 21.60 (b) (4) d. it includes a provision requiring the State to review individualized service plans no later than May 1, 2002 for all children served to ensure that service plans focus on delivery of appropriate services rather than optimal treatment and habilitation plans.

HOUSE

In the House version of the provision, Section 21.60(b) (4) d. differs in that it requires the State to review individualized service plans for former Willie M. class members and for other children whose individual service plan exceeds \$100,000 annually. It also includes new subsection 21.60 (f) that requires the Department to establish a reserve of 3% to ensure availability of these funds to address specialized needs for children with unique or highly complex problems. The Department of Public Instruction is named as a required partner, joining DHHS, DJJDP, and "other affected" agencies instructed to collaborate and execute Memorandum of Agreement.



OVERVIEW OF SPECIAL PROVISION PURPOSE AND REQUIREMENTS

The purpose of this program is "to provide appropriate and medically necessary residential and nonresidential treatment alternatives for children at risk of institutionalization or other out-of-home placement." This legislation clarifies targeting non-Medicaid eligible children, to this end we have expanded At-Risk Children's service objectives and At-Risk Children's rates to match Medicaid rates in addition to providing residential and nonresidential treatment alternatives for children. Another key addition to the purpose is that "Program funds may also be used to expand a child mental health system-of-care approach statewide".

Guiding Principles

The legislation instructs the Division to adopt the following guiding principles for the provision of services:

- ◆ Service delivery system must be outcome-oriented and evaluation based (same as last year)
- ◆ Services should be delivered as close as possible to the child's home ("Child" instead of "consumer")
- ◆ Services selected should be those that are most efficient in terms of cost and effectiveness
- ◆ Services should not be provided solely for the convenience of the provider or the client (essentially the same)
- ◆ Families and consumers should be involved in decision making throughout treatment planning and delivery (change - specifies "throughout treatment planning and delivery")

Cost Reduction Strategies

The legislation states that Comprehensive Treatment Services Program shall implement cost-reduction strategies, including management through a Utilization Review system specific to the nature and design of the Program. The following strategies are identical to those listed in last years' Section 21.60(b):

- ◆ Pre-authorization of all services except emergency services
- ◆ Levels of care to assist in development of treatment plans
- ◆ Clinically appropriate services

Program Services

The Comprehensive Treatment Services Program specifies the following services, all of which were outlined in last years' bill.

- ◆ Behavioral health screening
- ◆ Appropriate and medically necessary residential and non-residential services for children who are deaf, sexually aggressive, in need of substance abuse services, and children with serious emotional disturbances
- ◆ Multidisciplinary case management services
- ◆ Utilization review
- ◆ Mechanisms to ensure that children are not placed in DSS custody for the purpose of obtaining mental health residential treatment services
- ◆ Mechanisms to maximize state and local funds and expand use of Medicaid funds



Funding and Allocation Issues

1. Name of Funding Category

We will continue to refer to these funds as: "Funds for At-Risk Children".

2. Memorandum of Agreement

A recent memo from DMH/DD/SAS, DSS and DJJDP instructed local parties to sign existing Memorandum of Agreement (MOA), per requirements of the current Special Provisions(s) to release Funds for At-Risk Children. Planning is underway to develop one MOA that includes DPI. Once the new Special Provision is adopted, further instructions will be provided regarding MOA's in order to ensure continued funding.

3. Allocation of Funds and Procedures for Fiscal Year 2001-2002

An Allocation Methodology Task Group was established in February 2001 in collaboration with the NC Council for Community Programs. Based upon the recommendations of this Task Group and those of the State Collaborative for Children and Families, the Division has adopted the following methodology for allocation of Funds for At-Risk Children for SFY 2001-2002:

Weighted Allocation Formula for SFY 2001-02: 55% per capita / 45% EVAC case count

- ◆ Case count to be comprised of the number of children/youth who were formerly classified as Eligible Violent and Assaultive Children (EVAC) as of June 2000 for SFY 2001-02 only, as a final WM/ARC fiscal and program transition toward broadening the children/youth served.
- ◆ Per capita to be determined based upon most current population figures for children/youth under age 18 in the catchment area (as in SFY 2000-01). Current population figures have been updated on the actual 2000 Census.

