

**DEPARTMENT OF
FINANCE AND ADMINISTRATION
DIVISION OF INTELLECTUAL DISABILITIES SERVICES**

CHAPTER 0620-06-01-01

**METHODOLOGY UTILIZED TO DETERMINE PAYMENTS
TO SERVICE PROVIDERS (RATE STRUCTURE)**

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0620-06-01-.01 PURPOSE.

This chapter establishes a rate setting methodology for services that are provided through the Department of Finance and Administration – Division of Intellectual Disabilities Services.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-.02 SCOPE.

These rules apply to the procedures and practices used to establish rates of payment for services acquired by the Department of Finance and Administration – Division of Intellectual Disabilities Services for or on behalf of those persons served by it under the provisions of Title 33 of the Tennessee Code Annotated and Executive Orders of the State of Tennessee Nos. 9, 10, 21 and 23, dated February 7, 1996, October 14, 1996, July 29, 1999 and October 19, 1999, respectively. All rates and amounts for payments established under these rules are subject to funding and resource availability in accordance with applicable Federal law and Title 33 of the *Tennessee Code Annotated*.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-.03 DEFINITIONS.

As used in these rules, unless the context indicates otherwise, the terms listed below have the following meaning:

(Rule 0620-06-01-.03, continued)

- (1) "Administrative Costs" are the allowable percentage of the service rate that includes the costs for administrative salaries and benefits, home office costs, office supplies and printing, phone and other communication, travel and conference, advertising, professional services, licensure and dues, legal and accounting fees, interest, depreciation, occupancy, general liability insurance, equipment and administrative vehicles.
- (2) "Direct Service Costs" are the costs for direct service staff salaries and benefits, overtime, direct supervision wages and benefits, contracted direct service/temporary help, recruiting/advertising, drug testing, background checks, Hepatitis B and TB tests, and other costs for direct service staff bonuses and employee appreciation events.
- (3) "Non-Direct Program Costs" is the allowable percentage of the service rate that includes the costs for multi-site supervisors and benefits, training, off site computer/file storage, depreciation/amortization, internal monitoring, agency case management, personal funds management, healthcare oversight, specific assistance to individuals-room and board, specific assistance to individuals-non-room and board, transportation of individuals, staff travel, facility maintenance, facility supplies, habilitation supplies.
- (4) "Rate" is the amount paid per person to approved service providers for each unit of a DIDS service that is provided. A rate will be determined based on direct service costs, non-direct program costs, administrative costs, transportation and up to twenty (20) days of payment to cover service recipient absences. A unit may be a portion of an hour, an hour, a day, a month, an item or a job, depending on the type of service.
- (5) "Rate Levels" are the series of rates for residential and day services that are based on the intensity of a service recipient's needs and the size or site of the service setting.
- (6) "Rate Setting Methodology" is the manner in which the rates for services are calculated or determined under these rules.
- (7) "Special Needs Adjustment" is an additional payment that may be added to the residential rate for an individual when certain specified criteria are met.
- (8) "Uniform Cost Report" is a report relating to costs and/or operating expenses/revenues completed by providers that is submitted as required by the Division of Intellectual Disabilities Services. The Uniform Cost Report is completed in the manner and in a format required by the Division.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-.04 RATE SETTING METHODOLOGIES AND RATES.

The following rates are formulated by taking into account administrative costs, direct service costs, non-direct program costs, transportation costs and up to twenty (20) days of payment to cover service recipient absences. The "maximum rate" listed below is amount that can be disbursed for a unit or service. Lesser amounts may be approved /paid when the usual, customary charge of the provider is less than the maximum rate. Also, the rate for any unit or service can be negotiated by the Division and the provider to a lower amount than the maximum rate.

METHODOLOGY UTILIZED TO DETERMINE PAYMENTS
TO SERVICE PROVIDERS (RATE STRUCTURE)

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(Rule 0620-06-01-.04, continued)

(a) Medical Residential, Residential, Supported Living and Family Model Services.

