

BH RESIDENTIAL TX OPTIONS
Quick Reference Guide 4.9.12

	Psychiatric Residential Treatment Facility (PRTF) <21	Therapeutic Group Home (TGH) <21	RESIDENTIAL REHAB <21	RESIDENTIAL REHAB 21+ year old	Basic Non-Medical Group Homes to 18 unless in school or will finish in 6mos
Licensure	DHH	DHH	DHH	DHH	DCFS
ASAM	3.7: Medically Monitored Intensive Residential Tx-Adoles. 3.7d: Medically Monitored Residential Detox-Adolescent	3.1: Clinically Managed Low Intensity Residential Tx-Adolescent 3.2d: -Clinically Managed Residential - Adolescent	3.1: Clinically Managed Low Intensity Residential-Adolescent.; 3.5: Clinically Managed High Intensity Residential Tx-Adolescent; 3.2d: Clinically Managed Residential Social Detox-Adolescent	3.1: Clinically Managed Low Intensity Residential Tx-Adults 3.2: Clinically Managed Residential Social Detox-Adults 3.3: Clinically Managed Medium Intensity Residential Tx-Adult 3.5: Clinically Managed High Intensity Residential Tx-Adult 3.7: Medically Monitored Intensive Residential Tx- Adult 3.7d: Medically Monitored Residential Detox-Adults	Doesn't apply
# Beds	Can be 17 or more beds	8 or less beds	Up to 16 beds	No restrictions on bed # "in Lieu of" service provision	no bed restrictions
Accreditation • CARF • COA • TJC	Required by CMS: Accreditation is required before payment rec'd	Required by RS: 40:2009 Allowed 18 mos. (of actively working toward) obtaining it.	Required by RS: 40:2009 Allowed 12 mos. to obtain beginning 5/1/12; 3 month extension possible	Required by RS 40:2009 Allowed 12 mos. to obtain beginning 5/1/12; 3 month extension possible	None required by licensure
Medical/Non-medical	Psychiatrist directed	Psychiatrist (or psychologist) directed	Physician supported	Physician supported	Non-Medical
\$ for therapy – activities must be on active treatment plan	Per diem rate for Tx, and room/board paid by Medicaid. Licensed and unlicensed staff covered in per diem treatment.*	Per diem rate for treatment by unlicensed staff. Fee for service for licensed staff. (\$127.81)	Per diem rate for treatment by licensed unlicensed staff 3.1: \$60.15 3.5: \$212.47 3.2d: \$44.06	Per diem rate for treatment by licensed & unlicensed staff. 3.1: \$15.30 3.2d: \$15.15 3.3: \$28.50 3.5: \$70.38 3.7: \$137.74 3.7d: \$106.50	None. No per diem rate for treatment.
\$ for room & board		Room & board paid for through SGF (\$74.99)	Room & board paid for through SGF	Room & board paid for through SGF 3.1: \$14.70	Room & Board paid using non-Medicaid funds: OJJ,

			3.1:\$72.93 3.5: \$85.91 3.2d: \$44.06	3.2d: \$17.85 3.3: \$21.50 3.5: \$31.62 3.7: \$56.26 3.7d: \$43.50	DCFS, OBH or family reimburse SMO
\$ for practitioners – activities <u>must</u> be on active treatment plan	(*except for Doctors and pharmacists who can bill separately for services they provide that are on the active treatment plan)	Licensed practitioners enrolled with the SMO are not in the per diem rate and services are billed separately to Medicaid	LMHP services included in the per diem treatment rate as indicated in the Service Manual	LMHP services included in the per diem treatment rate as indicated in the Service Manual	SMO will reimburse for services of licensed independent practitioners who are not employees of the home & who are enrolled with the SMO for BH treatment
Tx	Provided on site by staff	Practitioners provide Tx in the group home or in community	Treatment provided onsite	Treatment provided onsite	Treatment is not provided by the home
School not covered by Medicaid	Provided On Site by Local Education Authority (LEA)	In local public system	Provided On Site by Local Education Authority (LEA)	Not applicable	In local public system
Staffing/type		Professional staff usually not internal employees			Therapeutic staff are not internal employees of the group home
Staffing levels	Provider must meet the staffing levels described in the Service Manual	Provider must meet the staffing levels described in the Service Manual	Provider must meet the staffing levels described in the Service Manual for the level of care they are providing	Provider must meet the staffing levels described in the Service Manual for the level of care they are providing	
Total Rates	3.7=\$335.49	TGH rate \$202.80	3.1=\$133.08 3.5=\$298.38 3.2d=\$88.12	3.1: \$30.00 3.2d: \$35.00 3.3: \$50.00 3.5: \$102.00 3.7: \$194.00 3.7d: \$150	\$125.63 per diem R&B
Misc.	SMI, severe EBD, Co-occurring	Must be a home-like setting	Substance Use Disorders Only	Substance Use Disorders & Co-occurring	