Fund Reserve

Area Program allocation is placed in only one fund reserve (7000) i.e., funds will no longer be in residential and nonresidential fund reserves. This is intended to provide more flexibility to communities in meeting the individualized needs of eligible children and their families. We will, however, monitor monthly expenditures and 'flag' Area Programs with high residential/out of home earnings. Child and Family Section staff will follow up with the Area Program to assist in reducing any unnecessary out of home placements.

Risk / Wraparound Pool

The following information is in anticipation of final passage of the House version of Special Provision, Section 21.60 (f) that requires the Department to establish a reserve of 3% (\$1,560,065) to ensure availability of these funds to address specialized needs for children with unique or highly complex problems. A sub-group of the State Collaborative will coordinate management of these funds. Any balance anticipated to be unused in this pool would be distributed in the third quarter.



At-Risk Children's funds will be allocated immediately. New budgets with the allocations for each Area Program will be entered into the Willie M. Information System (WMIS) immediately so that Area Programs may begin earning funds through the existing system. As noted above, all funds allocated will be placed in a single fund reserve, rather than the two fund reserves currently in place in the WMIS. This single fund reserve will accommodate the new method of allocation as well as provide the Area Program with more flexibility in managing their funds.

Planned Re-allocations During the Fiscal Year

The allocation of funds provided to each Area Program will be adjusted once during the year in order to account for three phenomena: (1) "Exporting and importing" of costs due to an Area Program's billing for services provided to clients who are the responsibility of another Area Program, (2) Distribution of any unused Risk/Wraparound Pool funds; and, (3) Redistribution of funds in Area Programs who are significantly under-earning their allocation.

- a. **Allocation Adjustments for "Exporting / Importing":** WMIS reimburses the Area Program that provides a service to a client whether or not that client is a resident of that particular Area Program. This mechanism was established in 1996 to avoid Area Programs needing to pay each other for services provided to clients across Area lines. This procedure did not occur in FY 2000-2001, however we plan to re-implement this procedure on a once a year basis for FY 2001-2002. In January, we will calculate the net shift of costs from/to each Area Program and adjust the allocation by the exact dollar amount. We will also make adjustments to annualize the amounts expected to be shifted for the remainder of the fiscal year. This will be done on a straight-line projection from data available at that time.
 - b. **Allocation Adjustments for Risk / Wraparound Pool Distribution:** The final routine adjustment to be made will be contingent on the experience of the risk/wraparound pool described above. If it appears that the risk/wraparound pool will not be fully utilized during the year, we will allocate the expected difference based on Area Program earnings and short fall.
 - c. **Allocation Adjustments for 'Under-earning':** The Special Provision requires a broadening of children and families served (from the previous number of Willie M. class members). Area Programs who are significantly under-earning their allocations may be de-allocated funds in order to ensure service delivery elsewhere in the State and to ensure that utilization is maximized to meet the service needs of the ARC group.
4. **Revenue Adjustment**
There will be no revenue adjustment since Medicaid eligible services for Medicaid eligible individuals are to be billed to Medicaid only.
 5. **Non-UCR**
The Area Program allocation is placed in only one fund reserve (7000) and is divided between UCR and Non-UCR categories. The Non-UCR categories are 1) System of Care (SOC) - to ensure effective management, integration, and coordination activities required for cross-agency service planning and delivery, and 2) Family Participation (FP)- to ensure family involvement, e.g., participation in Community Collaboratives, training regarding shifts in practice necessary to increase family involvement.



Non-UCR amounts are calculated as a percentage of the Area Program total At-Risk Children's allocation, SOC at 5% and FP at 2%. Non-UCR funds are paid only on an expenditure basis. Area Programs must submit documentation of expenditures to receive funds. Funds placed in the Non-UCR category for SOC and/or FP must be used for their intended purpose and will not be re-allocated to UCR except under extraordinary circumstances with prior approval by the Child and Family Services Section. Further guidance will be provided regarding Non-UCR allowable expenses and reporting requirements in the next 30 days.