(1) Medical Residential Service	Short Name	Maximum Rate
Med Res Level 5 Ind 24 Hour Rate	MR5 Ind 24	\$727.00
Med Res Level 5 – 2 Per 24 Hour Rate	MR5 - 2 24	\$546.61
Med Res Level 5 – 3 Per 24 Hour Rate	MR5 - 3 24	\$415.13
Med Res Level 5 – 4 Per 24 Hour Rate	MR5 - 4 24	\$304.35
Med SL Level 5 – IND 24 Hour Rate	MS5 – IND	\$727.00
Med SL Level 5 – 2 Per 24 Hour Rate	MS5 - 2 24	\$546.61
Med SL Level 5 – 3 Per 24 Hour Rate	MS5 - 3 24	\$415.13
(2) Residential Services	Short Name	Maximum Rate
Residential Level 1 - 2 People	RES1-2	\$115.50
Residential Level 1 - 3 People	RES1-3	\$80.75
Residential Level 1 - 4 People	RES1-4	\$62.25
Residential Level 1 - 5 TO 7 People	RES1-5/7	\$49.75
Residential Level 1 - 8+ People	RES1-8+	\$40.40
Residential Level 1 Shift- Individual	RES1-Ind	\$191.25
Residential Level 2 - 2 People	RES2-2	\$148.75
Residential Level 2 - 3 People	RES2-3	\$119.70
Residential Level 2 - 4 People	RES2-4	\$78.55
Residential Level 2 - 5 To 7 People	RES2-5/7	\$57.30
Residential Level 2 - 8+ People	RES2-8+	\$52.20
Residential Level 2 Shift – Individual	RES2-IND	\$267.00
Residential Level 3 - 2 People	RES3-2	\$241.55
Residential Level 3 - 3 People	RES3-3	\$169.10
Residential Level 3 - 4 People	RES3-4	\$95.40
Residential Level 3 - 5 To 7 People	RES3-5/7	\$71.85
Residential Level 3 - 8+ People	RES3-8+	\$60.60
Residential Level 3 - Shift – Individual	RES3-IND	\$303.00
Residential Level 4 - 2 People	RES4-2	\$294.35
Residential Level 4 - 3 People	RES4-3	\$247.35
Residential Level 4 - 4 People	RES4-4	\$189.10
Residential Level 4 - 5 To 7 People	RES4-5/7	\$120.05
Residential Level 4 - 8+ People	RES4-8+	\$98.75
Residential Level 4 – Individual	RES4-IND	\$484.20
Residential Level 6 - 2 People	RES6-2	\$387.65
Residential Level 6 – Individual	RES6-IND	\$775.25
(3) Supported Living Services	Short Name	Maximum Rate
Supported Living Level 1 - 2 People	SL1-2	\$115.50
Supported Living Level 1 - 3 People	SL1-3	\$80.75
Supported Living Level 1 – Individual/ Companion	SL1-IND-CM	\$176.55
Supported Living Level 1 – Individual/Shift	SL1-IND-SH	\$191.25
Supported Living Level 2 - 2 People	SL2-2	\$148.75
Supported Living Level 2 - 3 People	SL2-3	\$119.70

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(Rule 0620-06-01-.04, continued)

