Social and human service programs review: Reimbursement rates

State of Rhode Island, Office of the Health Insurance Commissioner

March 29, 2023

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Background

Milliman, Inc. (Milliman) has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview. This comprehensive review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires 10 assessments covering various rate and programmatic elements of the social and human service programs, with the 10th assessment being a culmination of the prior nine assessments that may be used to inform the recommended rate adjustments. Social and human service programs include services in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging.

The assessments will be completed in two phases, with Phase One published on or around May 1, 2023, and Phase Two published by September 1, 2023. The first phase will include the first nine assessments with a limited scope of services. The second phase will include updates of the first nine assessments with additional services as well as the 10th report. Milliman is currently working with OHIC to determine the breadth of services that may be included in each assessment in Phase One and Phase Two of the social and human service programs review.

This Phase One report addresses RIGL § 42-14.5-3(t) task 1: "an assessment and detailed reporting on social and human services program rates, including rates currently being paid and the date of the last increase". This report provides an inventory of rates for services in-scope of this review and their date of last increase. In addition, the report provides an overview of recent Rhode Island reimbursement initiatives and other influences on provider reimbursement levels. The purpose of this report is to establish the services in the scope of the rate review required by RIGL § 42-14.5-3(t) and document the corresponding rate and date of last rate increase, laying the foundation for the remaining assessments and phases.

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Executive summary

For purposes of this and other reports on reimbursement rates required by RIGL § 42-14.5-3(t), we define social and human service program rates as those in which the state has a contract with a nonstate entity to provide services on a fee-for-service (FFS) basis. Medicaid managed care program rates and services are not included in this report. Other reports required by the statute will focus on programmatic elements rather than service rates. In these situations, additional programs that provide services that do not meet this fee-for-service definition may still be included in the scope of reports with a programmatic focus.

Appendix 1 and Appendix 2 illustrate the summary of the assessment on social and human services program rates, including the rate currently being paid and the date of the last increase¹. Appendix 1 illustrates the reimbursement rates for Medicaid services provided on a fee-for-service basis. Appendix 2 illustrates the reimbursement rates for non-Medicaid services, including child welfare, child care, and other human services.

Utilization data is being collected and will be included in the third statutorily required assessment². This utilization data will be used to understand the scope and expenditure basis of the services reported in Appendix 1 and Appendix 2. Figure 1 and Figure 2 provide a preliminary view of the expenditures by service category for Medicaid services using state fiscal year (SFY) 2022 fee-for-service claims.

FIGURE 1: STATE FISCAL YEAR 2022 MEDICAID FEE-FOR-SERVICE EXPENDITURES

MAJOR SERVICE CATEGORY	FFS EXPENDITURES (\$Millions)
Intellectual and Developmental Disability Services	\$ 327.7
Nursing Home and Hospice	303.7
Home and Community-based Services	114.4
Hospital	63.9
Behavioral Health Providers	45.6
Children's Services	43.7
Physician/Advanced Practice Providers	7.9
Other	55.6
Total	\$ 962.5
Total for I/DD, HCBS, BH Providers, and Children's Services	\$ 531.4

Notes

- 1. Managed care organization expenditures are excluded.
- 2. FFS expenditures included in this analysis were incurred in SFY 2022 and paid through January 15, 2023.
- 3. FFS claims associated with the RIte Share or managed care program (identified using provider type and program indicator codes) are excluded.
- 4. A crosswalk from provider type to service category is illustrated in Appendix 3.

Social and human service programs were defined as services in the following major service categories: home and community-based services (HCBS), behavioral health (BH) providers, intellectual and developmental disability (I/DD) services, and children's services. This definition will continue to be evaluated by OHIC through engagement with stakeholders and review of the statutory language.

Figure 2 provides further detail on the social and human services, illustrating SFY 2022 expenditures for the identified major service categories at a more granular level. In addition, the most recent rate change for services within each service category is illustrated. For example, the 17% illustrated for the HCBS Adult Day Care service category indicates that 17% of the SFY 2022 Adult Day Care Medicaid expenditures are associated with a service that last received a rate increase in SFY 2021. This figure provides a high-level overview of the timing of the most recent rate change for Medicaid services. Please note that this figure excludes the temporary fee-for-service rate changes enacted by the state for American Rescue Plan Act (ARPA) workforce development initiatives.

¹ Certain rate changes in the Medicaid fee schedule are attributable to changes in service coding, particularly for behavioral health services for which service codes were changed January 1, 2016. Updates to Phase 2 of this report will include rate changes prior to January 1, 2016, for the affected services.

² "An assessment and detailed reporting on utilization trends from the period of January 1, 2017, through December 31, 2021, for social and human service programs to be completed by January 1, 2023." The Rhode Island Health Care Reform Act of 2004 — Health Insurance Oversight, Title 42 Chapter 14.5. (2022). http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-14.5/42-14.5-3.HTM

Figure 2 is limited to I/DD, HCBS, BH providers, Children's Services, and also excludes approximately \$21 million of dual-eligible crossover claims and claims paid by BHDDH via an exception process (L9 modifier), since these claims' unit cost varies from the fee schedule.

MAJOR		TOTAL DOLLARS	SFY 2016	SFY 2017	SFY	SFY	SFY
CATEGORY	SERVICE CATEGORY	(\$Millions)	AND PRIOR	TO 2020	2021	2022	2023
BH Providers	BHDDH BH Group	\$ 0.3	100%	0%	0%	0%	0%
BH Providers	Children's BH Group	\$ 0.0	98%	2%	0%	0%	0%
BH Providers	CMHC Services	\$ 42.8	64%	25%	0%	0%	11%
BH Providers	Emergency BH Service	\$ 0.7	0%	100%	0%	0%	0%
BH Providers	Licensed Therapist	\$ 0.0	100%	0%	0%	0%	0%
BH Providers	Other Therapies	\$ 0.4	58%	0%	0%	0%	42%
BH Providers	Peer Recovery Services	\$ 0.1	0%	100%	0%	0%	0%
BH Providers	Psychologist	\$ 0.0	52%	48%	0%	0%	0%
BH Providers	Substance Use Rehab	\$ 1.0	34%	66%	0%	0%	0%
Children's Services	CEDARR	\$ 0.1	0%	100%	0%	0%	0%
Children's Services	DCYF	\$ 30.9	0%	0%	0%	0%	100%
Children's Services	Early Intervention	\$ 3.2	1%	0%	0%	0%	99%
Children's Services	Home/Center-based Therapeutic Services	\$ 9.5	0%	0%	0%	0%	100%
I/DDS	Adult Day Care	\$ 1.3	0%	100%	0%	0%	0%
I/DDS	BHDDH Services	\$ 256.0	0%	0%	0%	0%	100%
I/DDS	Home Care	\$ 4.3	0%	0%	0%	0%	100%
I/DDS	RICLAS	\$ 26.5		Based on	allowable	costs	
I/DDS	Severely Disabled Nursing Homecare	\$ 7.1	0%	0%	0%	0%	100%
I/DDS	Tavares	\$ 11.7	0%	0%	0%	100%	0%
HCBS	Adult Day Care	\$ 5.4	0%	61%	17%	22%	0%
HCBS	Assisted Living Facility	\$ 15.1	0%	0%	0%	100%	0%
HCBS	Case Management	\$ 2.5	100%	0%	0%	0%	0%
HCBS	Day Habilitation	\$ 0.5	100%	0%	0%	0%	0%
HCBS	Home Care	\$ 69.8	0%	0%	0%	0%	100%
HCBS	Home Health	\$ 1.0	0%	0%	0%	0%	100%
HCBS	Home Meal Delivery	\$ 0.2	0%	0%	0%	0%	100%
HCBS	Independent Provider	\$ 1.3	0%	8%	0%	0%	92%
HCBS	Personal Choice/Hab Case Management	\$ 0.7	0%	15%	85%	0%	0%
HCBS	Self-directed Community Services	\$ 11.3	0%	0%	100%	0%	0%
HCBS	Shared Living Agency	\$ 6.1	41%	0%	0%	59%	0%
HCBS	Waiver Case Manager; Other	\$0.5	98%	2%	0%	0%	0%

Notes

- 1. Figure reflects fee-for-service expenditures and rate change dates. Managed care organization expenditures and rate changes are excluded.
- 2. Figure excludes the temporary fee-for-service rate changes enacted by the state for ARPA workforce development initiatives.
- 3. Figure excludes dual-eligible crossover claims and claims paid by BHDDH via an exception process (L9 modifier).
- 4. Service coding changes result in a rate effective date change in the Medicaid fee schedule and are included as rate changes in Figure 2 and Appendix 1.
- 5. Additional detailed categories for BH Providers CMHC Services and I/DDS BHDDH Services are included in Appendix 1.
- 6. Values have been rounded.

Methodology

SOCIAL AND HUMAN SERVICE PROGRAM RATES SCOPE

The scope of the review for this report was determined with OHIC through a review of RIGL § 42-14.5-3(t) and discussion with key stakeholders, including:

- Social and Human Service Programs Review Advisory Council. The October 31, 2022, Advisory Council meeting included a discussion of this reimbursement rates report. In addition, Milliman and OHIC discussed the intended scope and planned approach of the project during the March 1, 2023, Advisory Council meeting.
- Advisory Council member interviews. OHIC and Milliman met with all members of the Advisory Council and their invited stakeholders in small group format (one to three stakeholders per meeting) to discuss the review scope and approach. Each stakeholder group was constructed to provide the insight and perspective of a distinct set of providers.
- Interagency Workgroup. OHIC and Milliman met with the Interagency Workgroup on February 24, 2023, to discuss the review scope and approach. Each agency included in the statutory requirement participated in the Interagency Workgroup, offering insight and perspective on the services administered by the department.

Based on this review, we understand the services outlined in Appendix 1 (for Medicaid services) and Appendix 2 (for non-Medicaid services) of this report to be in scope of this review. We understand the social and human service definition to exclude hospitals, nursing facilities, physician services. In addition, we understand services paid under a mechanism other than a fee-for-service rate (such as capitated rates) to be excluded from the review. This initial determination will continue to be reviewed with key stakeholders and may be adjusted in future phases of the social and human service programs review. Rates negotiated between Medicaid managed care organizations (MCOs) and providers for the services included in Appendix 1 or Appendix 2 are out of scope of this review but may be considered as a part of the assessment of services that are in scope.

APPENDIX DEVELOPMENT

The primary data sources for Appendix 1 and Appendix 2 are the Medicaid fee schedule and data collected through a survey of state agencies. Information on certain services provided by state agencies is still being gathered and may be included in Phase 2 of this report. Data collected through a survey provided to members of the Advisory Council was used to ensure that the scope of services identified through the primary services was comprehensive.

The Medicaid services listed in Appendix 1 were developed using a combination of the Medicaid fee schedule and fee-for-service claims incurred in SFY 2022. Managed care encounters were excluded. To be included in Appendix 1, the service must be included in the Medicaid fee schedule, have at least one Medicaid fee-for-service claim incurred in SFY 2022, and be rendered by a provider in one of the following major service categories:

- BH providers. Providers of mental health and substance use services, including outpatient, residential, and mobile services
- Children's services. Home-based and therapeutic, early intervention, residential services for children
- HCBS. Health and human services designed to enable people with physical disabilities to stay in their homes
- I/DD services. Services for members with intellectual and development disabilities

A crosswalk of provider type to major service category is provided in Appendix 3. Continued conversation with stakeholders and review of statutory language will occur to determine any adjustments for Phase Two or future iterations of this report.

The Medicaid fee schedule was used to demonstrate the current reimbursement rate and the date of last rate change for these services. The "Effective Date" reflects the date of the last rate change as of February 28, 2023. The "Effective Date (excl. ARPA)" reflects the effective date of the last rate change as of February 28, 2023, excluding any temporary rate increases for purposes of the ARPA workforce development initiative (discussed further below).

Appendix 2 illustrates social and human services that are provided to program recipients for which the state reimburses the provider a fee-for-service rate.

These services primarily include child welfare, child care, and Medicaid services that are covered for members not eligible for Medicaid. A limited number of services covered by state agencies for clients who are not Medicaid-eligible are included in both Appendix 1 and Appendix 2. We continue to work with state agencies to identify whether additional services may fit the criteria for this report for Phase 2 of this report.

Rhode Island reimbursement initiatives

Rhode Island has implemented various provider reimbursement initiatives since the COVID-19 pandemic contributed to workforce shortages. This section outlines recent reimbursement initiatives and other contextual items affecting provider reimbursement for social and human service programs in Rhode Island.

ARPA WORKFORCE DEVELOPMENT

As part of ARPA, the State of Rhode Island received approximately \$115 million in enhanced Federal Medical Assistance Percentage (FMAP) revenue.³ The additional ARPA revenue was attributable to a temporary 10% FMAP increase for all state expenditures on HCBS. This includes a range of services including home care, assisted living, independent providers, I/DD services, and certain children's services and behavioral health services.

The additional federal funds were required by ARPA to be used on HCBS services. The administered funds must "supplement, not supplant" current state spending (general revenue). EOHHS dedicated an estimated \$57 million of the ARPA funds to an HCBS Recruitment and Retention Program⁴ to increase compensation to frontline HCBS workers. In addition, an estimated \$6.1 million will be directed to workforce training programs to bolster the healthcare workforce and expand career pathway opportunities for direct care workers.⁵

Figure 3 details the total investment into each of the respective HCBS provider categories and the funding mechanism.⁶ Please note that the rate increases listed below were temporary as a means to distribute the ARPA funding. For example, the fee-for-service rate increase for home care agencies was effective November 1, 2021, and ended March 31, 2022.

Rhode Island Executive Office of Health and Human Services. (January 17, 2023). RI State Spending Plan and Spending Narrative for ARPA HCBS FMAP: Initial Plan- Submitted July 9, 2021. https://eohhs.ri.gov/initiatives/hcbs-enhancement
 Rhode Island Executive Office of Health and Human Services. (January 17, 2023). RI State Spending Plan and Spending Narrative for ARPA HCBS FMAP: Initial Plan- Submitted July 9, 2021. https://eohhs.ri.gov/initiatives/hcbs-enhancement

⁵ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). RI State *Spending Plan and Spending Narrative for ARPA HCBS FMAP: Initial Plan-Submitted July 9, 2021.* https://eohhs.ri.gov/initiatives/hcbs-enhancement
⁶ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). *Spending Plan Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817 FY2023 Q3.* https://eohhs.ri.gov/initiatives/hcbs-enhancement

FIGURE 3: AMERICAN RESCUE PLAN ACT HCBS EXPENDITURES

PROVIDER DESCRIPTION ¹	FUNDING MECHANISM	ESTIMATED INVESTMENT
	LTSS PROVIDERS	
Home Care Agencies	Temporary FFS Rate Increase	\$24,550,000
Home Health ²	Temporary FFS Rate Increase	\$1,575,000
Adult Day Care	Temporary FFS Rate Increase	\$1,296,000
Habilitation Group Homes ³	Temporary FFS Rate Increase	\$1,166,000
Personal Choice Fiscal Intermediary	Temporary FFS Rate Increase	\$24,000
Independent Provider Fiscal Intermediary	Temporary FFS Rate Increase	\$3,000
Personal Choice Recruitment & Retention Bonuses	Direct Grant	\$3,522,436
Independent Provider Recruitment & Retention Bonuses	Direct Grant	\$402,564
PACE	Temporary Capitation Rate Increase	\$3,414,419
LTSS Case Management	Temporary FFS Rate Increase	\$349,000
BEHAY	VIORAL HEALTH PROVIDERS	
Substance Use Disorder (SUD) Rehab	MCO Direct Payment	\$8,094,000
CMHCs	Temporary FFS Rate Increase	\$11,580,000
HBTS/ PASS	Temporary FFS Rate Increase	\$5,713,000
HBTS/PASS	Direct Grant	\$2,020,416
Peer Recovery Programs	Temporary FFS Rate Increase	\$29,000
MCO Emergency Outpatient Services (EOS)	MCO Direct Payment	\$314,000
Children's Behavioral Health Group Homes	Temporary FFS Rate Increase	\$99,000

Notes

- 1. Additional providers not included in this list also received rate increases via the American Rescue Plan Act, including fiscal intermediaries.
- 2. "Home Health" is also referred to as "Skilled Nursing Homecare" in the Quarterly Spending Report submitted to CMS.
- 3. "Habilitation Group Homes" includes both habilitation group homes and day habilitation services.