6. Rates

Several changes have been made to expand the menu of non-Medicaid service options, promote diversions from institutions, and bring rates up to better reflect costs. Only under critical circumstances will rate waivers be considered this year. At-Risk Children's rates have been changed to match Medicaid Rates. The respite rate has been increased. Therapeutic leave and Assertive Community Treatment Teams (ACTT) have been added to the At-Risk Children's service objectives. See attached rate schedule (Attachment II).

For periodic services, facility based crisis respite and ACTT, rates take into account the following:

- a. Two percent (2%) adjustment in rates which was implemented in SFY 01. The method of computation sets the 2% aside for retention by Area Programs for oversight related to direct billing providers since this is not recouped elsewhere.
- b. After the 2% adjustment, the remaining amount was divided by 1.15 to arrive at the remaining service rate and the 15% maximum administrative overhead allowed by the General Assembly for SFY 02. Assuming adoption by the General Assembly, the maximum administrative overhead will drop to thirteen percent (13%) in SFY 03.
- c. The two amounts in items a. and b. above are the maximum amounts which may be retained by Area Programs – 2% for the direct billing management and the 15% for administrative overhead.

HRI Residential Level II – IV and Therapeutic Leave Level II-IV have been increased (per 3/14/01 Jim Edgerton memo) to account for cost and fifteen percent of the old service rates (rates in effect October 1, 2000) to account for area program administrative responsibilities. Area Programs should pay contract providers at the amount reflected in column 7 on page 2 of Attachment II. All room and board rates are billed to the area program per contract agreement. These rates have been increased to provide the Area Program with 15% for administrative overhead.

7. Tracking of Clients / Expenditures

Former Willie M. clients have status codes between 300 - 339 or 500. New clients will be between 340 - 399.

8. **Pre-authorization of Services / Treatment Planning / Levels of Care**
Pre-authorization of services continues to be the responsibility of the Area Program through the Child and Family Team process, and pre-authorization will be required for payment by any third party that requires such. Level of care criteria will continue to be used in development of treatment plans, to drive clinically appropriate treatment in the least restrictive environment, and providing services that are cost effective and outcome based.
9. **Assessment Outcomes Instrument (AOI)**
Legislation and best practice continue to require that services be outcome-oriented and evaluation-based. In the past year we have adapted the AOI to meet the needs of the At-Risk Children's funding requirements, and will continue to use this instrument.
10. **State Level Review of Service Provision**
Legislative language indicates plans for certain children must be reviewed. Further guidance will be provided on this requirement once the final Special Provision language has been finalized.
11. **Appeals, Grievances and Contested Case Hearings**
Appeals may be handled by the Appeals and Grievances process of the Area Program or for Medicaid eligible clients through the Division of Medical Assistance.

A total of \$50,442,095 will be allocated to allow for continued services and support to children who meet the definition of "at risk for institutionalization and other out-of-home placements." A distribution of available funds is attached (Attachment I).

Attachments:

- I. Allocation of At-Risk Children's Funds SFY 2001-2002
- II. At-Risk Children's Services Statewide UCR Rate Schedule SFY 02 (Page 1-2)
- III. Type of Service List for SFY 01-02 – July 1, 2001

cc: Executive Staff Elizabeth Brown Bob Duke
State Collaborative Wanda Mitchell Jay Dixon
Child and Family Coordinators Regional Accountants
Area Program Finance Officers SOC/At Risk Coordinators
Child and Family Services Staff NC Council of Community Programs