	Supported Living Level 2 – Individual/ Companion	SL2-IND-CM	\$206.95
	Supported Living Level 2 - Individual/Shift	SL2-IND-SH	\$267.00
	Supported Living Level 3 - 2 People	SL3-2	\$241.55
	Supported Living Level 3 - 3 People	SL3-3	\$169.10
	Supported Living Level 3 – Individual/Shift	SL3-IND-SH	\$303.00
	Supported Living Level 4 - 2 People	SL4-2	\$294.35
	Supported Living Level 4 - 3 People	SL4-3	\$247.35
	Supported Living Level 4 - Individual	SL4-IND	\$484.20
	Supported Living Level 6 - 2 People	SL6-2	\$387.65
	Supported Living Level 6 - Individual	SL6-IND	\$775.25
(4)	Family Model Services	Short Name	Maximum Rate
	Family Model Res 1	Fam 1	\$42.50
	Family Model Res 2	Fam 2	\$50.00
	Family Model Res 3	Fam 3	\$69.50
	Family Model Res 4	Fam 4	\$112.00
	Family Model Res 5	Fam 5	\$217.00
(b)	Day Services.	Short Name	Maximum Rate
	Comm. Based Day Services	CB DAY	\$59.40
	Comm. Based Day Services - Level 4	CB DAY-4	\$82.40
	Comm. Based Day Services - Level 6	CB DAY-6	\$128.20
	Facility Based Day Svs - Level 1	FB DAY-1	\$30.65
	Facility Based Day Svs - Level 2	FB DAY-2	\$38.45
	Facility Based Day Svs - Level 3	FB DAY-3	\$51.80
	Facility Based Day Svs - Level 4	FB DAY-4	\$65.00
	Facility Based Day Svs - Level 6	FB DAY-6	\$125.65
	Employment Supports Special Needs	EMP SN	\$107.60
	Employment Supports - Level 6	EMP-6	\$128.20
	Employment Supports - Individual Emp	EMP-INDIV	\$77.25
	Employment Supports - Group Emp	EMP-GROUP	\$44.45
(c)	Clinical Services.	Short Name	Maximum Rate
	Beh Analyst Avs: Assessment 1	BA ASMT1	\$18.69
	Beh Analyst Plan Dev & Trng 1	BA PDTR1	\$18.69
	BA Svs: Presentation at Meetings	BA PRES	\$18.69
	Behavior Specialist	BEH SPEC	\$6.69
	Behavior Analyst	BEH ANLYST	\$18.69
	Nursing Services By LPN	LPN	\$5.94
	Nursing Services By RN	RN	\$8.43
	Speech Lang Hearing 1	SLH1	\$17.25
	Speech Lang Hearing 2 - 46+	SLH2	\$23.00
	Speech Lang Hearing 3 - 76+	SLH3	\$26.00
	Speech Lang Hearing 1 Asmt	SLH1ASMT	\$276.00
	Speech Lang Hearing 2 Asmt - 46+	SLH2ASMT	\$367.08

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(Rule 0620-06-01-.04, continued)

Speech Lang Hearing 3 Asmt - 76+	SLH3ASMT	\$412.62
SLH 1 Equip Asmt Training	SLH1ETASMT	\$276.00
SLH 2 Equip Asmt Training - 46+	SLH2ETASMT	\$367.08
SLH 3 Equip Asmt Training - 76+	SLH3ETASMT	\$412.62
SLH 1 Equipment Training	SLH1ET	\$17.25
SLH 2 Equipment Training - 46+	SLH2ET	\$23.00
SLH 3 Equipment Training - 76+	SLH3ET	\$26.00
Occupational Therapy 1	OT1	\$18.00
Occupational Therapy 2 - 46+	OT2	\$24.00
Occupational Therapy 3 - 76+	OT3	\$27.00
Occupational Therapy 1 Asmt	OT1ASMT	\$288.00
Occupational Therapy 2 Asmt - 46+	OT2ASMT	\$383.04
Occupational Therapy 3 Asmt - 76+	OT3ASMT	\$430.56
OT 1 Equip Assessment Training	OT1ETASMT	\$288.00
OT 2 Equip Assessment Training - 46+	OT2ETASMT	\$383.04
OT 3 Equip Assessment Training - 76+	OT3ETASMT	\$430.56
OT 1 Equip Training	OT1ET	\$18.00
OT 2 Equip Training - 46+	OT2ET	\$24.00
OT 3 Equip Training - 76+	OT3ET	\$27.00
Physical Therapy 1	PT1	\$18.75
Physical Therapy 2 - 46+	PT2	\$25.00
Physical Therapy 3 - 76+	PT3	\$28.00
Physical Therapy 1 Assessment	PT1ASMT	\$300.00
Physical Therapy 2 Assessment - 46+	PT2ASMT	\$399.00
Physical Therapy 3 Assessment - 76+	PT3ASMT	\$448.50
PT 1 Equip Assessment Training	PT1ETASMT	\$300.00
PT 2 Equip Assessment Training - 46+	PT2ETASMT	\$399.00
PT 3 Equip Assessment Training - 76+	PT3ETASMT	\$488.50
PT 1 Equip Training	PT1ET	\$18.75
PT 2 Equip Training - 46+	PT2ET	\$25.00
PT 3 Equip Training - 76+	PT3ET	\$28.00
Orientation & Mobility 1	OM1	\$16.25
Orientation & Mobility 2 - 46+	OM2	\$21.25
Orientation & Mobility 3 - 76+	OM3	\$24.25
Orient & Mobility 1 Assessment	OM1ASMT	\$260.00
Orient & Mobility 2 Assessment - 46+	OM2ASMT	\$340.00
Orient & Mobility 3 Assessment - 76+	OM3ASMT	\$388.00
Nutrition 1 Assessment	NUTR1ASMT	\$207.20
Nutrition 2 Assessment - 46+	NUTR2ASMT	\$275.57
Nutrition 3 Assessment - 76+	NUTR3ASMT	\$309.76
Nutrition 1	NUTR1	\$77.70
Nutrition 2 - 46+	NUTR2	\$128.98
Nutrition 3 - 76+	NUTR3	\$163.17
Psychological Evaluation	PSY EVAL	\$300.00
Psychiatric Diag Eval - Interactive	PSYCH EVL	\$500.00
Psychiatric Diag Interview Eval	PSYCH EVL	\$500.00
Individual Consultation	CONSULT	\$100.00