POLICY AND PROCEDURE STATEMENT (Medicaid Applications)

1. Definitions

“Office of Behavioral Health (OBH) Network” – the OBH Network refers to all publically operated (Regional and Local Governing Entity) treatment facilities and/or identified contractual treatment providers of these publically operated facilities.

“Non-Medicaid Recipient” – any person deemed eligible for receipt of discounted behavioral health services within the OBH Network. Eligibility requirements include meeting predetermined clinical and financial eligibility set by the Office of Behavioral Health.

“Incapacitated” – any person who is acutely suicidal, homicidal or gravely disabled.

“Gravely Disabled” – any person who is experiencing psychotic symptoms, or is cognitively impaired, or is experiencing acute withdrawal, or is experiencing a medical emergency or is medically unstable.

“Acutely suicidal” – any person assessed to be at high risk of suicide & requires intervention to become stable.

“Acutely homicidal” - any person assessed to be at high risk of homicide or violence and who requires intervention to become stable.

2. Statement of Purpose, Scope and Applicability

2.1 The Louisiana Office of Behavioral Health (OBH) is committed to providing efficient, effective and fiscally sound behavioral health services to consumers. In order to receive behavioral health reimbursements for clients from the State Management Organization (SMO) or another payor source (i.e., State General Funds [SGF] or grants), all individuals seeking behavioral health services must go through the Medicaid application process or have a record of denial within the last twelve months. This is necessary to assure that funding is appropriately leveraged through the use of Medicaid whenever possible.

2.2 The following information details the requirements of OBH programs/agencies/facilities, and providers thereof, for meeting the requirements of Medicaid application process.

3. Policy

3.1 It is the policy of the Louisiana Office of Behavioral Health (OBH) that all individuals seeking OBH Network Services complete the Medicaid application process if they are not a current Medicaid recipient or have not been denied for Medicaid in the last 12 months. All providers are responsible for informing, encouraging, assisting clients with this process and maintaining the required documentation. If clients refuse to complete the medication application, then

they will not be eligible to receive discounted behavioral health services from providers in the LA Behavioral Health Partnership (LBHP).

- 3.2 If the individual is incapacitated and unable to complete the application, OBH will pay for services until the individual is able to complete an application.
- 3.3 Plans for assisting the patient with completion of a Medicaid application should begin at the point of determination of incapacitation. Discharge planning should reflect such plans and changes/barriers to execution of the plan should be documented by the assigned staff person. Documentation of successful completion of the process is also required. Once the individual is deemed stable, the agency currently providing care is responsible for informing, encouraging, assisting clients with the process of completing a Medicaid application within 72 hours.

4. Procedure

- 4.1 Signs will be posted prominently in the facility informing clients of the requirement to complete a Medicaid application. Prior to the enrollment visit, providers are to notify clients of information they need to have with them to complete a Medicaid application.
- 4.3 New clients seeking behavioral health services without current Medicaid application (or a denial received within the last twelve months) are to complete a Medicaid application. The date Medicaid receives the application in their office is date of submission and the first day of eligibility for Medicaid. It is recommended that an application be completed in one of two ways:
 - a. Client can utilize the online Medicaid application process:
<https://bhswfweb.dhh.louisiana.gov/OnlineServices/>
 1. An application number is given at the beginning of the process. Client must keep this number and save the application to be completed later if they do not have all the necessary information on hand to complete at that time. This is not a confirmation that the application was submitted. A confirmation number is given once the application is submitted electronically. The number will be proof that an application was submitted. The provider will need that confirmation number to prove the application was submitted on that date.
 - b. Client can complete and submit a paper copy of the Medicaid application. Providers are to keep a paper copy with transmission documentation in the client's chart as proof that an application has been submitted.
 1. A pdf scan of the document can be emailed to: celeste.gauthier@la.gov or jessica.brown3@la.gov. Proof of date of submission is the date document scanned.