The goal of the HCBS Recruitment and Retention Program is to increase the total number of HCBS direct care workers and licensed health professionals actively providing frontline services to Medicaid enrollees to meet consumer needs more fully. To complete this goal, EOHHS sought to improve HCBS staff retention rates and reduce HCBS position vacancy rates. EOHHS required that a minimum of 85% of the funds from this temporary HCBS rate increase be passed through directly from the provider agencies to frontline workers to support hiring, retention, and stability of this critical workforce. Provider agencies are required to use the enhanced funding between January 1, 2022, and March 31, 2023. The funds are required to be spent via retention bonuses, increased wages, hiring new providers, or other retention activities such as providing new benefits. To count as an allowable activity, additional compensation using these enhanced funds must be over and above compensation that was paid to frontline workers prior to the temporary rate increase. Funds cannot be used to replace base wages or other regular compensation.

SFY 2023 RATE INCREASES

Per Kaiser Family Foundation's 2022 Medicaid Budget Survey,⁷ many state Medicaid programs are reporting provider rate increases for SFY 2023. These states cite wage inflation and established policies that tie reimbursement rates to increasing Medicare rates and/or cost-based methodologies as drivers behind rate increases. Some states report that their 2023 budgets do not account for the unusually high wage inflation, and addressing those inflationary costs is a key point of discussion. Nursing facilities and HCBS providers received a rate increase in 40 or more states, while other provider groups received a rate increase in approximately 20 to 25 states on average.

⁷ Hinton, E., Raphael, J., Haldar, S., Gifford, K., Lashbrook, A., Nardone, M., Oct 25, M. W. P., & 2022. (2022, October 25). How the Pandemic Continues to Shape Medicaid Priorities: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2022 and 2023 - Executive Summary. KFF. https://www.kff.org/report-section/medicaid-budget-survey-for-state-fiscal-years-2022-and-2023-executive-summary/

In Rhode Island, the SFY 2023 enacted budget⁸ included reimbursement changes for the following services outlined in Appendix 1 and Appendix 2:

- Home-delivered meals. The fee-for-service home-delivered meals program (also referred to as "Meals on Wheels") introduced new therapeutic and cultural meals tailored to improve health through nutrition, and rates were increased effective July 1, 2022. Rate increases varied between approximately 50% and 200%.
- **Early intervention**. The fee-for-service early intervention service rates were increased by 45%, effective July 1, 2022.
- Home-based services. Medicaid reimbursement rates for home-based services were increased to reflect a minimum \$15 per hour for direct care workers. This statutory initiative resulted in rate increases for children's therapeutic and respite services, home care agencies, personal choice providers, and independent providers.
- **Child care.** The tiered reimbursement rates for child care were increased by approximately 13% on average, with rates increasing at approximately 8.9% and 10.8% for infant/toddler and pre-school care, respectively, and by approximately 20% for children of school age.⁹
- Child welfare. Besides home- and community-based increases, the State of Rhode Island also used ARPA funds to increase provider rates for the Department of Children, Youth, and Families (DCYF) and developmental disability providers. In partnership with Medicaid, DCYF invested \$5.1 million to support a full-year provider rate increase and slot expansion to expand the HCBS service array, effective July 1, 2022. ¹⁰ In addition, the 2023 state enacted budget added \$6.3 million in general revenue to increase provider rates. This funding will allow for a temporary rate increase of 14% for out-of-home services, including foster care and congregate care, as well as home and community-based services. ¹¹

OTHER INFLUENCES ON PROVIDER REIMBURSEMENT

In addition to recent Medicaid fee-for-service reimbursement rate changes, the items outlined below are expected to directly impact reimbursement for providers serving Rhode Island's social and human service programs. Other market influences such as the current inflationary environment and competitive labor market will be considered in forthcoming benchmarking analyses.

- Medicaid managed care. Many social and human services are provided through the Medicaid managed care program. Reimbursement by the MCOs may vary from the Medicaid fee schedule, although the SFY 2023 Medicaid reimbursement initiatives described above were required in both the FFS program and the managed care program. Managed care expenditures represented approximately 57% of Medicaid expenditures in SFY 2019. Additional context of Medicaid managed care reimbursement will be included in subsequent reports released under this review.
- Consent decree. The action plan for the State of Rhode Island consent decree with the United States Department of Justice ¹³ requires that the Medicaid reimbursable rate support the starting wage for support staff at \$18 per hour beginning July 1, 2022, and \$20 per hour beginning July 1, 2023.

⁸ Rhode Island General Assembly Senate Fiscal Office. (2022, October 11). FY2023 BUDGET AS ENACTED. https://www.rilegislature.gov/sfiscal/Budget%20Analyses/FY2023%20SFO%20Budget%20as%20passed%20by%20House%20Finance%20Committee.pdf

 ⁹ Rhode Island Department of Human Services. (July 29, 2022). DHS Applies Increased Tiered Reimbursement Rates for Child Care Centers. https://dhs.ri.gov/press-releases/dhs-applies-increased-tiered-reimbursement-rates-child-care-centers
 ¹⁰ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). Spending Plan Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817 FY2023 Q3. https://eohhs.ri.gov/initiatives/hcbs-enhancement
 ¹¹ Rhode Island General Assembly Senate Fiscal Office. (2022, October 11). FY2023 BUDGET AS ENACTED. https://www.rilegislature.gov/sfiscal/Budget%20Analyses/FY2023%20SFO%20Budget%20as%20passed%20by%20House%20Finance%20Committee.pdf

¹² Rhode Island Executive Office of Health and Human Services (May 6, 2021). *Rhode Island Medicaid Expenditure Report*. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-05/RIMedicaidExpenditureReport_SFY19.pdf

¹³ United States of America v. State of Rhode Island, Case No. CA14-175 (United States District Court, District of Rhode Island April 9, 2014). https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2021-03/ri-olmstead-statewide-agreement.pdf.

- Home care incentive payments. Participating home care providers are eligible for a behavioral health rate enhancement¹⁴ effective January 1, 2022. In addition, home care providers are eligible for incentive payments through the Long-Term Services and Supports Alternative Payment Methodology Program¹⁵ piloted by EOHHS effective July 1, 2022.
- Alternative payment models. Certain social and human services in Rhode Island are paid via alternative payment models. While these services are currently excluded from this review, they may influence the reimbursement of other social and human services. For example, the Certified Community Behavioral Health Clinic (CCBHC) initiative is an alternative payment model that may affect environmental factors influencing reimbursement for related behavioral health services.
- **Legislatively mandated annual rate changes.** Reimbursement rates for home care ¹⁶ and home-delivered meals ¹⁷ are increased on an annual basis per Rhode Island statute. Home care rates are increased by the New England Consumer Price Index, and home-delivered meal rates are increased based on the CPI-U for New England: Food at Home.

Appendix 1 and Appendix 2 of this report provide the current reimbursement rate and date of last update information required by RIGL § 42-14.5-3(t). This information should be evaluated in the context of current Rhode Island reimbursement initiatives as described above. Subsequent reports required by RIGL § 42-14.5-3(t) will provide additional context on the social and human service program rates, including utilization data, rate benchmarking, and other qualitative information.

Social and Human Service Programs Review Reimbursement Rates

¹⁴ Rhode Island Executive Office of Health and Human Services. (n.d.). Behavioral Health Rate Enhancement for Home Nursing Care and Home Care providers. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-12/hha-bh-rate-enhancement-policy-and-procedures-and-reporting-template-2021.pdf.

¹⁵Rhode Island Executive Office of Health and Human Services. (n.d.). LTSS APM. https://eohhs.ri.gov/initiatives/accountable-entities/ltss-apm.

¹⁶ Medical Assistance- Long-term Care Services and Finance Reform, R.I. Gen. Laws § 40-8.9-9 (2021). http://webserver.rilin.state.ri.us/statutes/title40/40-8.9/40-8.9-9.htm

¹⁷ House Bill 7123, Substitute A as amended. Making appropriations for the support of the state for the fiscal year ending June 30, 2023, (2022). https://webserver.rilegislature.gov/BillText22/HouseText22/H7123Aaa.pdf

Limitations and data reliance

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and its advisors. Milliman recognizes that materials delivered to OHIC may be public records subject to disclosure to third parties. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is prepared solely for the use and benefit of OHIC in accordance with its statutory and regulatory requirements. Milliman recognizes that this report will be public record subject to disclosure to third parties; however, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work and may include disclaimer language on its work product so stating. OHIC agrees not to remove any such disclaimer language from Milliman's work.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to summarize SFY 2022 Medicaid fee-for-service expenditures and understand the scope of services subject to the social and human service programs review. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by OHIC for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the sources discussed in this correspondence. The models, including all input, calculations, and output, may not be appropriate for any other purpose.

The services provided for this project were performed under the contract between Milliman and OHIC dated January 26, 2023.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Jason Clarkson, Ian McCulla, and Zach Hunt are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

MILLIMAN CLIENT REPORT
Appendix 1: Medicaid Fee Schedule for Selected Provider Types

				Medicaid Fee	Schedule for Selected Provider Types								
		Billing	Program										
		Provider	Indicator			Procedure	Mod	Mod	i Mo	od Mod	Current	Effective	Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2	3		Rate	Date	(excl. ARPA)
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791					\$ 150.00	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	AJ				131.75	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	HF				108.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	НО				131.75	1/1/2016	1/1/2016
Behavioral Health Providers Behavioral Health Providers	BHDDH Behavioral Health Group BHDDH Behavioral Health Group		MMH015 MMH015	Adult Mental Health Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791 90791	TD UA				124.00 116.25	1/1/2016 1/1/2016	1/1/2016 1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMA001	General Medicaid	Psychiatric diagnostic evaluation without medical services Psychiatric diagnostic evaluation with medical services	90791	UA				75.34	1/1/2016	1/1/2018
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychiatric diagnostic evaluation with medical services	90792					294.35	1/1/2013	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychiatric diagnostic evaluation with medical services	90792	TD	TF			250.20	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Psychotherapy, 30 minutes with patient and/or family member	90832		••			47.50	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	AJ				52.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	HF				45.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	НО				52.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	UA				49.00	1/1/2016	1/1/2016
					Psychotherapy, 30 minutes with patient and/or family member when								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	performed with an evaluation and management	90833					25.18	1/1/2013	1/1/2013
					Psychotherapy, 30 minutes with patient and/or family member when								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	performed with an evaluation and management	90833					42.00	1/1/2016	1/1/2016
B. I	DUDDUD I STATE OF THE O	000	N. 11. 10.4 E	A	Psychotherapy, 30 minutes with patient and/or family member when	00000	TD	TF			07.50	4/4/0040	4/4/0040
Behavioral Health Providers Behavioral Health Providers	BHDDH Behavioral Health Group BHDDH Behavioral Health Group		MMH015 MBH015	Adult Mental Health Behavioral Services Non-DCYF	performed with an evaluation and management Psychotherapy, 45 minutes with patient and/or family member	90833 90834	TD	IF			37.50 71.25	1/1/2016 1/1/2013	1/1/2016 1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	AJ				71.23	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	HF				62.40	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	HO				72.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	UA				67.20	1/1/2016	1/1/2016
	·				Psychotherapy, 45 minutes with patient and/or family member when								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	performed with an evaluation and management	90836					40.87	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member	90837					95.00	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	AJ				75.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	HF				65.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	НО				75.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	UA				70.00	1/1/2016	1/1/2016
Behavioral Health Providers Behavioral Health Providers	BHDDH Behavioral Health Group BHDDH Behavioral Health Group		MMH015	Adult Mental Health Adult Mental Health	Family psychotherapy (without the patient present) Family psychotherapy (without the patient present)	90846	A 1				90.00 67.50	1/1/2016 1/1/2016	1/1/2016
Beriavioral Realth Providers	BRDDR Bellavioral Realth Group	000	MMH015	Addit Merital Health	Family psychotherapy (conjoint psychotherapy) (with patient present), 50	90846	AJ				67.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	minutes	90847					96.00	1/1/2016	1/1/2016
Benavioral Fledial Floviders	Bribbir Benavioral Fleatin Group	000	1411411 10 10	Addit Montai Flodia	Family psychotherapy (conjoint psychotherapy) (with patient present), 50	00047					56.66	17 172010	17 172010
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	minutes	90847	НО				72.00	1/1/2016	1/1/2016
					Family psychotherapy (conjoint psychotherapy) (with patient present), 50								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	minutes	90847	UA				67.20	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853					48.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	AJ				36.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	HF				31.20	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group		MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	НО				36.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	UA				33.60	1/1/2016	1/1/2016
					Office or other outpetient visit for the evaluation and management of a new								
					Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	detailed examination; medical decision making of low complexity	99203					29.00	1/1/1996	1/1/1996
Benavioral Fledial Floviders	Bribbir Benavioral Fleatin Group	000	1411411/1001	Contra Modicala	Office or other outpatient visit for the evaluation and management of a new	00200					20.00	17 17 1000	17 17 1000
					patient, which requires these 3 key components: a comprehensive history; a								
					comprehensive examination; medical decision making of moderate								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	complexity	99204					45.00	1/1/1996	1/1/1996
					Office or other outpatient visit for the evaluation and management of a new								
					patient, which requires these 3 key components: a comprehensive history; a								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	comprehensive examination; medical decision making of high complexity	99205					46.00	1/1/1996	1/1/1996
					Office or other outpatient visit for the evaluation and management of an								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	established patient, that may not require the presence of a physician or other qualified health care professional						9.05	1/1/2016	1/1/2016
Deliaviolal Health Providers	המווים וומפוים וומפוים roup	000	C1 OLIMINI	Addit McHai i Icallii	Office or other outpatient visit for the evaluation and management of an	99211					8.05	1/1/2010	1/1/2010
					established patient, that may not require the presence of a physician or other								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	qualified health care professional	99211	TD				7.50	1/1/2016	1/1/2016
							-						== . 31

				Medicaid Fee	Schedule for Selected Provider Types								
		Billing	Program										
			Indicator			Procedure	Mod			Mod			Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2	3	4	Rate	Date	(excl. ARPA)
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making	99212					56.00	1/1/2016	1/1/2016
					Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	examination; medical decision making of low complexity	99213					20.64	4/1/1993	4/1/1993
					Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	examination; medical decision making of low complexity	99213					78.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213	TD	TF			66.30	1/1/2016	1/1/2016
	·				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of								
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	moderate complexity Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of	99214					27.00	4/1/1993	4/1/1993
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	moderate complexity Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of	99214					118.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	moderate complexity Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision	99214	TD	TF			100.30	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	making of high complexity Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision	99215					148.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	making of high complexity	99215	TD	TF			125.80	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	AJ				16.25	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO				16.25	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	НО	HR			18.75	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	НО	HS			18.75	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	AJ			5.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	НО			5.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Mental health assessment, by non-physician	H0031	AJ				100.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Mental health assessment, by non-physician	H0031	НО				100.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group		MBH015	Behavioral Services Non-DCYF	Comprehensive medication services, per 15 minutes	H2010					30.00	7/1/2007	7/1/2007
Behavioral Health Providers Behavioral Health Providers	CMHC - ACT CMHC - IHH	061 061	MBA010 MBI010	Assertive Community Treatment Integrated Health Home	Assertive community treatment program, per diem Community psychiatric supportive treatment program, per diem Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days),	H0040 H0037					41.65 13.82	4/1/2022 1/1/2016	7/1/2016 1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	without room and board, per diem Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days),	H0019					85.00	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	without room and board, per diem Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days),	H0019	U1				85.00	4/1/2022	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	without room and board, per diem Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days),	H0019	U3				125.00	4/1/2022	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	without room and board, per diem Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days),	H0019	U4				125.00	4/1/2022	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	without room and board, per diem	H0019	U5				532.38	10/1/2022	10/1/2022