ATTACHMENT I

ALLOCATION OF AT-RISK CHILDREN'S FUNDS SFY 2001-2002

AP Cod	A	B	C	D	E	F	G	H	I	J
	EVAC Client Count June 2000	Percent of EVAC State Total	Allocation of 45% EVAC Portion	< 18 Population Totals	Percent of <18 Population State Total	Allocation of 65% Population Portion	Total ARC Allocation (Col. C + F)	7% Allocation Total for SOC Non-UCR	2% Allocation Total for Family Investment Non-UCR	UCR Allocation Total (Col. G + H + I)
101	SMOKY MOUNTAIN	61	3.65%	813,648	35,115	1.82%	1,308,722	85,438	29,174	1,217,111
102	BLUE RIDGE	70	4.19%	933,695	56,398	2.92%	1,728,529	86,441	34,577	1,607,811
103	NEW RIVER	23	1.38%	306,786	32,068	1.66%	758,054	37,903	15,161	704,990
104	TREND	39	2.33%	520,202	24,524	1.27%	865,956	43,298	17,319	805,339
105	FOOTHILLS	73	4.37%	973,711	57,373	2.97%	1,782,581	88,130	34,652	1,657,810
106	RUTHERFORD-POLK	33	1.97%	440,171	18,649	0.97%	703,096	35,155	14,062	653,879
108	PATHWAYS (G-L-C)	95	5.69%	1,267,158	86,967	4.50%	2,483,273	124,864	49,865	2,318,744
109	CATAWBA	32	1.92%	426,632	34,392	1.78%	494,880	911,712	18,234	847,892
110	WECKLENBURG	69	4.13%	920,357	174,249	9.02%	3,377,027	168,851	67,541	3,140,635
112	PIEDMONT	118	7.06%	1,573,944	115,232	5.96%	3,190,556	159,938	63,971	2,974,657
201	CROSSROADS	52	3.11%	693,602	56,810	2.94%	800,943	74,727	29,891	1,389,627
202	CENTERPOINT	74	4.43%	987,049	92,627	4.79%	2,282,962	114,848	45,659	2,132,455
203	ROCKINGHAM	34	2.03%	453,509	21,475	1.11%	302,788	37,814	15,126	703,338
204	GUILFORD	65	3.89%	867,003	99,839	5.17%	1,407,592	113,730	45,482	2,115,773
206	ALAMANCE-CASWELL	26	1.56%	346,901	36,606	1.89%	516,064	43,145	17,258	602,493
208	ORANGE-PERSON-CHATHAM	48	2.87%	640,248	43,618	2.26%	614,964	62,760	25,104	1,167,338
207	DURHAM	50	2.95%	666,925	51,209	2.65%	721,976	1,388,902	27,778	1,391,678
208	VGFV	70	4.19%	933,695	39,871	1.06%	1,485,822	74,791	29,916	1,381,114
302	DAVIDSON	34	2.03%	453,509	35,778	1.85%	504,420	47,896	19,158	890,875
303	SANDHILLS	54	3.23%	720,279	51,627	2.67%	727,869	72,467	23,963	1,345,773
304	SOUTHEASTERN REGIONAL	69	4.13%	920,357	67,959	3.52%	1,878,485	93,924	37,570	1,745,961
305	CUMBERLAND	61	3.65%	813,649	84,602	4.38%	1,192,771	2,006,430	40,128	1,865,971
306	LEE-HARNETT	35	2.09%	466,848	37,125	1.92%	523,411	990,259	49,573	920,341
307	JOHNSTON (LFS) *	0	0.00%	0	0	0.00%	0	813,774	18,235	847,950
308	WAKE	83	4.97%	1,107,096	157,587	8.16%	2,221,900	3,328,996	166,450	55,580
310	RANDOLPH	24	1.44%	320,124	32,603	1.69%	458,657	778,781	36,989	15,966
401	SOUTHEASTERN CENTER	61	3.65%	813,649	58,628	3.03%	826,574	1,640,223	82,011	1,525,407
402	ONSLOW	19	1.14%	253,432	39,338	2.04%	554,611	808,043	40,402	751,480
403	WAYNE	36	2.15%	480,186	29,642	1.53%	417,911	898,098	44,905	17,982
404	WILSON-GREENE	23	1.38%	306,786	23,659	1.22%	333,559	840,345	32,017	595,521
405	EDGEcombe-NASH	23	1.38%	306,786	37,271	1.93%	525,470	832,255	41,613	18,645
406	RIVERSTONE-HALIFAX	7	0.42%	93,370	15,005	0.78%	211,550	900,002	45,000	18,000
407	NEUSE	25	1.50%	333,463	40,184	2.06%	566,539	304,919	16,246	837,001
409	PIIT	28	1.68%	373,478	31,554	1.63%	444,668	818,346	40,917	16,387
410	ROANOKE-CHOWAN	7	0.42%	93,370	19,057	0.96%	268,677	362,047	18,102	7,241
411	TIDELAND	14	0.84%	186,739	22,748	1.16%	320,715	507,454	25,373	10,149
412	ALBEMARLE	13	0.76%	173,401	27,472	1.42%	387,317	580,718	28,036	11,214
413	DUPLIN-SAMPSON and LENIOR	23	1.38%	306,786	43,412	2.25%	612,049	918,835	45,942	18,377
	STATEWIDE	1671	1	22,288,644	1,932,223	100.00%	27,241,877	50,442,935	2,522,105	1,008,842
										46,911,148
										22,288,644
										27,241,877
										50,442,935

