

Effective July 1, 2023, HCPF is creating a Directed Payment Fee Schedule that will be published in the Uniform Services Coding Standards (USCS) Manual.

Under the Capitated Behavioral Health Benefit Managed Care Entities (MCEs) have sole responsibility and discretion to contract with service providers, as well as to set provider rates. However, HCPF understands that there are unique situations where targeted action is necessary to support network access and growth for specific services. In such circumstances, HCPF will establish a “Directed Payment” as a minimum reimbursement rate for specific services that MCEs must pay.

When a Directed Payment is created HCPF will ensure the MCEs are adequately funded to reimburse providers at these rates. These will be time-limited investments that will be reviewed on a regular basis.

Some factors that will inform when a Directed Payment would be considered include:

- 1) When a service is new or is being underutilized across the state.
- 2) When there are identified access issues related to a specific service.
- 3) This is not exclusively for the purpose of a rate review/increase.

HCPF has established this fee schedule for Directed Payments for the following codes. MCEs are required to update provider contracts and claims systems to reflect a rate no less than the rate outlined below.

Code	Code Description	Rate
H0036	Functional Family Therapy (FFT) - 15 mins	\$36.62
H0037	Functional Family Therapy (FFT) - Per Diem	\$878.80
H2015	Comprehensive Community Support Services - 15 mins	\$9.21
H2016	Comprehensive Community Support Services - Per Diem	\$221.15
H2021	Community-Based Wrap-Around Services - 15 mins	\$9.87
H2022	Community-Based Wrap-Around Services - Per Diem	\$236.83
H2033	Multi-Systemic Therapy (MST) - 15 mins	\$38.22