				Medicaid Fee	Schedule for Selected Provider Types								
		Billing	Program										
		Provider				Procedure	Mod	Mod	Mod	Mod	Current	Effective	Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2	3	4	Rate	Date	(excl. ARPA)
					Behavioral health; long-term residential (nonmedical, nonacute care in a								
					residential treatment program where stay is typically longer than 30 days),								
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	without room and board, per diem	H0019	U5				175.00	4/1/2022	1/1/2016
					Behavioral health; long-term residential (nonmedical, nonacute care in a								
					residential treatment program where stay is typically longer than 30 days),								
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	without room and board, per diem	H0019	U6				571.14	10/1/2022	10/1/2022
					Behavioral health; long-term residential (nonmedical, nonacute care in a								
					residential treatment program where stay is typically longer than 30 days),								
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	without room and board, per diem	H0019	U7				580.26	10/1/2022	10/1/2022
					Behavioral health; long-term residential (nonmedical, nonacute care in a								
B. b. and and I. L. W. B. and I. and	OMILO MUDDO	004	MDOOOO	Deci Comment & Decidential Comment	residential treatment program where stay is typically longer than 30 days),	110040					004.50	40/4/0000	40/4/0000
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	without room and board, per diem	H0019	U8					10/1/2022	10/1/2022
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	AJ				131.75	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	НО				131.75	1/1/2016	1/1/2016
Behavioral Health Providers Behavioral Health Providers	CMHC - Other CMHC - Other	061	MMH015 MMH015	Adult Mental Health Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791 90792	UA				116.25	1/1/2016 1/1/2016	1/1/2016
		061			Psychiatric diagnostic evaluation with medical services		114				294.35		1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member Office or other outpatient visit for the evaluation and management of an	90834	UA				67.20	1/1/2016	1/1/2016
					established patient, that may not require the presence of a physician or other								
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	qualified health care professional	99211					8.05	1/1/2016	1/1/2016
Beriavioral Health Floviders	CIVING - Other	061	IVIIVIHUTS	Addit Merital Health		99211					8.05	1/1/2016	1/1/2010
					Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other								
Daharianal Haalth Daaridana	CMIIC Other	061	MMH015	A dula Mandal I I a alda		00044	TD				7.50	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	IVIIVIHUTS	Adult Mental Health	qualified health care professional	99211	טו				7.50	1/1/2016	1/1/2016
					Office or other outpatient visit for the evaluation and management of an								
					established patient, which requires at least 2 of these 3 key components: an								
					expanded problem focused history; an expanded problem focused								
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	examination; medical decision making of low complexity	99213					78.00	1/1/2016	1/1/2016
Denavioral Health Floviders	Civil IC - Other	001	IVIIVIITO I S	Addit Meritar Fleatur	Office or other outpatient visit for the evaluation and management of an	99213					70.00	1/1/2016	1/1/2010
					established patient, which requires at least 2 of these 3 key components: a								
					detailed history; a detailed examination; medical decision making of								
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	moderate complexity	99214					118.00	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MBH090	Children's Intensive Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004					24.50	8/1/2008	8/1/2008
Denavioral ricaliti i Toviders	OWI TO - OTHER	001	WIDI 1030	Children's intensive dervices Di 10	Benavioral neath counseling and therapy, per 10 minutes	110004					24.50	0/1/2000	0/1/2000
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036	HN				21.25	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMA001	General Medicaid	Rehabilitation program, per 1/2 day	H2001					223.50	5/1/2006	5/1/2006
Behavioral Health Providers	CMHC - Other	061	MMA001	General Medicaid	Crisis intervention service, per 15 minutes	H2011						11/1/2007	11/1/2007
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Crisis intervention service, per 15 minutes	H2011	U1				37.50	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MBH090	Children's Intensive Services DHS	Skills training and development, per 15 minutes	H2014					22.00	8/1/2008	8/1/2008
Behavioral Health Providers	CMHC - Other	061	MDC080	Proj Connect & Residential Counsel	Community-based wrap-around services, per diem	H2022					33.24	5/1/2006	5/1/2006
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Supported employment, per 15 minutes	H2023					21.25	1/1/2016	1/1/2016
					Screening to determine the appropriateness of consideration of an individual						21.20	., ., 2010	17 1720 10
Behavioral Health Providers	CMHC - Other	061	MBH090	Children's Intensive Services DHS	for participation in a specified	T1023					300.00	8/1/2008	8/1/2008
Behavioral Health Providers	CMHC - Other	061	MMH010	Adult Mental Health	Adult mh residential service	X0341					125.00	1/1/2006	1/1/2006
Behavioral Health Providers	CMHC - Other	061	MAS010	Behavioral Health Acute	Adult mh residential service	X0341	НН	TG			394.00	4/1/2022	7/1/2009
Behavioral Health Providers	CMHC - Other	061	MBH090	Children's Intensive Services DHS	Deductible for CFIT/CAITS benefit	X0709					568.00	7/1/2010	7/1/2010
	Children's Behavioral Health					.							
Behavioral Health Providers	Group	047	MMA001	General Medicaid	Interactive complexity	90785					2.89	1/1/2013	1/1/2013
	Children's Behavioral Health												
Behavioral Health Providers	Group	047	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791					150.00	1/1/2013	1/1/2013
	Children's Behavioral Health				· -)								
Behavioral Health Providers	Group	047	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791	HP				125.00	1/1/2013	1/1/2013
	Children's Behavioral Health				,								
Behavioral Health Providers	Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 30 minutes with patient and/or family member	90832					47.50	1/1/2013	1/1/2013
	Children's Behavioral Health				, 17/ 1							0 . 0	., ., 2010
Behavioral Health Providers	Group	047	MMA001	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member	90832					37.98	1/1/2013	1/1/2013
	Children's Behavioral Health			·	, 17/ 1							0 . 0	., ., 2010
Behavioral Health Providers	Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 30 minutes with patient and/or family member	90832	HP				40.00	1/1/2013	1/1/2013
	Children's Behavioral Health	٠			, , , , , , , , , , , , , , , , , , , ,		• • •				.0.00	., ., _ 5 10	., ., 2010
Behavioral Health Providers	Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 45 minutes with patient and/or family member	90834					71.25	1/1/2013	1/1/2013
	Children's Behavioral Health	0.77				23004					7 1.20	.7 172010	1,1,2013
Behavioral Health Providers	Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 45 minutes with patient and/or family member	90834	HP				60.00	1/1/2013	1/1/2013
	Children's Behavioral Health	٠.,			Psychotherapy, 45 minutes with patient and/or family member when	2000 1	• • •				55.00	., ., 2010	./ 1/2010
Behavioral Health Providers	Group	047	MMA001	General Medicaid	performed with an evaluation and management	90836					40.87	1/1/2013	1/1/2013
	- F	=			· · · · · · · · · · · · · · · · · · ·								= 0.10

		Billing	Program	inculcula i co	Constitute for Constitute Frontact Types	_						_	
Major Service Category	Detailed Service Category	Provider Code		Program Description	Procedure Code Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Current	Effective Date	Effective Date (excl. ARPA)
	Children's Behavioral Health				·								,
Behavioral Health Providers	Group Children's Behavioral Health	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member	90837					95.00	1/1/2013	1/1/2013
Behavioral Health Providers	Group Children's Behavioral Health	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member Psychotherapy, 60 minutes with patient and/or family member when	90837	HP				80.00	1/1/2013	1/1/2013
Behavioral Health Providers	Group Children's Behavioral Health	047	MMA001	General Medicaid	performed with an evaluation and management	90838					65.84	1/1/2013	1/1/2013
Behavioral Health Providers	Group Children's Behavioral Health	047	MBH015	Behavioral Services Non-DCYF	Family psychotherapy (without the patient present) Family psychotherapy (conjoint psychotherapy) (with patient present), 50	90846	HP				90.00	7/1/2007	7/1/2007
Behavioral Health Providers	Group Children's Behavioral Health	047	MBH015	Behavioral Services Non-DCYF	minutes	90847	HP				90.00	7/1/2007	7/1/2007
Behavioral Health Providers	Group Children's Behavioral Health	047	MMA001	General Medicaid	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes Neuropsychological testing evaluation by qualified health care professional,	96132					76.57	1/1/2019	1/1/2019
Behavioral Health Providers	Group Children's Behavioral Health	047	MMA001	General Medicaid	additional 60 minutes Psychological or neuropsychological test administration and scoring by	96133					58.41	1/1/2019	1/1/2019
Behavioral Health Providers	Group Children's Behavioral Health	047	MMA001	General Medicaid	qualified health care professional, first 30 minutes	96136					27.45	1/1/2019	1/1/2019
Behavioral Health Providers	Group	047	MMA001	General Medicaid	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	96137					25.39	1/1/2019	1/1/2019
					Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a								
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	comprehensive examination; medical decision making of moderate complexity	99204					45.00	1/1/1996	1/1/1996
					Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an								
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity Office or other outpatient visit for the evaluation and management of an	99213					20.64	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214					27.00	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low-level medical decision making	99221					38.18	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making Initial hospital inpatient or observation care, per day, for the evaluation and	99222					44.00	1/1/1996	1/1/1996
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	99223					46.00	1/1/1996	1/1/1996
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision mak						17.00	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making						29.72	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group Children's Behavioral Health	047	MMA001	General Medicaid	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making Hospital inpatient or observation discharge day management; 30 minutes or	99233					29.72	4/1/1993	4/1/1993
Behavioral Health Providers	Group	047	MMA001	General Medicaid	less on the date of the encounter	99238					34.88	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Emergency department visit for the evaluation and management of a patient,	99285					92.55	7/1/2003	7/1/2003
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	AJ				16.25	7/1/2007	7/1/2007
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	НО	Н9			70.00	7/1/2007	7/1/2007
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	HP	Н9			80.00	7/1/2007	7/1/2007
													•

				Medicaid Fee	Schedule for Selected Provider Types								
		Billing	Program										
		Provider	Indicator			Procedure	Мо	d Mo	d M	od Mod	Current	Effective	Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2		3 4	Rate	Date	(excl. ARPA)
	Emergency Behavioral Health												,
Behavioral Health Providers	Service	111	MBL010	Behavioral Healthcare Link	Crisis intervention mental health services, per diem	S9485					598.50	1/1/2020	1/1/2020
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791					150.00	1/1/2013	1/1/2013
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 45 minutes with patient and/or family member	90834					71.25	1/1/2013	1/1/2013
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member	90837					95.00	1/1/2013	1/1/2013
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	НО	HR			18.75	7/1/2007	7/1/2007
D. I	Other Theory	070	MUDO40	I Port of the second	Treatment of speech, language, voice, communication, and/or auditory	00507					00.00	E 14 10000	E (4 /0000
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	processing disorder; individual	92507					29.00	5/1/2006	5/1/2006
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more	92508					19.00	5/1/2006	5/1/2006
Bellavioral Fleatur Floviders	Other Therapies	073	WILLEGIO	Пррошегару	Evaluation of speech sound production with evaluation of language	92300					15.00	3/1/2000	3/1/2000
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	comprehension and expression	92523					85.00	1/1/2014	1/1/2014
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Treatment of swallowing dysfunction and/or oral function for feeding	92526					21.47	1/1/1996	1/1/1996
					3 7								
					Therapeutic procedure, one or more areas, each 15 minutes therapeutic								
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	exercises to develop strength and endurance, range of motion and flexibility	97110					14.50	7/1/2003	7/1/2003
					Therapeutic procedure, one or more areas, each 15 minutes therapeutic								
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	exercises to develop strength and endurance, range of motion and flexibility	97110	GO				14.50	5/1/2006	5/1/2006
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Therapeutic procedure(s), group (2 or more individuals)	97150	GO				19.00	5/1/2006	5/1/2006
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Evaluation of occupational therapy, typically 30 minutes	97165					85.00	1/1/2017	1/1/2017
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Re-evaluation of occupational therapy, established plan of care, typically 30 minutes	97168					85.00	1/1/2017	1/1/2017
Benavioral Fleatin Floriders	Other Therapies	0/3	MINEUTU	Пррошегару	Hillutes	97 100					65.00	1/1/2017	1/1/2017
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Therapeutic activities, direct patient contact by the provider, each 15 minutes	97530					15.89	10/1/2012	10/1/2012
Bonavioral Frontier	Carer merapies	070	1411411/1001	Contra modicala	morapoulo doll'illos, allost pallotti contact by the promact, cach to minate	07000					10.00	10/1/2012	10/1/2012
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Therapeutic activities, direct patient contact by the provider, each 15 minutes	97530	GO				15.89	1/1/1999	1/1/1999
	·				Self care/home management training, direct one-on-one contact by provider,								
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	each 15 minutes	97535					10.73	1/1/1996	1/1/1996
					Office or other outpatient visit for the evaluation and management of an								
					established patient, which requires at least 2 of these 3 key components: a								
					detailed history; a detailed examination; medical decision making of								
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	moderate complexity	99214					27.00	4/1/1993	4/1/1993
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Mental health services, not otherwise specified	H0046					36.00	7/1/2022	7/1/2022
Behavioral Health Providers Behavioral Health Providers	Other Therapies Other Therapies	073 073	MHP010 MHP010	Hippotherapy Hippotherapy	Mental health services, not otherwise specified Skills training and development, per 15 minutes	H0046 H2014	НО				55.00 27.50	7/1/2022 7/1/2022	7/1/2022 7/1/2022
Behavioral Health Providers	Other Therapies Other Therapies	073	MHP010	Hippotherapy	Skills training and development, per 15 minutes Skills training and development, per 15 minutes	H2014	но				27.50	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP015	Clubhouse	Mental health clubhouse services,per diem	H2031	110				50.00	1/1/2016	1/1/2016
Bonavioral Frontier	Carer merapies	0.0		Ciabiloaco	Patient education, not otherwise classified, non-physician provider, group,						00.00	., ., 20.10	., .,20.10
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	per session	S9446					20.00	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Case management, each 15 minutes	T1016					16.00	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Team evaluation & management per encounter	T1024					31.00	7/1/2022	7/1/2022
Behavioral Health Providers	Peer Recovery Services	109	MBP010	Peer Support Services-MH	Self-help/peer services, per 15 minutes	H0038	U2				13.50	4/1/2022	7/1/2018
Behavioral Health Providers	Peer Recovery Services	109	MBP010	Peer Support Services-MH	Self-help/peer services, per 15 minutes	H0038	U2	HQ			4.00	4/1/2022	10/1/2019
Behavioral Health Providers	Peer Recovery Services	109	MBP011	Peer Support Services-SA	Self-help/peer services, per 15 minutes	H0038	U3				13.50	4/1/2022	7/1/2018
Behavioral Health Providers	Peer Recovery Services	109	MBP011	Peer Support Services-SA	Self-help/peer services, per 15 minutes	H0038	U3	HQ			4.00	4/1/2022	10/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791					91.44	1/1/2013	1/1/2013
Behavioral Health Providers Behavioral Health Providers	Psychologist Psychologist	030 030	MMA001 MMA001	General Medicaid General Medicaid	Psychotherapy, 30 minutes with patient and/or family member Psychotherapy, 45 minutes with patient and/or family member	90832 90834					37.98 48.92	1/1/2013 1/1/2013	1/1/2013 1/1/2013
Behavioral Health Providers	Psychologist Psychologist	030	MMA001	General Medicaid	Psychotherapy, 45 minutes with patient and/or family member	90834	GT				48.92	1/1/2013	1/1/2013
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychotherapy, 40 minutes with patient and/or family member	90837	01				71.62	1/1/2013	1/1/2013
Bonavioral Frontier Fortage	. Sychologist	000	1411411/1001	Contra modicala	Family psychotherapy (conjoint psychotherapy) (with patient present), 50	50001					71.02	17 172010	17 1720 10
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	minutes	90847					80.00	10/1/2012	10/1/2012
	, ,				Psychological testing evaluation by qualified healthcare professional, first 60								
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	minutes	96130					68.11	1/1/2019	1/1/2019
					Psychological testing evaluation by qualified health care professional,								
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	additional 60 minutes	96131					51.81	1/1/2019	1/1/2019
					Neuropsychological testing evaluation by qualified health care professional,								
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	first 60 minutes	96132					76.57	1/1/2019	1/1/2019
L	5				Neuropsychological testing evaluation by qualified health care professional,								,,.,
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	additional 60 minutes	96133					58.41	1/1/2019	1/1/2019
Debendard Health Drawk to	Developerint	000	NANA 004	Consul Medicald	Psychological or neuropsychological test administration and scoring by	00400					07.45	4/4/0040	4/4/2042
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	qualified health care professional, first 30 minutes Psychological or neuropsychological test administration and scoring by	96136					27.45	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	qualified health care professional, additional 30 minutes	96137					25.39	1/1/2019	1/1/2019
I Donavioral Floatili Floatides	i Sychologist	000	ITINIAUU I	Contra Medicald	quannou moditat odro professionat, duditional so minutes	55157					20.00	17 1720 13	1/1/2019

Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Perchaberagy, 45 minutes with patient and/or family member 90334 95 49.92 Behavioral Health Providers Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Perchaberagy, 45 minutes with patient and/or family member 9034 95 49.92 Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Perchaberagy, 45 minutes with patient and/or family member 9034 95 49.92 Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Perchaberagy, 45 minutes with patient and/or family member 9037 92.13 20.64 9037 92.13 20.64 9037 92.13 20.64 9037 92.13 20.64 9038 92.13 20.64 9038 92.13 20.64 903	
Major Service Category Detailed Service Category Octobe Total Part	Date (excl. A 1/1/2019 1/1. 1/1/2019 1/1. 1/1/2019 1/1. 1/1/2018 1/1. 1/1/2018 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1.
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Behavioral Health Providers Substance Use Rehabilitation Complexity with the queries at least 2 of these 3 key components: an expendent potential manual management of an explainted manual management of an	1/1/2019 1/1. 1/1/2018 1/1. 1/1/2017 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1.
Behavioral Health Providers Substance Use Rehabilitation General Medicaid Behavioral Health Providers Behavioral Health Providers Substance Use Rehabilitation General Medicaid Behavioral Health Providers Substance Use Rehabilitation General Medicaid Complexity Complex	1/1/2018 1/1. 1/1/2017 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1.
Behavioral Health Providers Psychologist O30 MMA001 General Medicaid Cancer of Medicaid Psychiatric diagnostic evaluation with medical services O3791 O374 Psychiatric diagnostic evaluation with medical services O3791 O374 Psychiatric diagnostic evaluation with medical services O3791 O374 O37	1/1/2017 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1.
Behavioral Health Providers Substance Use Rehabilitation of 60 MMA001 General Medicaid and mass spectrometry 99/1 148 Behavioral Health Providers Substance Use Rehabilitation of 60 MMA001 General Medicaid Psychiatric diagnostic evaluation with medical services 90/79 175, 34 91, 448 Behavioral Health Providers Substance Use Rehabilitation of 60 MMA001 General Medicaid Psychiatric diagnostic evaluation with medical services 90/79 175, 34 97, 98 Behavioral Health Providers Substance Use Rehabilitation of 60 MMA001 General Medicaid Psychotherapy, 45 minutes with patient and/or family member 90834 48, 92 86 92 92 92 92 92 92 92 92 92 92 92 92 92	1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1.
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Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Psychiatric diagnostic evaluation with medical services 97.53 de Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Psychotherapy, 36 minutes with patient and/or family member 90334 48.92 Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Psychotherapy, 45 minutes with patient and/or family member 90334 48.92 Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Psychotherapy, 45 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 minutes with patient and/or family member 90334 95 48.92 psychotherapy, 65 psy	1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1.
Behavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Psychotherapy, 30 minutes with patient and/or family member 90832 437, 98 Rehavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Rehavioral Health Providers Substance Use Rehabilitation 060 MMA001 General Medicaid Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90837 71, 62 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 48, 92 Psychotherapy, 45 minutes with patient and/or family member 90834 95 Psychotherapy, 45 minutes with patient and/or family member 90834 95 Psychotherapy, 45 minutes with patient and/or family member 90834 95 Psychotherapy, 45 minutes with patient and/or family member 90834 95 Psychotherapy, 45 minutes with patient and/or family member 90834 95 Psychother	1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1. 1/1/2013 1/1.
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Behavioral Health Providers Behavioral Health Providers Substance Use Rehabilitation O60 MMA001 General Medicaid Psychotherapy, 45 minutes with patient and/or family member Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a expanded problem focused history; and expanded problem focused history; ane	1/1/2013 1/1. 1/1/2013 1/1.
Behavioral Health Providers Substance Use Rehabilitation O60 MMA001 General Medicaid Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of these 3 key components: an established patient, which requires at least 2 of t	1/1/2013 1/1.
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Behavioral Health Providers Substance Use Rehabilitation O60 MMA001 General Medicaid Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug assessment H0001 UD 97.00 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Behavioral Health Counseling and therapy, per 15 minutes H0004 UD 17.94 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; intensive outpatient, including assessment, Counseling; crisis intervention Alcohol and/or drug services; methadone adminstration and or service H0005 UD 32.30 Alcohol and/or drug services; methadone adminstration and or service H0015 HF 91.50 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; methadone adminstration and or service H0015 HF 91.50 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; methadone adminstration and or service H0020 12.14 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug gervices; methadone adminstration and or service H0020 12.14 Behav	
Behavioral Health Providers Behavioral Health Providers Substance Use Rehabilitation Substance Abuse Services Alcohol and/or drug services; intensive outpatient, including assessment, Alcohol and or drug services; methadone administration and or service HO020 HO037 Figure 1970.00 HO045 HO055 HF P01.50 HF P01.50 HF P01.50 HO057 H	4/1/1993 4/1
Behavioral Health Providers Substance Use Rehabilitation Behavioral Health Providers Behavioral Health Providers Substance Use Rehabilitation Behavioral Health Providers Substance Use Rehabilita	4/1/1993 4/1
Behavioral Health Providers Behavioral Health Providers Behavioral Health Providers Substance Use Rehabilitation Substance Abuse Services Substance Abuse Services Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; intensive outpatient, including assessment, Substance Use Rehabilitation Substance Use Rehabilitation Substance Abuse Services Substance Use Rehabilitation Substance Abuse Services Alcohol and/or drug services; intensive outpatient, including assessment, Substance Use Rehabilitation Substance Use Rehabilitation Substance Abuse Services Alcohol and/or drug services; intensive outpatient, including assessment, Substance Use Rehabilitation Substance Abuse Services Alcohol and/or drug services; methadone administration and or service Alcohol and/or drug services; methadone administration and or service Community psychiatric supportive treatment program, per diem H0037 F.64 Behavioral Health Providers Substance Use Rehabilitation Substance Abuse Services Alcohol and/or drug services; methadone administration and or service Alcohol and/or drug teratment program, per diem H0037 F.64 Behavioral Health Providers Substance Use Rehabilitation of an individual	5/1/2006 5/1
Behavioral Health Providers Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Behavioral Health Counseling and therapy, per 15 minutes H0004 UD 17.94 Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; intensive outpatient, including assessment, Counseling: crisis intervention H0015 HF 91.50 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; methadone administration and or service H0020 H0037 7.64 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; methadone administration and or service Alcohol and/or drug services; methadone administration and or service H0020 12.14 Behavioral Health Providers Substance Use Rehabilitation O60 MSA010 Substance Abuse Services Alcohol and/or drug services; methadone administration and or service Community psychiatric supportive treatment program, per diem H0037 7.64 H0015 HF H0020 12.14 H0020 13.14 H0020	5/1/2006 5/1/
Behavioral Health Providers Substance Use Rehabilitation Behavioral Health Counseling and therapy, per 15 minutes Alcohol and/or drug services; group counseling by a clinician H0005 Behavioral Health Counseling and therapy, per 15 minutes Alcohol and/or drug services; group counseling by a clinician H0005 Behavioral Health Counseling and therapy, per 15 minutes Alcohol and/or drug services; group counseling by a clinician H0005 Behavioral Health Counseling and therapy, per 15 minutes Behavioral Health Counseling and therapy, per 15 minutes Behavioral Health Counseling and therapy, per 15 minutes Beh	1/1/2006 1/1/
Behavioral Health Providers Substance Use Rehabilitation 060 MSA010 Substance Abuse Services Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; group counseling by a clinician H0005 UD 32.30 Alcohol and/or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and/or drug services; intervention H0015 HF 91.50 Alcohol and or drug services; intervention and or service H0020 12.14 Behavioral Health Providers Substance Use Rehabilitation 060 MSA010 Substance Abuse Services Alcohol and or drug services; methadone administration and or service H0020 12.14 Community psychiatric supportive treatment program, per diem H0037 7.64 Alcohol and/or other drug treatment program, per diem H2036 91.50 Screening to determine the appropriateness of consideration of an individual	1/1/2006 1/1/
Behavioral Health Providers Substance Use Rehabilitation 060 MSA010 Substance Abuse Services Alcohol and/or drug services; group counseling by a clinician Alcohol and/or drug services; intensive outpatient, including assessment, Including ass	5/1/2006 5/1
Alcohol and/or drug services; intensive outpatient, including assessment, Behavioral Health Providers Substance Use Rehabilitation 600 MSA010 Substance Abuse Services Alcohol and/or drug services; intensive outpatient, including assessment, counseling; crisis intervention H0015 HF 91.50 Alcohol and or drug services; methadone administration and or service H0020 12.14 Alcohol and or drug services; methadone administration and or service H0020 12.14 Behavioral Health Providers Substance Use Rehabilitation 600 MSA010 MBO020 Opioid Treatment Program Community psychiatric supportive treatment program, per diem H0037 7.64 Alcohol and/or drug services; methadone administration and or service H0020 12.14 Alcohol and/or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and or drug services; intensive outpatient, including assessment, H0015 HF 91.50 Alcohol and or drug services; methadone administration and or service H0020 12.14 Alcohol and or drug services; methadone administration and or service H0020 12.14 Alcohol and or drug services; methadone administration and or service H0020 12.14 Alcohol and or drug services; methadone administration and or service H0020 12.14 Alcohol and or drug services; methadone administration and or service H0020 12.14 Alcohol and or drug services; methadone administration and or service H0020 12.14 Alcohol and or drug services; methadone administration and or service and provides and provides and provides and provides and provides and provides an	5/1/2006 5/1/
Behavioral Health Providers Substance Use Rehabilitation 060 MSA010 Substance Abuse Services Alcohol and or drug services; methadone adminstration and or service H0020 12.14 Substance Use Rehabilitation 060 MBO020 Opioid Treatment Program Community psychiatric supportive treatment program, per diem H0037 7.64 Alcohol and/or other drug treatment program, per diem H0037 H0037 91.50 Screening to determine the appropriateness of consideration of an individual	
Behavioral Health Providers Substance Use Rehabilitation 060 MBO020 Opioid Treatment Program Community psychiatric supportive treatment program, per diem H0037 7.64 Behavioral Health Providers Substance Use Rehabilitation 060 MSA010 Substance Abuse Services Alcohol and/or other drug treatment program, per diem H2036 91.50 Screening to determine the appropriateness of consideration of an individual	1/1/2016 1/1
Behavioral Health Providers Substance Use Rehabilitation 060 MSA010 Substance Abuse Services Alcohol and/or other drug treatment program, per diem H2036 91.50 Screening to determine the appropriateness of consideration of an individual	7/1/2016 7/1
	7/1/2016 7/1 5/1/2006 5/1
	6/1/2017 6/1
	6/1/2017 6/1
Evaluation of speech sound production with evaluation of language	7/1/2022 7/1
Evaluation of speech sound production with evaluation of language	7/1/2022 7/1
Children's services Early Intervention 059 MEI015 Early Intervention Non-MA comprehension and expression 92523 434.42 Evaluation of speech sound production with evaluation of language	7/1/2022 7/1
Children's services Early Intervention 059 MEI010 Early Intervention MA comprehension and expression 92523 52 217.21 Evaluation of speech sound production with evaluation of language	7/1/2022 7/1
	7/1/2022 7/1
	7/1/2022 7/1
	7/1/2022 7/1
Children's services Early Intervention 059 MEI010 Early Intervention MA Evaluation of physical therapy, typically 30 minutes 97162 217.21	7/1/2022 7/1
Children's services Early Intervention 059 MEI015 Early Intervention Non-MA Evaluation of physical therapy, typically 30 minutes 97162 217.21	7/1/2022 7/1
	7/1/2022 7/1
	7/1/2022 7/1
	7/1/2022 7/1
	7/1/2022 7/1
Children's services Early Intervention 059 MEI015 Early Intervention Non-MA Evaluation of occupational therapy, typically 45 minutes 97166 217.21 Evaluation of occupational therapy, established plan of care, typically 60	7/1/2022 7/1
Children's services Early Intervention 059 MEI010 Early Intervention MA minutes 97167 217.21	7/1/2022 7/1

				Medicaid Fee	Schedule for Selected Provider Types								
		Billina	Program										
		Provider	Indicator			Procedure	Mod						Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2	3	4	Rate	Date	(excl. ARPA)
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of occupational therapy, established plan of care, typically 60 minutes	97167					217.21	7/1/2022	7/1/2022
Criticien's services	Larry intervention	039	WILIO 13	Larry intervention Non-WA	Re-evaluation of occupational therapy, established plan of care, typically 30	97 107					217.21	11112022	1/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	minutes	97168					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MMA001	General Medicaid	Parental visit, home visit for newborn care and assessment	99502					59.95	1/1/2023	4/1/2009
Children's services	Early Intervention	059	MMA001	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	AJ				67.85	1/1/2023	4/1/2009
Children's services	Early Intervention	059	MMA001	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	TD				85.86	1/1/2023	4/1/2009
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Mental health services, not otherwise specified	H0046					68.79	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Mental health services, not otherwise specified	H0046					68.79	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Comprehensive multidisciplinary evaluation	H2000					1,064.36	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Comprehensive multidisciplinary evaluation	H2000					1,064.36	7/1/2022	7/1/2022
Children's services	Forly Intervention	059	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					21.72	7/1/2022	7/1/2022
Criticien's services	Early Intervention	039	MEIUIU	Early intervention MA	Patient education, not otherwise classified, non-physician provider, group,	39440					21.72	11112022	1/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	per session	S9446					21 72	7/1/2022	7/1/2022
C.III.a. C.I. C CO.I. I. C.I.	Lany morronaen	000		Zany intervention rion in t	Patient education, not otherwise classified, non-physician provider, group,	001.0						77 TZ 022	.,
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	per session	S9446	GO				21.72	7/1/2022	7/1/2022
	•			•	Patient education, not otherwise classified, non-physician provider, group,								
Children's services	Early Intervention	059	MEI010	Early Intervention MA	per session	S9446	TF				21.72	7/1/2022	7/1/2022
					Patient education, not otherwise classified, non-physician provider, group,								
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	per session	S9446	TF				21.72	7/1/2022	7/1/2022
					Patient education, not otherwise classified, non-physician provider, group,								
Children's services	Early Intervention	059	MEI010	Early Intervention MA	per session	S9446	TG				27.83	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group,	S9446	TG				27.83	7/1/2022	7/1/2022
Children's services Children's services	Early Intervention	059	MEI010	Early Intervention MA	per session Sign language or oral interpreter services	T1013	IG				27.83 25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Sign language or oral interpreter services	T1013					25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Sign language or oral interpreter services	T1013	TL				25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Sign language or oral interpreter services	T1013	TL				25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016					25.35	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016					25.35	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016	TF				50.69	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TF				50.69	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TF	U2			25.35	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016	TG				76.04	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TG				76.04	7/1/2022	7/1/2022
Children's services	Fash data a castia a	050	MEIOAO	Carlo later carties MA	Screening to determine the appropriateness of consideration of an individual						000.44	7/4/0000	7/4/0000
Crilidren's services	Early Intervention	059	MEI010	Early Intervention MA	for participation in a specified Screening to determine the appropriateness of consideration of an individual	T1023					228.11	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	for participation in a specified	T1023					228.11	7/1/2022	7/1/2022
Crimaren's services	Early intervention	033	IVILIO13	Early intervention from Wirk	Screening to determine the appropriateness of consideration of an individual						220.11	11112022	17172022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	for participation in a specified	T1023	TL				50.69	7/1/2022	7/1/2022
	,			,	Screening to determine the appropriateness of consideration of an individual								
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	for participation in a specified	T1023	TL				50.69	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024					43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024					43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	ΑE				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	ΑE				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	AJ				43.44	7/1/2022	7/1/2022
Children's services Children's services	Early Intervention	059 059	MEI010 MEI015	Early Intervention MA	Team evaluation & management per encounter	T1024 T1024	GN GN				43.44 43.44	7/1/2022 7/1/2022	7/1/2022 7/1/2022
Children's services	Early Intervention Early Intervention	059	MEI010	Early Intervention Non-MA Early Intervention MA	Team evaluation & management per encounter Team evaluation & management per encounter	T1024	GO				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GO				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	HN				29.70	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	HN				29.70	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TD				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TD				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TG	HO			43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TL	НО			43.44	7/1/2022	7/1/2022
Children's services Children's services	Early Intervention Early Intervention	059 059	MEI015 MEI010	Early Intervention Non-MA Early Intervention MA	Team evaluation & management per encounter Family training and counseling for child development, per 15 minutes	T1024 T1027	TL	НО			43.44 43.44	7/1/2022 7/1/2022	7/1/2022 7/1/2022
Totalidien's services	Larry intervention	009	WILIU IU	Lany Intervention IVIA	r army training and counseling for child development, per 13 millutes	11021					40.44	11112022	11112022