45% = 22,288,644
55% = 27,241,877
50,442,935

- NOTES:
1. Column A: Number of EVAC Clients as of June 25, 2000.
 2. Column B: Percent of EVAC State Total
 3. Column C: From Office of State Budget and Management - April 2000 Census figures.
 4. Column D: Sum of Column C and Column F.
 5. Column E: These figures are to be entered into At-Risk Children's budget for each Area Program.

ATTACHMENT II

AT-RISK CHILDREN'S SERVICES STATEWIDE UCR RATE SCHEDULE SFY 02

1	2	3	4	5	6	7	8	9	10
Medicaid Y-Code	ARC Service Objective	Periodic Service Types Hourly Rates	Y-Code Medicaid Rate (c.)	ARC Rate (b.)	Rate After 2%	2% Service Management Fee	Provider Rate After 2% and 15%	Area Program Administration at 15%	Area Program Total (Col. 7 + Col. 9)
Y2307	100	Case Management	80.00	80.00	88.24	1.76	76.73	11.51	13.27
Y2305 (a.)	101	Case Management Support	45.70	45.70	49.74	4.04	39.74	5.96	5.96
Y2305 (a.)	110	Outpatient Treatment - Individual	108.32	108.32	116.68	8.36	92.35	13.85	15.97
Y2306 (a.)	111	Outpatient Treatment - Support	59.72	59.72	64.41	4.69	51.93	7.79	7.79
Y2306 (a.)	118	Outpatient Treatment - Group	38.12	38.12	40.71	2.59	30.79	4.62	5.23
Y2308	114	HRI - P Individual	51.76	51.76	50.75	1.01	44.13	6.62	7.63
Y2308	115	HRI - P Support	25.66	25.66	22.31	3.35	22.31	3.35	3.35
Y2309	117	HRI - P Group	16.92	16.92	16.59	0.33	14.42	2.16	2.50
Y2316	120	CBI Paraprofessional - Individual	25.72	25.72	25.22	0.50	21.93	3.29	3.79
Y2317	119	CBI Paraprofessional - Group	8.60	8.60	8.43	0.17	7.33	1.10	1.27
Y2317	121	CBI Paraprofessional - Support	25.48	25.48	24.31	1.17	22.16	3.32	3.32
Y2317	125	Respite	8.95	8.95	8.51	0.44	8.65	1.30	1.30
Y2311	330	Day Treatment / Intensive PH - Child	20.92	20.92	20.51	0.41	17.83	2.68	3.09
Y2311	340	Vocational Education	7.68	7.68	7.38	0.30	6.88	1.00	1.00
Y2311	350	Vocational Placement	17.50	17.50	16.92	0.58	15.22	2.28	2.28
Y2311	360	Before / After School	14.31	14.31	13.81	0.50	12.44	1.87	1.87
Y2311	370	Specialized Summer Program	14.31	14.31	13.81	0.50	12.44	1.87	1.87

1	2	3	4	5	6	7	8	9	10
Medicaid Y-Code	ARC Service Objective	Periodic Service Types Daily Rates	Y-Code Medicaid Rate (c.)	ARC Rate (b.)	Rate After 2%	2% Service Management Fee	Provider Rate After 2% and 15%	Area Program Administration at 15%	Area Program Total (Col. 7 + Col. 9)
Y2315	253	Facility Based Crisis Services	306.05	306.05	300.05	6.00	260.91	39.14	45.14

1	2	3	4	5	6	7	8	9	10
Medicaid Y-Code	ARC Service Objective	Periodic Service Types Monthly Rates	Y-Code Medicaid Rate (c.)	ARC Rate (b.)	Rate After 2%	2% Service Management Fee	Provider Rate After 2% and 15%	Area Program Administration at 15%	Area Program Total (Col. 7 + Col. 9)
Y2314	299	Assortive Community Treatment Team	827.55	827.55	811.33	16.22	765.50	105.83	122.85

(a.) Area Programs should bill CPT Codes when appropriate for Y2305 and Y2306 activities.