2. Hard copies can be faxed to 318-253-4060. The submission date is the date of the fax. Proof of date of submission is the fax notification of transfer.

4.4 OBH Regions and LGEs are responsible for ensuring that all existing OBH clients currently without Medicaid will have submitted a Medicaid application by June 30, 2012.

DRAFT

Psychiatric Residential Treatment Facility (PRTF)

Brief Description - PRTF

Psychiatric Residential Treatment Facilities (PRTF) provides services to children and adolescents under the age of 21. PRTF's are required to ensure that all medical, psychological, social, behavioral and developmental aspects of the recipient's situation are assessed and those treatments for those needs are reflected in the plan of care (POC). In addition, the PRTF must ensure that the resident receives all treatment needed for those identified needs. In addition to services provided by and in the facility, when they can be reasonably anticipated on the active treatment plan, the PRTF must ensure that the resident receives all treatment identified on the active treatment plan and any other medically necessary care required for all medical, psychological, social, behavioral and developmental aspects of the recipient's situation.

Examples of PRTF

Programs that may be considered a PRTF would include:

- ASAM Level III.7: Medically Monitored Intensive Residential Treatment Facilities for Adolescents; or
- ASAM Level III.7d: Medically Monitored Residential Detoxification Programs for Adolescents

Please note that only facilities providing ASAM Level III.7 will be permitted to become PRTFs, as ASAM Level III.7d does not currently exist in the behavioral health services continuum.

Client Capacity

A PRTF program has the capacity of 17 or more beds for children/youth. Per the LBHP Services Manual, adolescent facilities with greater than 16 beds must be a psychiatric residential treatment facility (PRTF) providing an inpatient level of care.

Licensure

The Department of Health & Hospitals (DHH) – Bureau of Health Standards licenses PRTF facilities. Any agency interested in pursuing the PRTF license may contact DHH-Bureau of Health Standards with the information below:

- DHH Bureau of Health Standards <http://new.dhh.louisiana.gov/index.cfm/page/248/n/24>

Accreditation Requirements

The PRTF must be physician directed and accredited by one of the following entities is required before Medicaid will reimburse for services:

- **Accreditation Bodies:**
 - Counsel On Accreditation (COA) <http://coanet.org/>
 - Counsel On Accreditation for Rehabilitation Facilities (CARF) <http://www.carf.org/home/>
 - Joint Commission <http://www.jointcommission.org/>

Staffing Requirements

PRTF programs are directed by a physician and include facility treatment teams. The facility treatment team develops and reviews the individual plan of care (POC) for each patient. The individual POC must be developed by an interdisciplinary team of physicians and other personnel who are employed by, or provide services to, patients in the facility.

Per the LBHP Service Manual, the team must include one of the following:

- A board-eligible or board-certified psychiatrist.
- A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy.
- A physician licensed to practice medicine or osteopathy, with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association. (Note: In Louisiana, the law does not permit anyone who does not hold a doctoral degree and is licensed by the State Board of Examiners of Psychologists (LSBEP) to be called a 'psychologist' or to provide services without supervision by a licensed psychologist. Neither the State nor the State psychological association can 'certify' a non-licensed individual to function as a psychologist).

The team must also include one of the following:

- A psychiatric social worker.
- A RN with specialized training or one year's experience in treating mentally ill individuals.
- An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.
- A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association. (Note: In Louisiana, the law does not permit anyone who does not hold a doctoral degree and is licensed by the State Board of Examiners of Psychologists (LSBEP) to be called a 'psychologist' or to provide services without supervision by a licensed psychologist. Neither the State nor the State psychological association can 'certify' a non-licensed individual to function as a psychologist).