				inculation of the	ociticalic for ocitical Frontact Types								
		Billing Provider	Program Indicator			Procedure	Mod	i Mod	i Mod	Mod	Current	Effective	Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2	3	4	Rate	Date	(excl. ARPA)
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027					43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	AE				43.44	7/1/2022	7/1/2022
Children's services Children's services	Early Intervention Early Intervention	059 059	MEI015 MEI010	Early Intervention Non-MA Early Intervention MA	Family training and counseling for child development, per 15 minutes Family training and counseling for child development, per 15 minutes	T1027 T1027	AE AJ				43.44 43.44	7/1/2022 7/1/2022	7/1/2022 7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	AJ				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GN				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GN				43.44	7/1/2022	7/1/2022
Children's services Children's services	Early Intervention Early Intervention	059 059	MEI010 MEI015	Early Intervention MA Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes Family training and counseling for child development, per 15 minutes	T1027 T1027	GO GO				43.44 43.44	7/1/2022 7/1/2022	7/1/2022 7/1/2022
Children's services Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	HN				29.70	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	HN				29.70	7/1/2022	7/1/2022
Children's services Children's services	Early Intervention Early Intervention	059 059	MEI010 MEI015	Early Intervention MA Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes Family training and counseling for child development, per 15 minutes	T1027 T1027	TD TD				43.44 43.44	7/1/2022 7/1/2022	7/1/2022 7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TG	НО			43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Non-emergency transport; commercial carrier, multi-pass	T2004					14.49	7/1/2022	7/1/2022
Children's services	Early Intervention Home/Center Based Therapeutic	059	MEI015	Early Intervention Non-MA	Individual vision therapy	V2799					43.44	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MMA001	General Medicaid	Psychotherapy, 60 minutes with patient and/or family member Family psychotherapy (conjoint psychotherapy) (with patient present), 50	90837					71.62	1/1/2013	1/1/2013
Children's services	Services Home/Center Based Therapeutic	080	MMA001	General Medicaid	minutes	90847					80.00	10/1/2012	10/1/2012
Children's services	Services Home/Center Based Therapeutic	080	MMA001	General Medicaid	Group psychotherapy (other than of a multiple-family group)	90853					14.40	4/1/1993	4/1/1993
Children's services	Services Home/Center Based Therapeutic	080	MCE030	CEDARR Direct- Kids Connect	Therapeutic procedure(s), group (2 or more individuals)	97150					8.00	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE030	CEDARR Direct- Kids Connect	Therapeutic procedure(s), group (2 or more individuals)	97150	HA				16.00	7/1/2022	7/1/2022
Children's services Children's services	Services Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified Mental health services, not otherwise specified	H0046	HN				36.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025 MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified Mental health services, not otherwise specified	H0046 H0046	HO				15.68 55.00	1/1/2016 7/1/2022	1/1/2016 7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	но	U1			27.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	НО	XP			55.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HP				65.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HP	U1			32.50	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	U1				18.00	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE030	CEDARR Direct- Kids Connect	Comprehensive multidisciplinary evaluation	H2000					330.00	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Skills training and development, per 15 minutes	H2014					27.50	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Skills training and development, per 15 minutes	H2014	НО				27.50	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Skills training and development, per 15 minutes	H2014	HP				32.50	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Comprehensive community support services, per diem	H2016					4.95	7/1/2022	7/1/2022
Children's services Children's services	Services Home/Center Based Therapeutic Services	080	MCE030 MCE025	CEDARR Direct- Kids Connect CEDARR Direct For HBTS And PAS	Community-based wrap-around services, per 15 minutes Patient education, not otherwise classified, non-physician provider, group, per session	H2021 S9446					40.00 20.00	7/1/2022 7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005					9.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes Respite services 15 minutes	T1005						7/1/2022	7/1/2022
1		000	020								3.00	.,.,_022	., 1/2022

				Medicaid Fee	Schedule for Selected Provider Types						
		Billing	Program								
Major Service Category	Detailed Service Category	Provider Code	Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod Mod	d Mod Mo 3 4			(excl. ARPA)
Children's services	Home/Center Based Therapeutic Services	080	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005			9.00	7/1/2022	7/1/2022
	Home/Center Based Therapeutic				·						
Children's services	Services Home/Center Based Therapeutic	080	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UN		2.30	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UP		2.30	7/1/2022	7/1/2022
Children's services	Services	080	MCE025	CEDARR Direct For HBTS And PAS	Sign language or oral interpreter services	T1013			25.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Sign language or oral interpreter services	T1013	U1		25.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Case management, each 15 minutes	T1016			16.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Case management, each 15 minutes	T1016	U1		13.50	7/1/2022	7/1/2022
			02020		Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of		0.		10.00	77 17 2022	7,7,2322
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) Personal care services, per 15 minutes, not for an inpatient or resident of a	T1019			11.25	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019	TF		11.25	7/1/2022	7/1/2022
Official Services		000	WGL023	OLDANIC BROCK OF HIS TO ARRIVA	Personal care services, per 15 minute's, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	11019	"		11.23	77172022	77172022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019	TG		11.25	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023	U1		330.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Team evaluation & management per encounter	T1024			31.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Team evaluation & management per encounter	T1024	U1		15.50	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Team evaluation & management per encounter	T1024	XP		31.00	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MCE025	CEDARR Direct For HBTS And PAS	Family training and counseling for child development, per 15 minutes	T1027			27.50	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MRP019	ICF/MR Respite Waiver	Service assesment/ plan of care development, waiver	T2024			220.00	7/1/2022	7/1/2022
Children's services	Services Home/Center Based Therapeutic	080	MRP020	Hospital/SNF Respite Waiver	Service assesment/ plan of care development, waiver	T2024			220.00	7/1/2022	7/1/2022
Children's services	Services	080	MRP021	Psych Hospital Respite Waiver	Service assesment/ plan of care development, waiver	T2024			220.00	7/1/2022	7/1/2022
HCBS HCBS	Adult Day Care	050 050	MCS010 MDE010	LTSS HCBS Services	Day care services, adult; per diem	S5102 S5102			29.00 29.00	4/1/2022 4/1/2022	10/1/2018 10/1/2018
HCBS	Adult Day Care Adult Day Care	050	MDE030	OHA Community Waiver Program OHA At Home Cost Share	Day care services, adult; per diem Day care services, adult; per diem	S5102 S5102			78.00	4/1/2022	8/2/2021
HCBS	Adult Day Care	050	MDE040	OHA At Home Cost Share	Day care services, adult; per diem	S5102			78.00	4/1/2022	8/2/2021
HCBS	Adult Day Care	050	MDE050	OHA Assisted Living	Day care services, adult; per diem	S5102			52.98	7/1/2010	7/1/2010
HCBS	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102			29.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MPS020	Medicaid Preventive Services	Day care services, adult; per diem	S5102			29.00	4/1/2022	8/9/2020
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102			29.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Day care services, adult; per diem	S5102	U1		39.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE010	OHA Community Waiver Program	Day care services, adult, per diem	S5102	U1		39.00	4/1/2022	10/1/2018
HCBS											
	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102	U1 U1		39.00 39.00	4/1/2022 4/1/2022	10/1/2018
HCBS HCBS	Adult Day Care	050 050	MPS020 MSD020	Medicaid Preventive Services	Day care services, adult; per diem	S5102 S5102				4/1/2022	8/9/2020
	Adult Day Care			Personal Choice Program	Day care services, adult; per diem		U1		39.00		1/12/2021
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102	U1		39.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Day care services, adult; per diem	S5102	U1 U2		78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE010	OHA Community Waiver Program	Day care services, adult; per diem	S5102	U1 U2		78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MHB010	Habilitation Community Service	Day care services, adult; per diem	S5102	U1 U2		78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102	U1 U2		78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MPS020	Medicaid Preventive Services	Day care services, adult; per diem	S5102	U1 U2		78.00	4/1/2022	8/9/2020
HCBS	Adult Day Care	050	MSD020	Personal Choice Program	Day care services, adult; per diem	S5102	U1 U2		78.00	4/1/2022	1/12/2021
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102	U1 U2		78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Day care services, adult; per diem	S5102	U2		58.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE010	OHA Community Waiver Program	Day care services, adult; per diem	S5102	U2		58.00	4/1/2022	10/1/2018
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				Medicaid Fee S	Schedule for Selected Provider Types								
		Billing	Program										
		Provider	Indicator			Procedure	Mod	Mod	l Mod	Mod	Current	Effective	Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2			Rate	Date	(excl. ARPA)
HCBS	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MPS020	Medicaid Preventive Services	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	8/9/2020
HCBS	Adult Day Care	050	MSD020	Personal Choice Program	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	1/12/2021
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Case management, each 15 minutes	T1016	02				15.00	4/1/2022	3/18/2020
HCBS	Adult Day Care	050	MMA001	General Medicaid	Case management, each 15 minutes	T1016					15.00	4/1/2022	3/18/2020
HCBS	Assisted Living Facility	033	MDE050	OHA Assisted Living	Assisted living, waiver, per diem	T2031						11/1/2021	11/1/2021
HCBS	Assisted Living Facility	033	MWA070	Assisted Living	Assisted living, waiver, per diem	T2031						11/1/2021	11/1/2021
ПСВЗ	Assisted Living I acility	033	WWWAUTU	Assisted Living	Assisted living, waiver, per diem	12031					70.00	1 1/ 1/2021	11/1/2021
					Office or other outpatient visit for the evaluation and management of a new								
					patient, which requires these three key components: a detailed history; a								
HCBS	Case Management	044	MMA001	General Medicaid	detailed examination; medical decision making of low complexity	99203					29.00	1/1/1996	1/1/1996
	g				Office or other outpatient visit for the evaluation and management of a new								
					patient, which requires these 3 key components: a comprehensive history; a								
					comprehensive examination; medical decision making of moderate								
HCBS	Case Management	044	MMA001	General Medicaid	complexity	99204					45.00	1/1/1996	1/1/1996
1.020	oues management	011	1411411 100 1	Comoral Modicala	Office or other outpatient visit for the evaluation and management of an	00204					40.00	17 17 1000	17 17 1000
					established patient, which requires at least 2 of these 3 key components: a								
					problem focused history; a problem focused examination; straightforward								
HCBS	Case Management	044	MMA001	General Medicaid	medical decision making	99212					20.64	4/1/1993	4/1/1993
11000	Case Management	044	WIWIAGGT	General Medicald	medical decision making	33212					20.04	4/1/1000	4/1/1995
					Office or other outpatient visit for the evaluation and management of an								
					established patient, which requires at least 2 of these 3 key components: an								
					expanded problem focused history; an expanded problem focused								
HCBS	Case Management	044	MMA001	General Medicaid	examination; medical decision making of low complexity	99213					20.64	4/1/1993	4/1/1993
HCBS	Case Management	044	MDE050	OHA Assisted Living	Case management, each 15 minutes	T1016					15.00	7/1/2009	7/1/2009
HCBS	Case Management	044	MWA070	Assisted Living	Case management, each 15 minutes	T1016					15.00	5/1/2006	5/1/2006
HCBS	Case Management	044	MCS010	LTSS HCBS Services	Targeted case management, each 15 minutes	T1017					15.00	7/1/2009	7/1/2009
HCBS	Case Management	044	MDE010	OHA Community Waiver Program	Targeted case management, each 15 minutes	T1017					15.00	5/1/2006	5/1/2006
HCBS	Case Management	044	MDE060	OHA Case Management (CNOM)	Targeted case management, each 15 minutes	T1017					15.00	7/1/2009	7/1/2009
l lobo	oase Management	044	WIDE000	OTIA Gase Management (GNOM)	rargetod case management, each 13 minutes	11017					13.00	11112003	77172003
HCBS	Case Management	044	OOR010	Social Services For The Blind (CNOM)	Targeted case management, each 15 minutes	T1017					14.00	1/16/2009	1/16/2009
						T					=== 00	=1410000	E/4/0000
HCBS	Case Management	044	MLP010	Lead Poisoning Case Management	Comprehensive environmental lead investigation, not including laboratory	T1029					775.00	5/1/2006	5/1/2006
HCBS	Case Management	044	MMA001	General Medicaid	Frames, purchases	V2020					12.00	6/1/2012	6/1/2012
HCBS	Case Management	044	MMA001	General Medicaid	Sphere, single vision, plano to plus or minus 4.00, per lens	V2100	RT	LT			28.79	6/1/2012	6/1/2012
HCBS	Case Management	044	MDC110	Child Advocacy	Case management-child advocacy non-medical per 1/4 hour	X0150					16.00	9/1/1994	9/1/1994
HCBS	Case Management	044	MHV010	HIV Case Management	Non-medical case management - HIV, per 1/4 hour unit	X0377					15.00	1/1/1995	1/1/1995
					Non-medical case management - services for blind & visually impaired								
HCBS	Case Management	044	MMA001	General Medicaid	(SBVI)	X0620					14.00	1/1/1994	1/1/1994
HCBS	Day Habilitation	055	MHB010	Habilitation Community Service	Day habilitation, waiver, per 15 minutes	T2021					5.32	4/1/2022	7/1/2009
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE030	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE040	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE030	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE040	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Homemaker service, nos; per 15 minutes	S5130					6.21	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Homemaker service, nos; per 15 minutes	S5130					6.21	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Homemaker service, nos; per 15 minutes	S5130					6.21	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Homemaker service, nos; per 15 minutes	S5130	TE				14.35	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Nursing assessment/evaluation	T1001	-				103.84	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
HCBS	Home Care	072	MHB010	Habilitation Community Service	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
		0,2	0020		Services of home health/hospice aide in home health or hospice setting,	. 1001					.00.04	. / 1/2022	77172022
HCBS	Home Health	010	MMA001	General Medicaid	each 15 minutes	G0156					7.54	7/1/2022	7/1/2022
HCBS	Home Health	010	MMA001	General Medicaid	Home health nursing and therapy visits	X0043					114.54	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MCS010	LTSS HCBS Services	Home-delivered meals, including preparation; per meal	S5170					12.00	7/1/2022	7/1/2022
					Home-delivered meals, including preparation; per meal	S5170							7/1/2022
	Home Meal Delivery	077	MDF010										
HCBS HCBS	Home Meal Delivery Home Meal Delivery	077 077	MDE010 MSD020	OHA Community Waiver Program Personal Choice Program	Home-delivered meals, including preparation; per meal	S5170					12.00 12.00	7/1/2022 7/1/2022	7/1/2022