(b.) Effective July 1, 2001, ARC rates have been increased/decreased to match the Medicaid rate for any service that is provided by both programs.

(c.) Medicaid rates taken from the June 6, 2001 memo from Allen Gambill of DMA regarding "Rate Changes for Medicaid Mental Health Services effective July 1, 2001".

ATTACHMENT II

AT-RISK CHILDREN'S SERVICES STATEWIDE UCR RATE SCHEDULE SFY 02

1	2	3	4	5	6	7	8
Medicaid Y-Code	Medicaid Revenue Code	ARC Service Objective	Residential & Other Service Types Daily Rates	Medicaid Y-Code Rate (c.)	ARC Rate (a.)	Provider Rate After Area Program Administration (b.)	Area Program Administration
		213	Community Respite		239.01	207.83	31.18
Y2362		217	HRI Residential Level II - Therapeutic Foster Care	113.40	113.40	98.61	14.79
Y2363		220	HRI Residential Level II - Group Home	151.79	151.79	137.00	14.79
Y2348		226	HRI Residential Level III - (1-4 Beds)	257.36	257.36	234.00	23.36
Y2349		227	HRI Residential Level III - (5 + Beds)	210.36	210.36	187.00	23.36
Y2360		228	HRI Residential Level IV - (1-4 Beds)	270.80	270.80	242.77	28.03
Y2361		229	HRI Residential Level IV - (5 + Beds)	270.80	270.80	242.77	28.03
No Y-Code	911	230	Psychiatric Residential Treatment Facility - PRTF	Medicaid Rate	Medicaid Rate	Medicaid Rate	Medicaid Rate
		232	Room & Board Level III - (1-4 Beds)		49.45	43.00	6.45
		233	Room & Board Level III - (5 + Beds)		37.95	33.00	4.95
		234	Room & Board Level II - (Age 5 or <)		11.91	10.36	1.55
		235	Room & Board Level II - (Age 6-12)		13.80	12.00	1.80
		236	Room & Board Level II - (Age 13 or >)		15.69	13.64	2.05
		237	Room & Board Level IV - (1-4 Beds)		49.45	43.00	6.45
		238	Room & Board Level IV - (5 + Beds)		48.00	40.00	6.00
		241	Widerness Camp				
		244	Recreational Camp Overnight				
		250	Psychiatric Hospitalization	Medicaid Rate	Medicaid Rate	Medicaid Rate	Medicaid Rate
Y2362	183	254	Therapeutic Leave Level II - Therapeutic Foster Care	113.40	113.40	98.61	14.79
Y2363	183	255	Therapeutic Leave Level II - Group Home	151.79	151.79	137.00	14.79
Y2348	183	256	Therapeutic Leave Level III - (1-4 Beds)	257.36	257.36	234.00	23.36
Y2349	183	257	Therapeutic Leave Level III - (5 + Beds)	210.36	210.36	187.00	23.36
Y2360	183	258	Therapeutic Leave Level IV - (1-4 Beds)	270.80	270.80	242.77	28.03
Y2361	183	259	Therapeutic Leave Level IV - (5 + Beds)	270.80	270.80	242.77	28.03
		263	Therapeutic Leave Room & Board Level III - (1-4 Beds)		49.45	43.00	6.45
		264	Therapeutic Leave Room & Board Level III - (5 + Beds)		37.95	33.00	4.95
		265	Therapeutic Leave Room & Board Level II - (Age 5 or <)		11.91	10.36	1.55
		266	Therapeutic Leave Room & Board Level II - (Age 6-12)		13.80	12.00	1.80
		267	Therapeutic Leave Room & Board Level II - (Age 13 or >)		15.69	13.64	2.05
		268	Therapeutic Leave Room & Board Level IV - (1-4 Beds)		49.45	43.00	6.45
		269	Therapeutic Leave Room & Board Level IV - (5 + Beds)		48.00	40.00	6.00
					Submit Rate Request	Submit Rate Request	Overhead amount to be determined
					Submit Rate Request	Submit Rate Request	
					Submit Rate Request	Submit Rate Request	

(a.) Effective July 1, 2001, ARC rates have been increased/decreased to match the Medicaid rate for any service that is provided by both programs.
 (b.) Medicaid and Provider rates taken from the June 6, 2001 memo from Allen Gambill of DMA regarding "Rate Changes for Medicaid Mental Health Services effective July 1, 2001".
 (c.) Room and Board rates taken from the February 7 and March 14, 2001 memos from Jim Edgerton of DHHS.