(d) Respite and Personal Assistance Services.

	Short Name	Maximum Rate
Personal Assist Qtrhr - 2 Staff	PA QTH-2	\$6.63
Personal Assist Qtrhr	PA QTRHR	\$3.69
PA Daily Rate Sleep	PA Sleep	\$195.00

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(Rule 0620-06-01-.04, continued)

	PA Qtrhr Enhanced Level 4 Only	PA4-ENH	\$4.19
	Respite Level A - Over 8 Hours/Day	Respite A	\$63.50
	Respite Level B - Over 8 Hours/Day	Respite B	\$195.00
	Respite Level C - Over 8 Hours/Day	Respite C	\$231.00
	Respite D - Qtr Hr Up To 8hr/Day	Respite D	\$3.69
	Respite - Behavioral - 24 Hours	Respite-BH	\$490.00
	Individual Transportations Svs. (as needed)	TRANSP	\$7.07
(e)	Specialized Equipment and Supplies (Two Year Total)	Short Name	Maximum Amount
	Specialized Med Equip & Its Supplies	Med Equip	\$10,000
(f)	Environmental Modifications (Two Year Total).	Short Name	Maximum Amount
	Environmental Accessibility	Env. Access	\$15,000
(g)	Vehicle Modifications (Five Year Total).	Short Name	Maximum Amount
	Vehicle Modifications	VEH MODS	\$20,000
(h)	Independent Support Coordination Services.	Short Name	Maximum Rate
	Independent Support Coordination	ISC	\$231.00
	ICF/MR 180 Transition CM 1 Month	ICF180-1	\$231.00
	ICF/MR 180 Transition CM 2 Month	ICF180-2	\$462.00
	ICF/MR 180 Transition CM 3 Month	ICF180-3	\$693.00
	ICF/MR 180 Transition CM 4 Month	ICF180-4	\$924.00
	ICF/MR 180 Transition CM 5 Month	ICF180-5	\$1,155.00
	ICF/MR 180 Transition CM 6 Month	ICF180-6	\$1,386.00

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-.05 RATE SETTING METHODOLOGIES FOR DENTAL SERVICES.

Dental Services rates are those set by TennCare for reimbursement of Medicaid funded dental care.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-.06 RATE SETTING METHODOLOGIES FOR PERSONAL EMERGENCY RESPONSE SYSTEMS.

Rates paid are the usual and customary rates for installation and monitoring set by the company providing the service.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-.07 RATE SETTING METHODOLOGIES FOR VISION SERVICES.

Rates paid are the usual and customary charges for examination and corrective lenses.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-.08 RATE SETTING METHODOLOGIES FOR INDEPENDENT SUPPORT COORDINATION SERVICES.

Current rates in this category are found at Rule 0620-06-03-.04 (h) and were derived after consideration of provider input as well as system service requirements. Future changes in amounts paid for this service will be made after consultation with stake-holders (e.g. Independent Support Coordinators, Independent Support Coordination Agencies/Organizations), review of similar services in other states, market conditions, system needs and DIDS funding/resource availability.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.

0620-06-01-01-.09 RATE SETTING METHODOLOGIES FOR SERVICES FUNDED EXCLUSIVELY BY THE STATE [NON-WAIVER; STATE FUNDED (NWSF)] SERVICES.

Rates paid are discretionary and based upon Service Recipient need and which will be limited by system and service requirements as well as funding and resource availability.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation

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(Rule 0620-06-01-.09, continued)

*by the Division of Intellectual Disabilities Services. **Administrative History:** Emergency rule filed August 7, 2009; effective through February 3, 2010.*