	Medicaid Fee Schedule for Selected Provider Types												
		Billing	Program										
		Provider				Procedure	Mod			Mod			Effective Date
Major Service Category HCBS	Detailed Service Category Home Meal Delivery	Code 077	MCS010	Program Description LTSS HCBS Services	Procedure Code Description Home-delivered meals, including preparation; per meal	Code S5170	1 U1	2	3	4	12.00	7/1/2022	(excl. ARPA) 7/1/2022
HCBS	Home Meal Delivery	077	MDE010	OHA Community Waiver Program	Home-delivered meals, including preparation; per meal	S5170	U1				12.00	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MCS010	LTSS HCBS Services	Home-delivered meals, including preparation; per meal	S5170	U2				6.50	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MDE010	OHA Community Waiver Program	Home-delivered meals, including preparation; per meal	S5170	U2				6.50	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MSD020	Personal Choice Program	Home-delivered meals, including preparation; per meal	S5170	U2				6.50	7/1/2022	7/1/2022
					Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home								
HCBS	Independent Provider	116	MIP010	Independent Provider Program	health aide or certified nurse assistant)	T1019					4.24	7/1/2022	7/1/2022
HCBS	Independent Provider Personal Choice/Hab Case	116	MIP010	Independent Provider Program	Waiver services; not otherwise specified	T2025					170.00	4/1/2022	10/1/2019
HCBS	Management Personal Choice/Hab Case	069	MHB010	Habilitation Community Service	Case management, each 15 minutes Assessment of home, physical and family environment, to determine	T1016					15.00	4/1/2022	1/1/2019
HCBS	Management Personal Choice/Hab Case	069	MHB010	Habilitation Community Service	suitability to meet patient's medical needs	T1028					60.00	7/1/2009	7/1/2009
HCBS	Management Personal Choice/Hab Case	069	MIP010	Independent Provider Program	Case management, per month	T2022						10/1/2019	10/1/2019
HCBS	Management Personal Choice/Hab Case	069	MSD020	Personal Choice Program	Case management, per month	T2022						1/12/2021	1/12/2021
HCBS	Management	069	MSD020	Personal Choice Program	Case management, per month	T2022	U2				175.00	1/12/2021	1/12/2021
HCBS	Self Directed Community Services		MSD020	Personal Choice Program	Waiver services; not otherwise specified	T2025					125.00	4/1/2022	1/12/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136					35.53	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	TG				44.98	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	TG	U1			52.92	7/1/2021	7/1/2021
HCBS HCBS	Shared Living Agency Shared Living Agency	051 051	MSL010 MSL010	Shared Living Shared Living	Companion care, adult (e.g. IADL/ADL); per diem Companion care, adult (e.g. IADL/ADL); per diem	S5136 S5136	TG TG	U1 UN	UN		39.70 33.74	7/1/2021 7/1/2021	7/1/2021 7/1/2021
HCBS	Shared Living Agency Shared Living Agency	051	MSL010	Shared Living Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	U1	UN			41.80	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem Assessment of home, physical and family environment, to determine	S5136	U1	UN			31.35	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	suitability to meet patient's medical needs	T1028					300.00	3/1/2010	3/1/2010
HCBS	Shared Living Agency	051	MSL010	Shared Living	Waiver services; not otherwise specified	T2025					26.03	3/1/2010	3/1/2010
HCBS	Shared Living Agency	051	MSL010	Shared Living	Waiver services; not otherwise specified	T2025	U1				26.99	1/1/2015	1/1/2015
HCBS	Waiver Case Manager - Other	057	MHB020	Habilitation Group Home Services	Case management, each 15 minutes Assessment of home, physical and family environment, to determine	T1016					15.00	1/1/2019	1/1/2019
HCBS	Waiver Case Manager - Other	057	MCS010	LTSS HCBS Services	suitability to meet patient's medical needs Assessment of home, physical and family environment, to determine	T1028					60.00	7/1/2009	7/1/2009
HCBS	Waiver Case Manager - Other	057	MDE010	OHA Community Waiver Program	suitability to meet patient's medical needs Assessment of home, physical and family environment, to determine	T1028					60.00	7/1/2009	7/1/2009
HCBS	Waiver Case Manager - Other	057	MHB020	Habilitation Group Home Services	suitability to meet patient's medical needs Assessment of home, physical and family environment, to determine	T1028					60.00	7/1/2009	7/1/2009
HCBS	Waiver Case Manager - Other	057	MMA001	General Medicaid	suitability to meet patient's medical needs Assessment of home, physical and family environment, to determine	T1028					60.00	7/1/2017	7/1/2017
HCBS Intellectual and Developmental	Waiver Case Manager - Other	057	MSL010	Shared Living	suitability to meet patient's medical needs	T1028					300.00	3/1/2010	3/1/2010
Disability Services Intellectual and Developmental	Adult Day Care	050	MAD010	Adult Day Care	Day care services, adult; per diem	S5102	114				29.00	4/1/2022	10/1/2018
Disability Services Intellectual and Developmental	Adult Day Care	050	MAD010 MAD010	Adult Day Care	Day care services, adult; per diem	S5102	U1 U1	U2			39.00 78.00	4/1/2022 4/1/2022	10/1/2018
Disability Services Intellectual and Developmental	Adult Day Care Adult Day Care	050 050	MAD010	Adult Day Care	Day care services, adult; per diem	S5102 S5102	U2	02			58.00	4/1/2022	10/1/2018 10/1/2018
Disability Services Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	Adult Day Care BHDDH Transportation Waiver	Day care services, adult; per diem Case management, per month	T2022	TG					7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME		T2022	TG					7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month Case management, per month	T2022	TG	U2			197.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	TG	U2			197.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	BHD011	BHDDH DD CNOM Eligibility	Case management, per month	T2022	U5	UZ			111.54	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U5					7/1/2022	7/1/2022
15.545iiity Golvioto	22011 Gase Management	500	ויייטטטויי	55511 Transportation Walver	odesdagement, per menti	12022	00				111.04	11112022	11112022

				Medicald Fee	Schedule for Selected Provider Types							
		Billing	Program			D					F60 - 40	Effective D
Major Service Category	Detailed Service Category	Provider Code	Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod 1	Mod 2	Mod N	1od Current 4 Rate		(excl. ARPA)
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	U5			111 54	7/1/2022	7/1/2022
Intellectual and Developmental	_				-							
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD063	BHDDH Transportation State	Case management, per month	T2022	U5			111.54	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U5	U2		49.20	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U6			134.34	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	U6			134.34	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD063	BHDDH Transportation State	Case management, per month	T2022	U6			134.34	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U7			158.01	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	U7			158.01	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD063	BHDDH Transportation State	Case management, per month	T2022	U7			158.01	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U7	U2		98.41	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	UA			226.92	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	UA			226.92	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	UA	U2		197.88	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	UA	U2		197.88	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	TG			232.89	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U6			37.59	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD012	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U6			37.59	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U7			56.91	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD012	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U7			56.91	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	UA			121.94	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD012	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	UA			121.94	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	TG			9.47	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG			9.47	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG			9.47	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	TG	U1		9.56	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG	U1		9.56	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG	U1		9.56	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG	U1		9.56	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	U5			1.38	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5			1.38	7/1/2022	7/1/2022
Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5			1.38	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	U5	U1		2.01	7/1/2022	7/1/2022

				Medicaid Fee	Schedule for Selected Provider Types							
		Billing Provider	Program Indicator			Procedure	Mod	Mod	Mod N	lod Curron	t Effective	Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2	3	4 Rat		(excl. ARPA)
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5	111		2.01	7/1/2022	7/1/2022
Intellectual and Developmental	BRDDR - Day Flogram	000	INDDOLL	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	12021	03	UI		2.01	11112022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5	U1		2.01	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6			1.59	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6			1.59	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6	U1		2.01	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6	U1		2.01	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7			2.26	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7			2.26	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7	U1		4.67	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7	U1		4.67	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7	U1		4.67	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	U8			13.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8			13.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8			13.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8			13.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA			3.45	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA			3.45	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	880	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	UA	U1		9.56	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA	U1		9.56	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA	U1		9.56	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Day Program	088	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA	U1		9.56	7/1/2022	7/1/2022
Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019				9.69	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	880	MBD012	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019				9.69	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services Intellectual and Developmental	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019				9.69	7/1/2022	7/1/2022
Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UN			5.57	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	880	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UN			5.57	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UP			3.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	880	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UP			3.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UQ			3.03	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UQ			3.03	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UR			2.52	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	US			2.18	7/1/2022	7/1/2022

				Medicaid Fee :	Schedule for Selected Provider Types					
		Billing	Program							
Major Service Category	Detailed Service Category	Provider Code	Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod Mo	flod Current 4 Rate		(excl. ARPA)
Intellectual and Developmental	Dotaliou Co. Vico Catogoly			. rogram 2000paio	Troobadio Code Boomphon			 ·	2410	(oxon ruti rij
Disability Services Intellectual and Developmental	BHDDH - Employment Based	880	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	TG	727.22	7/1/2022	7/1/2022
Disability Services	BHDDH - Employment Based	088	BHD011	BHDDH DD CNOM Eligibility	Targeted case management; per month	T2023	U5	216.39	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	U5	216.39	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD012	BHDDH Community Support	Targeted case management; per month	T2023	U5	216.39	7/1/2022	7/1/2022
Intellectual and Developmental	. ,			,						
Disability Services Intellectual and Developmental	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Targeted case management; per month	T2023	U5	216.39	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Employment Based	880	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	U6	299.88	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Employment Based	880	MBD012	BHDDH Community Support	Targeted case management; per month	T2023	U6	299.88	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	U7	386.66	7/1/2022	7/1/2022
Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	UA	580.00	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD	60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD012	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD	60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD	60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Ind. Living Only	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U8	28.94	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Respite care, in the home, per diem	S9125		277.56	7/1/2022	7/1/2022
Intellectual and Developmental	BHDDH - Independent Living or			,		T1005				7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD011	BHDDH Community Support	Respite services 15 minutes			7.71		
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	BHD011	BHDDH DD CNOM Eligibility	Habilitation, education, per hour	T2013		43.78	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	880	MBD011	BHDDH Community Support	Habilitation, education, per hour	T2013		43.78	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	880	BHD011	BHDDH DD CNOM Eligibility	Habilitation, educational, waiver, per 15 minutes	T2017		9.47	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017		9.47	7/1/2022	7/1/2022
Disability Services	Family Supports	880	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017		9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD013	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017		9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHD011	BHDDH DD CNOM Eligibility	Habilitation, educational, waiver, per 15 minutes	T2017	UD	13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UN	5.45	7/1/2022	7/1/2022
Intellectual and Developmental	BHDDH - Independent Living or									
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UN	5.45	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	BHD011	BHDDH DD CNOM Eligibility	Habilitation, educational, waiver, per 15 minutes	T2017	UP	3.79	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UP	3.79	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UP	3.79	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UQ	2.96	7/1/2022	7/1/2022
Disability Services	Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UQ	2.96	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UR	2.46	7/1/2022	7/1/2022
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	Medicaid Fee Schedule for Selected Provider Types											
		Billing Provider				Procedure	Mod		Mod Mo			Effective Date
Major Service Category Intellectual and Developmental	Detailed Service Category BHDDH - Independent Living or	Code	Code	Program Description	Procedure Code Description	Code	1_	2	3 4	Rate	Date	(excl. ARPA)
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UR			2.46	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports BHDDH - Independent Living or	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	US			2.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	US			2.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	880	MBD011	BHDDH Community Support	Respite services 15 minutes	T1005	UJ			5.43	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	088	MBD061	BHDDH Transportation Waiver	Non-emergency transportation; encounter/trip	T2003	TG			18.64	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	880	MBD062	BHDDH Transportation ME	Non-emergency transportation; encounter/trip	T2003	TG			18.64	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	880	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2	U1		9.47	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	880	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2	U1		9.47	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	880	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8		13.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	880	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8		13.13	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Other	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	L6			56.73	7/1/2022	7/1/2022
Disability Services	BHDDH - Other	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	L6			56.73	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services Intellectual and Developmental	BHDDH - Other	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	UD			1,625.00	1/1/2018	1/1/2018
Disability Services Intellectual and Developmental	BHDDH - Other	088	MBD011	BHDDH Community Support	Supports brokerage, self-directed, waiver; per 15 minutes	T2041	U2			12.50	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015				37.27	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	088	MBD012	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015				37.27	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	880	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UN			19.29	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	880	MBD012	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UN			19.29	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UP			13.41	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	880	MBD012	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UP			13.41	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	880	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UQ			10.49	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	880	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UR			8.73	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Prevocational Training	880	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	US			7.58	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	880	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	TG			437.61	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U5			171.44	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	880	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U6			171.44	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U7			242.11	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	UA			390.45	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	TG			437.61	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	880	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	TG	U1		133.37	7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U5			171.44	7/1/2022	7/1/2022
Disability Services	BHDDH - Residential Habilitation	880	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U5	U1		71.85	7/1/2022	7/1/2022

	Medicaid Fee Schedule for Selected Provider Types											
		Billing Provider	Program Indicator			Procedure	Mod	Mod	Mod "	Mod Curre	at Effortive	Effective Date
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2 2	3	4 R		
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	880	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U6			171.4	4 7/1/2022	7/1/2022
Intellectual and Developmental Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U6	U1		87.6	9 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U7			242.1	1 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U7	U1		111.3	3 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	880	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	UA			390.4	5 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	UA	U1		133.3	7 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Respite services 15 minutes	T1005	U2			7.7	1 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Respite services 15 minutes	T1005	UJ	U2		5.4	3 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Habilitation, education, per hour	T2013	UD	U2		47.7	2 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2			9.4	7 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2			9.4	7 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U2		13.1	3 7/1/2022	7/1/2022
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	U2			9.6		
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8	U1		13.1		
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Waiver services; not otherwise specified	T2025	U2			50.0		
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD012	BHDDH Community Support	Waiver services; not otherwise specified	T2025	U2			50.0		
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD011	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD	U2		60.		
Disability Services Intellectual and Developmental	BHDDH - Self-Directed Services	880	MBD012	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD	U2		60.1		
Disability Services Intellectual and Developmental	BHDDH - Transportation	088	BHD011	BHDDH DD CNOM Eligibility	Non-emergency transportation; encounter/trip	T2003				10.6		
Disability Services Intellectual and Developmental	BHDDH - Transportation	088	MBD061	BHDDH Transportation Waiver	Non-emergency transportation; encounter/trip	T2003				10.6		
Disability Services Intellectual and Developmental	BHDDH - Transportation	088	MBD062	BHDDH Transportation ME	Non-emergency transportation; encounter/trip	T2003				10.6		
Disability Services Intellectual and Developmental	BHDDH - Transportation	088	MBD063	BHDDH Transportation State	Non-emergency transportation; encounter/trip	T2003				10.6		
Disability Services Intellectual and Developmental	BHDDH - Transportation	088	MBD061	BHDDH Transportation Waiver	Non-emergency transportation; encounter/trip	T2003	UA			18.6		
Disability Services Intellectual and Developmental	BHDDH - Transportation	088	MBD062	BHDDH Transportation ME	Non-emergency transportation; encounter/trip	T2003	UA			18.6		
Disability Services Intellectual and Developmental	Home Care	072	MBD030	BHDDH DD Home Health Services Severely Disabled Home Care	Attendant care services; per 15 minutes	S5125				6.6		
Disability Services Intellectual and Developmental	Home Care	072	MCC010	Services	Attendant care services; per 15 minutes	S5125	114			6.6		
Disability Services Intellectual and Developmental	Home Care	072	MBD030	BHDDH DD Home Health Services	Attendant care services; per 15 minutes	S5125	U1			6.4		
Disability Services Intellectual and Developmental Disability Services	Home Care Home Care	072	MBD030	BHDDH DD Home Health Services BHDDH DD Home Health Services	Homemaker service, nos; per 15 minutes	S5130	TC			6.2		
Intellectual and Developmental		072	MBD030	Severely Disabled Home Care	Homemaker service, nos; per 15 minutes	S5130	TE			14.3		
Disability Services Intellectual and Developmental Disability Services	Home Care Home Care	072	MCC010	Services Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	T) /			14.3		
Intellectual and Developmental	Home Care	072	MCC010	Severely Disabled Home Care	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TV			14.3		
Disability Services	nome care	072	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UH			14.3	5 7/1/2022	7/1/2022

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		Billing	Program										
		Provider	Indicator			Procedure	Mod	Mod	Mod	Mod			
Major Service Category	Detailed Service Category	Code	Code	Program Description	Procedure Code Description	Code	1	2	3	4	Rate	Date	(excl. ARPA)
Intellectual and Developmental				Severely Disabled Home Care									
Disability Services	Home Care	072	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UJ				14.35	7/1/2022	7/1/2022
Intellectual and Developmental				Severely Disabled Home Care		- 4004						=/4/0000	7/4/0000
Disability Services	Home Care	072	MCC010	Services	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									
Disability Services	Homecare	065	MCC010	Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000					14.35	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care	5								
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TE				11.62	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care	5								
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TU				14.35	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care	5								
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TU	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TV				14.35	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TV	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UH				14.35	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UH	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UJ				14.35	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									_,,,
Disability Services	Homecare	065	MCC010	Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UJ	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental	Severly Disabled Nursing			Severely Disabled Home Care									_,,,
Disability Services	Homecare	065	MCC010	Services	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022

- Notes
 1. Medicaid fee schedule was provided by Gainwell on February 28, 2023 and is limited to services in the SFY 2022 Medicaid fee-for-service claims data performed by selected providers.
 2. Certain rate changes in the Medicaid fee schedule are attributable to changes in service coding, particularly for behavioral health services for which service codes were changed January 1, 2016. Updates to Phase 2 of this report will include rate changes prior to January 1, 2016, for the affected services.