Psychiatric Residential Treatment Facility Reimbursement

In order for services to be eligible for reimbursement, the services/activities must be included on the patient's active plan of care.

A. Covered inpatient PRTF activities for individuals under twenty-one years of age shall be reimbursed by Medicaid.

1. Free-standing PRTF services will be reimbursed using an interim Medicaid per diem reimbursement rate, which includes the following activities when provided by and in the PRTF when included on the patient's inpatient psychiatric active treatment plan of care:

- a. Occupational therapy/Physical therapy/Speech therapy
- b. Laboratory
- c. Transportation

2. For hospital-based Medicaid PRTF, the per diem rate will also include the following activities provided by and in the PRTF when included in the inpatient psychiatric active treatment plan of care:

- a. Dental
- b. Vision
- c. Diagnostics/radiology (x-ray)

B. Pharmaceuticals and physician activities provided to the youth in a PRTF, when provided by and in the PRTF and on the active treatment plan of care, are components of the Medicaid covered PRTF service. These activities will be paid directly to the treating pharmacy or physician, using Medicaid pharmacy and physician fee schedule rates excluded from the PRTF State of Louisiana interim Medicaid per diem reimbursement rates.

1. The interim Medicaid PRTF per diem reimbursement rates shall exclude such costs other than pharmaceutical and physician activities on the inpatient psychiatric active treatment plan unrelated to providing inpatient psychiatric care for individuals less than twenty-one years of age including, but not limited to, the following:

- a. Group education, including elementary and secondary education
- b. Medical services provided outside the PRTF
- c. Activities not on the inpatient psychiatric active treatment plan

Types of Staff Covered Under Reimbursement

Services performed by both licensed and unlicensed staff are included in the per diem rate for treatment.

Services that are Billable Separately:

Physicians and pharmacists may bill separately for services provided that are on the patient's active plan of care.

The Medicaid PRTF per diem reimbursement rates also excludes such costs as indicated below:

- a. Group education, including elementary and secondary education
- b. Medical services provided outside the PRTF
- c. Activities not on the inpatient psychiatric active treatment plan

Location of Treatment Services (i.e. on-site, off-site, etc.)

Treatment services for PRTF programs are provided on-site.

Provision of School/Education Services

School must be provided on-site by the Local Education Authority (LEA).

Reimbursement Rate:

The current reimbursement for PRTF programs is \$335.49 for ASAM Level III.7 facilities.

Additional Information:

For additional details regarding PRTF programs, please review this section in the LBHP Services Manual:

- *Section 5.2: Psychiatric Residential Treatment Facility (page 89 of the LBHP Services Manual)*

Residential Rehabilitation Services for Children/Youth

Brief Description – Residential Rehabilitation Services

All mental health and substance abuse inpatient services (with a primary BH diagnosis) and outpatient services (with a primary BH diagnosis) are included in LBHP. For all care for children under age 21, Magellan will pay the treatment-specific fee-for-service rates

Residential rehabilitation facilities will provide a planned regimen of 24-hour professionally directed evaluation, observation, monitoring, and treatment of addiction and mental health treatment in a residential setting. They are located in permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. The full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary.

Examples of Residential Rehabilitation Services:

Programs that may be considered Residential Rehabilitation for children/youth:

- **ASAM Level III.1:** Clinically Managed Low Intensity Residential-Adolescent.;
- **ASAM Level III.5:** Clinically Managed High Intensity Residential Treatment-Adolescent;
- **ASAM Level III.2d:** Clinically Managed Residential Social Detoxification-Adolescent

Client Capacity:

Residential Rehabilitation facilities for children/youth must maintain a capacity of no more than 16 beds for children or adolescents.

Licensure Requirements:

The Department of Health & Hospitals (DHH) – Bureau of Health Standards licenses residential rehabilitation facilities. Any agency interested in pursuing the residential rehabilitation license may contact DHH-Bureau of Health Standards with the information below:

- DHH Bureau of Health Standards <http://new.dhh.louisiana.gov/index.cfm/page/248/n/24>

Accreditation Requirements:

Residential Rehabilitation facilities are required to be accredited. Facilities will be allowed a 12 month period to obtain accreditation. Accreditation is required for all residential programs that bill Medicaid. If needed, a facility may apply for one free month extension.