ATTACHMENT III

TYPE OF SERVICE LIST FOR SFY 01 - 02 JULY 1, 2001

TYPE OF SERV CD	TYPE OF SERVICE DESCRIPTION	UNIT TYPE CD
100	CASE MANAGEMENT	3
101	CASE MANAGEMENT SUPPORT	3
110	OUTPATIENT CLINICAL SERVICES	3
111	OUTPATIENT CLINICAL SERV. SUP.	3
114	HRI PERIODIC	3
115	HRI PERIODIC SUPPORT	3
116	OUTPATIENT CLINICAL GROUP	3
117	HRI PERIODIC GROUP	3
119	CBI-PARAPROFESSIONAL-GROUP	3
120	CBI-PARAPROFESSIONAL-INDIVIDUAL	3
121	CBI-PARAPROFESSIONAL-SUPPORT	3
125	HOURLY RESPITE	3
213	COMMUNITY RESPITE	1
217	HRI RESID LEVEL II - THERAPEUTIC FOSTER	1
220	HRI RESIDENT LEVEL II - GROUP HOMES	1
226	HRI RESIDENT LEVEL III - 1-4 BEDS	1
227	HRI RESIDENT LEVEL III - 5+ BEDS	1
228	HRI RESIDENT LEVEL IV - 1-4 BEDS	1
229	HRI RESIDENT LEVEL IV - 5+ BEDS	1
230	PSYCH RESID TREATMENT FACILITY	1
232	ROOM & BD LEV III 1-4 BEDS	1
233	ROOM & BD-LEVEL III 5+BEDS	1
234	ROOM & BD LEV II AGE 5 OR LESS	1
235	ROOM & BD LEV II AGES 6-12	1
236	ROOM & BD LEV II-AGE 13 AND UP	1
237	ROOM & BD LEV 1V 1-4 BEDS	1
238	ROOM & BD LEV IV 5+ BEDS	1
241	WILDERNESS CAMP	1
244	RECREATIONAL CAMP OVERNIGHT	1
250	PSYCHIATRIC HOSPITALIZATION	1
252	MEDICAL HOSPITALIZATION	1
253	FACILITY BASED CRISIS SERVICE	1
254	THERAP LEAVE LEVEL II - THERAP FOSTER	1
255	THERAP LEAVE LEVEL II - GROUP HOMES	1
256	THERAP LEAVE LEVEL III- 1-4 BEDS	1
257	THERAP LEAVE LEVEL III - 5+ BEDS	1
258	THERAP LEAVE LEVEL IV - 1-4 BEDS	1
259	THERAP LEAVE LEVEL IV - 5+ BEDS	1
263	THERAP LEAVE R&B LEVEL III - 1-4 BEDS	1
264	THERAP LEAVE R&B LEVEL III - 5+ BEDS	1
265	THERAP LEAVE R&B LEVEL II - AGE 5 OR LESS	1
266	THERAP LEAVE R&B LEVEL II - AGE 6-12	1
267	THERAP LEAVE R&B LEVEL II - AGE 13+	1
268	THERAP LEAVE R&B LEVEL IV - 1-4 BEDS	1
269	THERAP LEAVE R&B LEVEL IV - 5+ BEDS	1
299	ASSERTIVE COMM TREATMENT TEAM	4
330	DAY TREATMENT/EDUCATION	2
340	VOCATIONAL EDUCATION	2
350	VOCATIONAL PLACEMENT	2
360	BEFORE/AFTER SCHOOL PROGRAM	2
370	SPECIALIZED SUMMER PROGRAM	2

UNIT TYPE CODE
 1 = DAY UNIT
 2 = CLIENT UNIT
 3 = STAFF UNIT
 4 = MONTH UNIT