 3. Codes with \$0.00 or \$0.01 reimbursement are excluded from the table above.

 4. Negotiated or manually adjusted fees are not included.

Appendix 2: Non-Medicaid Service Reimbursement

	Non-Medicaid Service Reimbursement Service Subject Area Service Description Reimbursement													
	Service Sub	ject Area			e Description									
Agency	Major Service Category	Detailed Service Category	Service Name	Identification	Subgroup	Provider Name	Current	Service	Effective					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	MedRate	Alliance Human Services, Inc.	Rate \$ 109.51	Unit Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care Therapeutic Foster Care	FCAS	MedRate	Boys Town New England	\$ 105.31	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care Therapeutic Foster Care	FCAS	Tier1	Alliance Human Services, Inc.	\$ 48.05	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care Therapeutic Foster Care	FCAS	Tier1	Boys Town New England	\$ 55.93	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care Therapeutic Foster Care	FCAS	Tier1	Child & Family Services of Newport	\$ 53.95	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Children's Friend and Service	\$ 52.29	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Communities for People, Inc.	\$ 51.92	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Community Care Alliance	\$ 52.44	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Devereux Foundation Inc.	\$ 56.97	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Family Service of Rhode Island	\$ 52.85	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Groden Center	\$ 63.86	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	NAFI Connecticut. Inc.	\$ 55.06	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Alliance Human Services. Inc.	\$ 50.29	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Boys Town New England	\$ 56.36	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Child & Family Services of Newport	\$ 55.80	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Children's Friend and Service	\$ 54.90	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Communities for People, Inc.	\$ 51.92	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Community Care Alliance	\$ 52.44	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Devereux Foundation Inc.	\$ 58.53	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Family Service of Rhode Island	\$ 52.85	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Groden Center	\$ 63.86	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	NAFI Connecticut, Inc.	\$ 55.06	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Alliance Human Services, Inc.	\$ 79.33	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Boys Town New England	\$ 80.72	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Child & Family Services of Newport	\$ 75.29	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Children's Friend and Service	\$ 78.64	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Communities for People, Inc.	\$ 66.46	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Community Care Alliance	\$ 81.03	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Devereux Foundation Inc.	\$ 66.70	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Family Service of Rhode Island	\$ 90.44	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Groden Center	\$ 89.22	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	NAFI Connecticut, Inc.	\$ 85.07	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Alliance Human Services, Inc.	\$ 100.57	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Boys Town New England	\$ 102.54	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Child & Family Services of Newport	\$ 88.57	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Children's Friend and Service	\$ 95.19	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Communities for People, Inc.	\$ 102.58	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Community Care Alliance	\$ 103.75	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Devereux Foundation Inc.	\$ 98.50	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Family Service of Rhode Island	\$ 105.80	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Groden Center	\$ 125.25	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	NAFI Connecticut, Inc.	\$ 114.48	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Alliance Human Services, Inc.	\$ 105.04	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Child & Family Services of Newport	\$ 92.99	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Children's Friend and Service	\$ 99.94	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Communities for People, Inc.	\$ 111.71	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Community Care Alliance	\$ 103.75	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Devereux Foundation Inc.	\$ 102.52	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Family Service of Rhode Island	\$ 105.80	Per Diem	7/1/2022					
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Groden Center	\$ 125.25	Per Diem	7/1/2022					
DCYF	Home and Community-Based Services	Community Health Team	Trauma Systems Therapy Community Health Team	TSTCHT1	-	Family Service of Rhode Island	\$ 190.09	Per Diem	7/1/2022					
DCYF	Home and Community-Based Services	CSEC Mentor	Commercial Sexual Exploitation of Children Mentoring Program	CSEC1		Day One	\$ 43.45	Per Diem	7/1/2022					
DCYF	Home and Community-Based Services	Disruptive Behavior Program	MST - Contracted	HB04		NAFI Connecticut, Inc.	\$ 73.59	Per Diem	7/1/2022					
DCYF	Home and Community-Based Services	Disruptive Behavior Program	Parentingw/Love&Limits	PLLHme		NAFI Connecticut, Inc.	\$ 61.91	Per Diem	7/1/2022					
DCYF	Home and Community-Based Services	Disruptive Behavior Program	Parentingw/Love&Limits	PLLPImt		NAFI Connecticut, Inc.	\$ 61.91	Per Diem	7/1/2022					

	Non-Medicaid Service Reimbursement								
	Service Subject Area Service Description					Reimbursement			
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Subgroup	Provider Name	Current Rate	Service Unit	Effective Date	
DCYF	Home and Community-Based Services	Disruptive Behavior Program	PreservingFamNetworks	PFN	Tides Family Services	\$ 97.93	Per Diem		
l .	Home and Community-Based Services	Disruptive Behavior Program	PreservingFamNetworks	PFNIt	Tides Family Services	\$ 51.81	Per Diem	I	
l .	Home and Community-Based Services	Disruptive Behavior Program	Short-Term Assessment & Stabilization	PFN	Tides Family Services	\$ 97.93	Per Diem	I	
DCYF	Home and Community-Based Services	Enhanced Family Suppport Services	Enhanced Family Support Services	EFSS2	Communities for People, Inc.	\$ 38.76	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Enhanced Family Suppport Services	Enhanced Family Support Services Program	EFSS3	Key Program, Inc.	\$ 38.76	Per Diem	7/1/2022	
l .	Home and Community-Based Services	Family-Centered Treat	Family-Centered Treatment	FCT	Child & Family Services of Newport	\$ 78.48	Per Diem		
DCYF	Home and Community-Based Services	Family-Centered Treat	Family-Centered Treatment	FCT2	Communities for People, Inc.	\$ 77.91	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP	Child & Family Services of Newport	\$ 41.69	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP	Communities for People, Inc.	\$ 41.69	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP	Community Care Alliance	\$ 41.69	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP	Family Service of Rhode Island	\$ 41.69	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP	Tri-County Community Action Agency	\$ 41.69	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP	Child & Family Services of Newport	\$ 52.80	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP	Communities for People, Inc.	\$ 52.80	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP	Community Care Alliance	\$ 52.80	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP	Family Service of Rhode Island	\$ 52.80	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP	Tri-County Community Action Agency	\$ 52.80	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Preservation	Family Stabilization Program	FP5	Children's Friend and Service	\$ 79.01	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Preservation	Treatment Program for Families	FP	Community Care Alliance	\$ 27.31	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Family Stabilization Program	Family Stabilization Program	FSP1	Child & Family Services of Newport	\$ 38.48	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Familypres-Peer Support	Family and Youth Support Partner Services	FVC4	Parent Support Network of RI	\$ 22.85	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Familypres-Visitation	Family and Youth Support Partner Services	FVC4	Parent Support Network of RI	\$ 22.85	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Functional Family Therapy	Disruptive Behavior Program	FFT2	Tides Family Services	\$ 37.11	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Functional Family Therapy	Functional Family Therapy	FFT	Child & Family Services of Newport	\$ 37.77	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Homebuilders	Family Stabilization Program	HBLD1	Bethany Christian Serv of Southern	\$ 270.96	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Miscellaneous Programs	Outreach and Tracking	OT	Tides Family Services	\$ 41.33	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Miscellaneous Programs	Outreach and Tracking	OT	Tides Family Services	\$ 45.03	Per Diem	7/1/2022	
DCYF	Home and Community-Based Services	Miscellaneous Programs	Truancy Intervention	OT	Tides Family Services	\$ 41.33	Per Diem		
	Home and Community-Based Services	MST - Contracted	Multi-Systemic Therapy	HB5	Providence Center	\$ 73.59	Per Diem		
	Home and Community-Based Services	Safecare	SafeCare	SC1	Family Service of Rhode Island	\$ 39.31	Per Diem		
	Home and Community-Based Services	Special Populations Program	Family Pres - DD Parent	PCD	Groden Center	\$ 152.40	Per Diem		
l l	Home and Community-Based Services	Special Populations Program	Family Stablization Program	PCD	Groden Center	\$ 171.99	Per Diem		
l .	Home and Community-Based Services	Special Populations Program	Foster Parent Support Services	FOC9	St. Mary's Home for Children	\$ 108.27	Per Diem		
	Home and Community-Based Services	Special Populations Program	MST-PSB	MSTPSB0	NAFI Connecticut, Inc.	\$ 179.17	Per Diem		
	Home and Community-Based Services	Special Populations Program	STAAR	STAAR1	St. Mary's Home for Children	\$ 110.94	Per Diem		
l .	Home and Community-Based Services	Teen Act	Teen Assertive Community Treatment	TACT	Providence Center	\$ 59.35	Per Diem	I	
l .	Home and Community-Based Services	Triple P	Positive Parenting Program	TRI P	Key Program, Inc.	\$ 56.99	Per Diem		
DCYF	Home and Community-Based Services	TST Community Based	Trauma System Therapy Community	TST1	Family Service of Rhode Island	\$ 98.04	Per Diem	7/1/2022	
	Home and Community-Based Services	TTEAM	Trauma, Treatment, Evaluation, Assessment and Management	CSECTT	Day One	\$ 49.40	Per Diem		
l l	Home and Community-Based Services	Visitation Center	Family Visitation/Care Coordination Services	FVC2	Boys Town New England	\$ 41.64	Per Diem		
l .	Home and Community-Based Services	Visitation Center	Parent Child Visitation Center	FVC	Community Care Alliance	\$ 62.65	Per Diem		
	Home and Community-Based Services	Visitation Center	Parent Child Visitation Center	FVC1NEC	Community Care Alliance	\$ 75.12	Per Diem		
l .	Home and Community-Based Services	Visitation Center	Trauma Systems Therapy Visitation and Coaching	FVC3	Family Service of Rhode Island	\$ 53.57	Per Diem	I	
l .	Home and Community-Based Services	Youth Advocate Program	Youth Advocate Programs	YAP1	Youth Advocate Program, Inc.	\$ 78.47	Per Diem	I	
	Residential Care	Assessment Stabilization Center	Assessment & Stabilization Center	ES25	St. Mary's Home for Children	\$ 366.89	Per Diem	I	
	Residential Care	Assessment Stabilization Center	Short-Term Assessment and Reunification	ES2	Communities for People, Inc.	\$ 698.82	Per Diem		
l .	Residential Care	Assessment Stabilization Center	Trauma Systems Therapy Residential	ES3	Family Service of Rhode Island	\$ 627.39	Per Diem		
l .	Residential Care	Assessment Stabilization Center	Turning the Corner	ES18	Jammat Housing & Comm Dev Ctr	\$ 316.04	Per Diem	I	
	Residential Care	Group Homes	Adolescent Developmental Disabilities Program	GH10B	Whitmarsh Corp	\$ 360.74	Per Diem		
	Residential Care	Group Homes	Family Home Program	GH033	Boys Town New England	\$ 442.66	Per Diem		
	Residential Care	Group Homes	Family Home Program	GH033a	Boys Town New England	\$ 424.40	Per Diem		
l .	Residential Care	Group Homes	Family Home Program	GH033b	Boys Town New England	\$ 443.88	Per Diem		
DCYF	Residential Care	Group Homes	Group Home Treatment Placement	RCC03	Bradley Hospital	\$ 661.54	Per Diem	I	
		Croup Homos	Group Home Treatment Placement	SST04	NAFI Connecticut, Inc.	\$ 550.00	Per Diem	7/1/2022	
	Residential Care Residential Care	Group Homes Group Homes	Group Home Treatment Placement	SST04F	NAFI Connecticut, Inc.	\$ 550.00	Per Diem		

	Non-Medicaid Service Reimbursement									
Service Subject Area Service Description			Reimbursement							
Agency	Major Service Category	Detailed Service Category	Service Name	Identification	Subgroup	Provider Name	Current	Service	Effective	
DCYF	Residential Care	Group Homes	Group Home Treatment Placement	SST7		Community Solutions, Inc.	\$ 507.03	Unit Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Hospital Diversion Program	RTP2		Jammat Housing & Comm Dev Ctr	\$ 453.03	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Intensive Supervised Living	SST2		Communities for People, Inc.	\$ 392.54	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Program for Youth with Developmental Disabilities	GH34		Jammat Housing & Comm Dev Ctr	\$ 337.29	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Residential Care in Group Home	GI 134	Exeter House	Bradley Hospital	\$ 571.00	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Residential Care in Group Home		Heritage House	Bradley Hospital	\$ 580.00	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Residential Care in Group Home		Hill House	Bradley Hospital	\$ 703.00	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Residential Care in Group Home		Rumford House	Bradley Hospital	\$ 532.00	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Residential Treatment Program	GH48	rtainiora riouse	Groden Center	\$ 443.20	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Residential Treatment Staff Secure Program	SST1		Child & Family Services of Newport	\$ 473.97	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Sex Offenders Residential Treatment Program for Youth	GH30		Jammat Housing & Comm Dev Ctr	\$ 330.74	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Sex Offenders Residential Treatment Program for Youth	GH31		Jammat Housing & Comm Dev Ctr	\$ 330.74	Per Diem	7/1/2022	
DCYF	Residential Care	Group Homes	Trauma Systems Therapy Residential	SST3		Family Service of Rhode Island	\$ 800.64	Per Diem	7/1/2022	
DCYF	Residential Care	Independent Living Contracted	Independent Living	IL1		Child & Family Services of Newport	\$ 130.97	Per Diem	7/1/2022	
DCYF	Residential Care	Independent Living Contracted	Independent Living Program	IL2		Whitmarsh Corp	\$ 160.41	Per Diem	7/1/2022	
DCYF	Residential Care	Independent Living Contracted	Independent Living Program	IL3		Communities for People, Inc.	\$ 157.15	Per Diem	7/1/2022	
DCYF	Residential Care	Independent Living Contracted	Semi-Independent Living	IL5		NAFI Connecticut, Inc.	\$ 307.53	Per Diem	7/1/2022	
DCYF	Residential Care	Independent Living Contracted	Transitional Living Program	IL4		Providence Center	\$ 129.83	Per Diem	7/1/2022	
DCYF	Residential Care	Independent Living Contracted	Transitional Living Program LGBTQ	ILLGBT1		Providence Center	\$ 164.62	Per Diem	7/1/2022	
DCYF	Residential Care	Independent Living Contracted	Transitional Living Program Teen Mom	ILTP1		Providence Center	\$ 169.44	Per Diem	7/1/2022	
DCYF	Residential Care	POS Assessment Stabilization Center	Group Home Treatment Placement	PS36AP		Communities for People, Inc.	\$ 939.36	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AA		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AD		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AF		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AK		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AL		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AM		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AN		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022	
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AO		Communities for People, Inc.	\$ 244.60	Per Diem	7/1/2022	
DCYF	Residential Care	POS Group Homes	Group Home Treatment Placement	PS36AH		Communities for People, Inc.	\$ 469.68	Per Diem	7/1/2022	
DCYF	Residential Care	POS Group Homes	Group Home Treatment Placement	PS36AQ		Communities for People, Inc.	\$ 939.36	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	General Treatment Unit	RTC8D		Harmony Hill School Inc.	\$ 266.19	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Intensive Stabilization and Treatment	RTC8A		Harmony Hill School Inc.	\$ 665.00	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Intensive Stabilization and Treatment	RTC8B		Harmony Hill School Inc.	\$ 399.57	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Intensive Stabilization and Treatment	RTC8E		Harmony Hill School Inc.	\$ 461.42	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Juvenile Justice Focused Residential Treatment Center	RP3		Ocean Tides, Inc.	\$ 533.81	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Program for Sexually Abusive Adolescents	RTC8C		Harmony Hill School Inc.	\$ 301.25	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Psychiatric Residential Treatment Facility	PRTF1		St. Mary's Home for Children	\$ 990.20	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Psychiatric Residential Treatment Facility	PRTF2		St. Mary's Home for Children	\$ 990.20	Per Diem	7/1/2022	
DCYF	Residential Care	Residental Treatment Center	Psychiatric Residential Treatment Facility	PRTF3		St. Mary's Home for Children	\$ 990.20	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Bridge to Independent Living	SI5		Whitmarsh Corp	\$ 258.01	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Bridge to Independent Living	SI7		Key Program, Inc.	\$ 582.00	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Bridge to Independent Living	SI7		Key Program, Inc.	\$ 582.00	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Intensive Supervised Community Living/Semi Independent Living Program	SI01		Child & Family Services of Newport	\$ 442.32	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Semi-Independent Living	SI021		NAFI Connecticut, Inc.	\$ 307.53	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Specialized Supported Living Program	SI10		Whitmarsh Corp	\$ 329.24	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Transitional Treatment Program	TAP1		Communities for People, Inc.	\$ 442.85	Per Diem	7/1/2022	
DCYF	Residential Care	Semi-Independent Living	Trauma Systems Therapy Residential	SI9		Family Service of Rhode Island	\$ 489.82	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS120C		New England Ctr for Children/Autism	\$ 1,104.13	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS122D		Latham Centers, Inc.	\$ 803.51	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS135D		Easter Seals New Hampshire, Inc.	\$ 1,263.73	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS135E		Easter Seals New Hampshire, Inc.	\$ 1,165.25	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS135G		Easter Seals New Hampshire, Inc.	\$ 1,263.73	Per Diem	7/1/2022	