- **Accreditation Bodies:**
 - Counsel On Accreditation (COA) <http://coanet.org/>
 - Counsel On Accreditation for Rehabilitation Facilities (CARF) <http://www.carf.org/home/>
 - Joint Commission <http://www.jointcommission.org/>

Staff Requirements for Management/Director:

Residential rehabilitation facilities are physician supported; whereas, a physician is available at all times by telephone. The facility shall have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists must be available to assess and treat the individual and to obtain and interpret information regarding the patient's needs. The number and disciplines of team

members are appropriate to the range and severity of the individual's problems.

Residential rehabilitation providers must meet the staffing levels described in the LBHP Service Manual specific to the appropriate level of care, as well as meet the licensing standards of DHH Health Standards for that specific level of care.

Reimbursement Plan & Rates:

A per diem rate for treatment by both licensed and unlicensed staff is paid through Medicaid at the daily per diem rates listed below. Room and board rates will be reimbursed directly by the Office of Behavioral Health (OBH) at the daily per diem rates listed below.

Daily Per Diem Rates for Treatment Services by Unlicensed Staff:

ASAM Level III.1: \$60.15

ASAM Level III.5: \$212.47

ASAM Level III.2d: \$44.06

Daily Per Diem Rates for Room & Board:

ASAM Level III.1: \$72.93

ASAM Level III.5: \$85.91

ASAM Level III.2d: \$44.06

Types of Staff Covered Under Reimbursement:

Services provided by licensed and unlicensed practitioners are included in the per diem reimbursement. Services for Medicaid-eligible residents not provided by and in the facility and reflected on the active treatment plan are not reimbursable by Medicaid.

Services that are Billable Separately:

As indicated in the LBHP Services Manual, services provided by both licensed and unlicensed staff are included in the daily per diem rates. Services for Medicaid-eligible participants must be provided by the facility, in the facility, and included on the individual's active treatment plan to be considered for reimbursement.

Location of Treatment Services (i.e. on-site, off-site, etc.)

Treatment services for Residential Rehabilitation facilities are provided on-site.

Provision of School/Education Services: (Note: Not covered by Medicaid)

Children/adolescents receiving services in a residential rehabilitation facility must have access to education services. The residential rehabilitation facility is to arrange for in-house educational/vocational services to be provided on-site by the Local Education Authority (LEA).

Additional Information:

For additional details and staffing requirements/levels for Residential Rehabilitation facilities, please review the sections in the LBHP Services Manual that are applicable to the specific levels of care available under this option at the link below:

LBHP Services Manual & Other Resources: <http://new.dhh.louisiana.gov/index.cfm/page/538/n/225>

Therapeutic Group Home (TGH)

Brief Description - Therapeutic Group Home (TGH):

Therapeutic Group Homes (TGH) provide community-based residential services to children/youth under the age of 21 in a home-like setting. Treatment provided in a TGH will support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in his/her home and community. These services will also allow the child or adolescent to continue to participate in work, school, or other training activities within his/her local community. TGHs deliver an array of clinical and related services within the home, including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. TGH treatment must target reducing the severity of the behavioral health issue that was identified as the reason for admission and assist the child/youth with functioning successfully in the home and community environment.

For service delivery, the program must incorporate at least two research-based approaches pertinent to the sub-populations of TGH clients to be served by the specific program. The specific research-based models to be used should be incorporated into the program description and submitted to the State for approval. Per the LBHP Services Manual, TGH's may not be considered to be Institutions of Mental Disease (IMD). Each organization owning TGHs must ensure that in no instance, does the operation of multiple TGH facilities constitute operation of an IMD.

Examples of TGH:

Programs that may be considered a TGH would include:

- ASAM Level III.1: Clinically Managed Low Intensity Residential Treatment for Adolescents
- ASAM Level III.2d: Clinically Managed Residential for Adolescents

Client Capacity:

A TGH has the capacity of no more than eight (8) beds for children or adolescents.