	Non-Medicaid Service Reimbursement								
	Service Subject Area			Service Description			Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Subgroup	Provider Name	Current Rate	Service Unit	Effective Date	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS135H	Easter Seals New Hampshire, Inc.	\$ 1,263.73	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS136P	Vermont Permanency Initiative Inc.	\$ 875.09	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS136Q	Vermont Permanency Initiative Inc.	\$ 875.09	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS160A	Melmark Inc.	\$ 813.29	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168A	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168B	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168J	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168K	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168L	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168M	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168N	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168O	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168P	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS168Q	Judge Rotenberg Center	\$ 847.26	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS171A	White Deer Run LLC dba Cove Prep	\$ 623.97	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS172B	Stevens Children's Home, Inc.	\$ 682.23	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS172C	Stevens Children's Home, Inc.	\$ 686.01	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS173A	Mount Prospect Academy, Inc.	\$ 1,003.91	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS173B	Mount Prospect Academy, Inc.	\$ 995.12	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS173C	Mount Prospect Academy, Inc.	\$ 822.34	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS173D	Mount Prospect Academy, Inc.	\$ 831.67	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS175A	SP Behavioral LLC dba Sandy Pines	\$ 860.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS175B	SP Behavioral LLC dba Sandy Pines	\$ 860.00	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS179A	PATH at Stone Summit Inc.	\$ 1,181.58	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS180A	Keystone Newport News LLC	\$ 819.95	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS180B	Keystone Newport News LLC	\$ 876.01	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18FD	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18FE	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18FN	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18FR	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18FY	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GF	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GG	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GM	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GO	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GP	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GR	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GS	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GT	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GU	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GV	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GW	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GX	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GY	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18GZ	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HA	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HB	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HC	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HD	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HE	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HF	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HG	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HH	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HI	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HJ	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HK	Justice Resource Institute	\$ 649.23	Per Diem	7/1/2022	

	Non-Medicaid Service Reimbursement								
	Service S	Subject Area	Service Description			imbursemer			
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Subgroup	Provider Name	Current Rate	Service Unit	Effective Date	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HL	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HM	Justice Resource Institute	\$ 649.23	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HN	Justice Resource Institute	\$ 649.23	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HO	Justice Resource Institute	\$ 649.23	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HP	Justice Resource Institute	\$ 649.23	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS18HQ	Justice Resource Institute	\$ 649.23	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS19AA	Crystal Springs, Inc.	\$ 899.68	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS19AC	Crystal Springs, Inc.	\$ 899.68	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS19AD	Crystal Springs, Inc.	\$ 899.68	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS19AE	Crystal Springs, Inc.	\$ 899.68	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS19W	Crystal Springs, Inc.	\$ 899.68	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS32CG	Stetson School, Inc.	\$ 642.78	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS32CH	Stetson School, Inc.	\$ 642.78	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS32CI	Stetson School, Inc.	\$ 642.78	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS32CJ	Stetson School, Inc.	\$ 642.78	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS36AI	Communities for People, Inc.	\$ 939.36	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS36AJ	Communities for People, Inc.	\$ 469.68	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CC	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CI	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CJ	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CK	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CL	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CM	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CO	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CP	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CQ	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CR	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CS	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS4CU	Fall River Deaconess Home	\$ 606.30	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55BO	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55BS	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55BV	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55BW	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55BX	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55BY	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55BZ	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem		
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CA	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CC	Hillcrest Educational Centers Inc.	\$ 819.95	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CD	Hillcrest Educational Centers Inc.	\$ 819.95	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CE	Hillcrest Educational Centers Inc.	\$ 1,067.59	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CF	Hillcrest Educational Centers Inc.	\$ 819.95	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CG	Hillcrest Educational Centers Inc.	\$ 819.95	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CH	Hillcrest Educational Centers Inc.	\$ 819.95	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS55CJ	Hillcrest Educational Centers Inc.	\$ 1,072.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS56E	May Institute, Inc.	\$ 811.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS57E	Walker Home For Children Inc.	\$ 795.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS57F	Walker Home For Children Inc.	\$ 795.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS57G	Walker Home For Children Inc.	\$ 795.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS57H	Walker Home For Children Inc.	\$ 795.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS57I	Walker Home For Children Inc.	\$ 795.00	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS67L	The Home for Little Wanderers	\$ 700.06	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS67M	The Home for Little Wanderers	\$ 700.06	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS67N	The Home for Little Wanderers	\$ 657.06	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS92AZ	Whitney Academy Inc.	\$ 925.13	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS95D	Learning Center for the Deaf Inc.	\$ 1,205.38	Per Diem	7/1/2022	
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS134C	Youth Villages, Inc.	\$ 1,100.00	Per Diem	7/1/2022	

	Non-Medicaid Service Reimbursement								
	Service Sub		Out to Name	Service Identification	ce Description	Possible Mana	Re Current	imbursemei Service	nt Effective
	Major Service Category	Detailed Service Category	Service Name	Code	Subgroup	Provider Name	Rate	Unit	Date
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 1		\$ 265.00		6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 2		\$ 270.00		6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 3		\$ 282.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 4		\$ 289.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 5		\$ 300.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 1		\$ 225.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 2		\$ 235.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 3		\$ 243.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 4		\$ 250.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 5		\$ 260.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 1		\$ 200.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 2		\$ 205.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 3		\$ 220.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 4		\$ 238.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 5		\$ 250.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 1		\$ 132.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 2		\$ 135.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 3		\$ 141.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 4		\$ 144.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 5		\$ 150.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 1		\$ 112.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 2		\$ 117.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 3		\$ 121.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 4		\$ 125.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 5		\$ 130.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 1		\$ 100.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 2		\$ 102.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 3		\$ 110.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 4		\$ 119.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 5		\$ 125.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 1		\$ 66.25	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 2		\$ 67.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 3		\$ 70.50	Per Week	6/27/2022
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Agency Major Service Cate DHS Child Care DHS Child Care	Non-Medicaid Service Reimbursement							
DHS Child Care	Service Subject Area			e Description		Rei Current	imbursemer	
DHS Child Care	Category Detailed Service Cate	egory Service Name	Identification Code	Subgroup	Provider Name	Rate	Service Unit	Effective Date
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		Infant/Toddler - Star Rating: 4		\$ 72.25	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		Infant/Toddler - Star Rating: 5		\$ 75.00	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		Preschool - Star Rating: 1		\$ 56.25	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		Preschool - Star Rating: 2		\$ 58.75	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		Preschool - Star Rating: 3		\$ 60.75	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		Preschool - Star Rating: 4		\$ 62.50	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		Preschool - Star Rating: 5		\$ 65.00	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		School Age - Star Rating: 1		\$ 50.00	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		School Age - Star Rating: 2		\$ 51.25	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		School Age - Star Rating: 3		\$ 55.00	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		School Age - Star Rating: 4		\$ 59.50	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Quarter Time		School Age - Star Rating: 5		\$ 62.50	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Infant/Toddler - Star Rating: 1		\$ 198.75	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Infant/Toddler - Star Rating: 2		\$ 202.50	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Infant/Toddler - Star Rating: 3		\$ 211.50	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Infant/Toddler - Star Rating: 4		\$ 216.75	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Infant/Toddler - Star Rating: 5		\$ 225.00	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Preschool - Star Rating: 1		\$ 168.75	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Preschool - Star Rating: 2		\$ 176.25	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Preschool - Star Rating: 3		\$ 182.25	Per Week	6/27/2022
DHS Child Care DHS Child Care DHS Child Care DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Preschool - Star Rating: 4		\$ 187.50	Per Week	6/27/2022
DHS Child Care DHS Child Care DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		Preschool - Star Rating: 5		\$ 195.00	Per Week	6/27/2022
DHS Child Care DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		School Age - Star Rating: 1		\$ 150.00	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		School Age - Star Rating: 2		\$ 153.75	Per Week	6/27/2022
	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		School Age - Star Rating: 3		\$ 165.00	Per Week	6/27/2022
DUS Child Core	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		School Age - Star Rating: 4		\$ 178.50	Per Week	6/27/2022
DHS Child Care	Licensed Center Child	d Care Weekly Rates Three-Quarter Time		School Age - Star Rating: 5		\$ 187.50	Per Week	6/27/2022
DHS Child Care	Rates For Family Care	e Providers Full Time		Infant/Toddler - Star Rating: 1		\$ 256.25	Per Week	6/27/2022
DHS Child Care	Rates For Family Care			Infant/Toddler - Star Rating: 2		\$ 260.35	Per Week	
DHS Child Care	Rates For Family Care			Infant/Toddler - Star Rating: 3		\$ 263.43	Per Week	6/27/2022
DHS Child Care	Rates For Family Care	e Providers Full Time		Infant/Toddler - Star Rating: 4		\$ 266.50	Per Week	6/27/2022
DHS Child Care	Rates For Family Care	e Providers Full Time		Infant/Toddler - Star Rating: 5		\$ 269.57	Per Week	6/27/2022
DHS Child Care	Rates For Family Care	e Providers Full Time		Preschool - Star Rating: 1		\$ 215.25	Per Week	6/27/2022
DHS Child Care	Rates For Family Care	e Providers Full Time		Preschool - Star Rating: 2		\$ 225.50	Per Week	6/27/2022
DHS Child Care	Rates For Family Care			Preschool - Star Rating: 3		\$ 233.70	Per Week	6/27/2022
DHS Child Care	Rates For Family Care			Preschool - Star Rating: 4		\$ 244.98	Per Week	
DHS Child Care	Rates For Family Care			Preschool - Star Rating: 5		\$ 256.25	Per Week	

	Non-Medicaid Service Reimbursement									
Service Subject Area				ce Description			imburseme			
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date	
DHS	Child Care	Rates For Family Care Providers	Full Time	Code	School Age - Star Rating: 1		\$ 189.63	Per Week		
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 2		\$ 194.75	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 3		\$ 210.13	Per Week	I .	
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 4		\$ 230.63	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 5		\$ 240.88	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating:	1	\$ 128.13	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating:	2	\$ 130.18	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating:	3	\$ 131.72	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating:	4	\$ 133.25	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating:	5	\$ 134.79	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 1		\$ 107.63	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 2		\$ 112.75	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 3		\$ 116.85	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 4		\$ 122.49	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 5		\$ 128.13	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 1		\$ 94.82	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 2		\$ 97.38	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 3		\$ 105.07	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 4		\$ 115.32	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 5		\$ 120.44	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating:	1	\$ 64.06	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating:	2	\$ 65.09	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating:	3	\$ 65.86	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating:	4	\$ 66.63	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating:	5	\$ 67.39	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 1		\$ 53.81	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 2		\$ 56.38	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 3		\$ 58.43	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 4		\$ 61.25	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 5		\$ 64.06	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 1		\$ 47.41	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 2		\$ 48.69	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 3		\$ 52.53	Per Week	6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 4		\$ 57.66	Per Week	I .	
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 5		\$ 60.22	Per Week	I .	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating:		\$ 192.19	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating:		\$ 195.26	Per Week	I .	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating:		\$ 197.57	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating:		\$ 199.88		6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating:	5	\$ 202.18	Per Week		
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 1		\$ 161.44	Per Week		
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 2		\$ 169.13	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 3		\$ 175.28		6/27/2022	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 4		\$ 183.74	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 5		\$ 192.19	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 1		\$ 142.22	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 2		\$ 146.06	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 3		\$ 157.60	Per Week	I	
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 4		\$ 172.97	Per Week		
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 5		\$ 180.66	Per Week	I	
DHS	Habilitative	ORS/SBVI PCA Program	Personal Care Attendant Program				\$ 14.50	Per Hour	I	
DHS	Medical Services	ORS/SBVI PCA Program ¹	All Medical Services	00500			I	ledicaid Rate	I .	
DOH	Children's Services	First Connections ^{1,2}	First Connections Paraprofessional Visit	99502	A.1		\$ 59.95	15 Min	1/1/2023	
DOH	Children's Services	First Connections ^{1,2}	First Connections Social Worker Visit	99502	AJ		\$ 67.85	15 Min	1/1/2023	
DOH	Children's Services	First Connections ^{1,2}	First Connections Nurse Visit	99502	TD		\$ 85.86	15 Min	1/1/2023	

	Non-Medicaid Service Reimbursement									
	Service Sul	oject Area	Service Description				Re	Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date	
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Healthy Families America Post-Natal Follow-Up	99600	HD U4		\$ 46.88	15 Min	7/1/2022	
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Healthy Families America Prenatal Follow-Up	99600	HD		\$ 46.88	15 Min	7/1/2022	
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Nurse Family Partnership Post-Natal Follow-Up	99600	U4		\$ 64.53	15 Min	7/1/2022	
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Nurse Family Partnership Prenatal Follow-Up	99600			\$ 64.53	15 Min	7/1/2022	
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Parents as Teachers Post-Natal Follow-Up	99600	U3 U4		\$ 46.88	15 Min	7/1/2022	
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Parents as Teachers Prenatal Follow-Up	99600	U3		\$ 46.88	15 Min	7/1/2022	
EOHHS	Rehabilitative	Rehabilitation Programs	Out-of-State Placements Assistance in Accessing Long-Term Services and	H2001			F	Paid as Billed		
ОНА	Aging Service Programs	At Home Supports Case Management ¹	Supports which includes Intake, Assessment, Care- Planning and Monitoring	T1017			\$ 15.00	15 Min	7/1/2009	
OHA	Aging Service Programs	At Home Supports ¹	Home Care	S5125			\$ 6.63	15 Min	7/1/2022	
OHA	Aging Service Programs	At Home Supports ¹	Home Care	S5125	U1		\$ 6.41	15 Min	7/1/2022	
OHA	Aging Service Programs	At Home Supports ¹	Adult Day Care	S5102			\$ 78.00	Per Diem	8/2/2021	

- Notes
 1. These services listed are paid at the Medicaid rate.
 2. First Connections is currently being paid at an enhanced rate that is subject to legislative appropriations.
 3. Information is being gathered for OHA non-Medicaid services, lead poisoning prevention, and tobacco cessation hotline. These services and rates will be included when available.

Appendix 3: Mapping of Provider Code to Service Category
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State of Rhode Island Office of the Health Insurance Commissioner Appendix 3 Mapping of Provider Code to Service Category

Major Service Category	Detailed Service Category	Billing Provide Code	r Billing Provider Code Description
Behavioral Health Providers	BHDDH Behavioral Health Group	066	BHDDH Behavioral Health Group
Behavioral Health Providers	CMHC - ACT	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - IHH	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - MHPRR	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - Other	061	CMHC/Rehab Option
Behavioral Health Providers	Children's Behavioral Health Group	047	Children's Behavioral Health Group
Behavioral Health Providers	Emergency Behavioral Health Service	111	Emergency Behavioral Health Service
Behavioral Health Providers	Licensed Therapist	017	• •
Behavioral Health Providers	Other Therapies	073	Licensed Therapist Other Therapies/Hippotherapy
Behavioral Health Providers	•	109	
	Peer Recovery Services		Peer Recovery Services
Behavioral Health Providers	Psychologist	030	Psychologist
Behavioral Health Providers	Substance Use Rehabilitation	060	Substance Use Rehab
Children's Services	CEDARR	082	CEDARR Center
Children's Services	DCYF	067	Department of Children Youth and Families
Children's Services	Early Intervention	059	Early Intervention
Children's Services	Home/Center-Based Therapeutic Services	080	Home/Center Based Therapeutic Services
HCBS	Adult Day Care	050	Adult Day Care
HCBS	Assisted Living Facility	033	Assisted Living Facility
HCBS	Case Management	044	Case Management
HCBS	Day Habilitation	055	Day Habilitation
HCBS	Home Care	072	Personal Care Aide/Assistant
HCBS	Home Health	010	Skilled Nursing
HCBS	Home Meal Delivery	077	Home Meal Delivery
HCBS	Independent Provider	116	Independent Provider
HCBS	Personal Choice/Hab Case Management	069	Personal Choice/Hab Case Management
HCBS	Self-Directed Community Services	071	Self Directed Community Services
HCBS	Shared Living Agency	051	Shared Living Agency
HCBS	Waiver Case Manager - Other	057	Waiver Case Manager - Other
Intellectual and Developmental Disability Services	Adult Day Care	050	Adult Day Care
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Ind. Living Only	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Other	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	Home Care	072	Personal Care Aide/Assistant
Intellectual and Developmental Disability Services	RICLAS	026	RICLAS
Intellectual and Developmental Disability Services	Severely Disabled Nursing Homecare	065	Severely Disabled Nursing Homecare
Intellectual and Developmental Disability Services	Tavares	022	Rhode Island State Nursing Home

Notes
1. BHDDH claims assigned by provider code 088 and CMHC claims assigned by provider code 061 are further subdivided by the HCPCS associated with the claim.



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