Licensure Requirements:

The Department of Health & Hospitals (DHH) – Bureau of Health Standards licenses TGH facilities. Any agency interested in pursuing the TGH license may contact DHH-Bureau of Health Standards with the information below:

- DHH Bureau of Health Standards <http://new.dhh.louisiana.gov/index.cfm/page/248/n/24>

Accreditation Requirements:

Therapeutic Group Home (TGH) facilities are required to be accredited before Medicaid will reimburse for services. TGH's are allowed 18 months to acquire accreditation; however, the agency must be able to provide documentation indicating that it is actively pursuing the accreditation during this 18 month period.

Note: Accreditation is required for all residential programs that bill Medicaid. Other programs billing Medicaid will be allowed one year from May 1, 2012 to become accredited. If needed, may apply for one free month extension.

- **Accreditation Bodies:**
 - Counsel On Accreditation (COA) <http://coanet.org/>

- Counsel On Accreditation for Rehabilitation Facilities (CARF)
<http://www.carf.org/home/>
- Joint Commission <http://www.jointcommission.org/>

Staff Requirements for Management/Director:

All TGH programs must be under the direction of either a licensed psychiatrist or psychologist. Staffing for the facility must be consistent with State licensure regulations on an FTE basis.

Per the LBHP Services Manual, at least 21 hours of active treatment per week for each child is required to be provided by qualified staff (e.g., having a certification in the evidence based practices (EBP's) selected by the facility and/or licensed practitioners operating under their scope of practice in Louisiana), consistent with each child's treatment plan and meeting assessed needs. Additional staffing criteria are listed below:

- A minimum of two (2) staff on duty per shift in each living unit, with the ability to call in as many staff as necessary to maintain safety and control in the facility, depending upon the needs of the current population at any given time.
- A ratio of not less than one (1) staff to four (4) youth is maintained at all times; however, two (2) staff must be on duty at all times.
- At least one (1) staff member per shift is required to have a current CPR and first aid certification.
- Staffing schedules shall reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment, adequate numbers of staff reflective of the tone of the unit, appropriate staff gender mix and the consistent presence and availability of professional staff. In addition, staffing schedules should ensure the presence and availability of professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their child.
- Individual, group and family therapists are master's level staff, available at least three (3) hours per week (individual and group) or two (2) hours per month (family).
- A licensed registered nurse (RN) is on staff to establish the system of operation for administering or supervising residents' medications and medical needs or requirements; monitoring the residents' response to medications; tracking and attending to dental and medical needs and training staff to administer medications and proper protocols.

Reimbursement Plan:

A per diem rate for treatment by unlicensed staff is paid through Medicaid at a rate of \$127.81 per day. Services provided by licensed staff are reimbursed on a fee-for-service basis. In order for services to be eligible for reimbursement, the services/activities must be included on the patient's active treatment plan. Room and board rates will be reimbursed directly by the Office of Behavioral Health (OBH) at a rate of \$74.99 per day.

Types of Staff Covered Under Reimbursement:

Services provided by unlicensed practitioners are included in the per diem reimbursement.

Services that are Billable Separately:

Licensed practitioners enrolled with the SMO are not included in the per diem rate and may bill services provided within a TGH to Medicaid separately.

Per the LBHP Services Manual, Licensed psychologists/medical psychologists and LMHP bill for their services separately under the approved State Plan for "Other Licensed Practitioners." Therapy (individual, group and family, whenever possible) and ongoing psychiatric assessment and intervention, as needed, (by a psychiatrist) are required of TGH, but provided and billed separately by licensed practitioners for direct time spent. TGHs are located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections. The facility is expected to provide recreational activities for all enrolled children but not use Medicaid funding for payment of such non-Medicaid activities.

Location of Treatment Services (i.e. on-site, off-site, etc.)

Treatment services for TGH programs are provided either on-site in the group home or in the local community.

Provision of School/Education Services: (Note: Not covered by Medicaid)

School will be provided in the local public school system.

Reimbursement Rate:

Per Diem for Treatment Services by Unlicensed Practitioners: \$127.81

Per Diem for Room & Board: \$74.99

Combined Daily Per Diem: \$202.80

Additional Information:

For additional details and staffing requirements/levels for TGH programs, please review this section in the LBHP Services Manual:

- Section 4.4: Therapeutic Group Home (page 54 of the LBHP Services Manual)