										1				1				
	/stem	Rates Effective July 1, 2018				_												
FINAL- revised 7.27.18																		
		Default Fee Codes:	MYLD1/MYUN1	NOPMD/NOPMU	MYFC1/ MYFC2	MYLD2/ MYUN2	MYLD3/	MYLD4/	MYLD5/	52PRP2	PRP3	PRP2	MYLD7	MYLD6	MYLD10	N/A- gets custom f/s	N/A	PRONLY; 52PRP2
		B. U. A.		MYLDP/MYUNP			MYUN3	MYUN4	MYUN5									
		Provider types:	PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC	52 52	PTPR- POS 12/15	PTPR- POS 49	PTCM	PTMT	PT86	PTMH	PT01,06, 07	PTPR- POS 52- child rate:PRP
Procedure Code	E&M	Service Description	Psychiatrist		MD/CRNP/ PA facility	PMH certified	PHD Psych	LCSW, LCPC	омнс	PRP	PRP	PRP On/Off	СМ	Mobile Tx	Traumatic	Freestanding Part.	Facility	Resident. Crisis
1 rocedure code	Code	del vice Description	non-facility	NonPsych MD, 23 without PMH, 80	in Dy Ordal / 1 A lability	CRNP and APRN	r no r oyon	20011, 2010	O.III.IO	On-Site	Off-Site	Site	· · · ·	IIIODIIC IX	Brain Injury	Hosp. Program	. dointy	Facility
				Without PWH, 80														
OTHER PROFESSIONAL SER	RVICES	FOR IOP, PHP & CRS			MYFC5- (gets all OMHC &E/M at lesser of rate)													
90791		Psychiatric diagnostic evaluation	163.32		acim at lesser of fate)	116.44	132.99	116.44	187.07	<u> </u>			1	ı				
90791		C&A Psychiatric diagnostic evaluation	163.32			116.44	132.99	116.44	208.94									
90792		Psychiatric diagnostic evaluation with medical services	163.32			116.44			187.07									
90792 99201		C&A Psychiatric diagnostic evaluation with medical services  Evaluation and Management, including Rx -Minimal, new patient	163.32	45.37	27.04	116.44 45.37			208.94									
99202		Evaluation and Management, including Rx - Minimal, new patient  Evaluation and Management, including Rx - Straight forward, new patient	76.01	76.01	50.72	76.01			76.01									
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.40	109.40	77.13	109.40			109.40									
99204 99205	_	Evaluation and Management, including Rx -Moderately complex, new patient  Evaluation and Management, including Rx -Highly complex, new patient	166.09	166.09 208.77	130.07	166.09 208.77			166.09									
99211		Evaluation and Management, including Rx -Minimal	21.99	21.99	9.18	21.99			21.99									
99212		Evaluation and Management, including Rx -Straight forward	44.57	44.57	25.51	44.57			44.57									
99213 99214		Evaluation and Management, including Rx -Low complexity  Evaluation and Management, including Rx -Moderately complex	73.65 108.50	73.65 108.50	51.29 78.44	73.65 108.50			73.65 108.50									
99215		Evaluation and Management, including Rx -Highly complex	146.22	146.22	111.03	146.22			146.22									
90832 90834	=	Individual psychotherapy (30 min) MD Only	47.14 88.63			47.14 88.63			48.09 90.40									
		Individual psychotherapy (45 min) MD Only	00.03			00.03			90.40									
OUTPATIENT/OFFICE PROFESSIONAL SERVICES																		
90791		Psychiatric diagnostic evaluation	163.32			116.44	132.99	116.44	187.07									
90791		C&A Psychiatric diagnostic evaluation	163.32			116.44	132.99	116.44	208.94									
90792		Psychiatric diagnostic evaluation with medical services	163.32 163.32			116.44			187.07									
90792 90832	$\vdash$	C&A Psychiatric diagnostic evaluation with medical services Individual psychotherapy (30 min)-Outpatient	163.32 53.89			116.44 38.42	44.03	38.42	208.94 54.97				1					
90832		C&A Individual psychotherapy (30 min)-Outpatient	53.89			38.42	44.03	38.42	65.01									
90833 90833	Y	30 min Psychotherapy add on	53.89 53.89			38.42 38.42			54.97 65.01									
90834	-1	C&A 30 min Psychotherapy add on Individual psychotherapy (45 min)-Outpatient	97.93			70.05	79.79	70.05	99.89									
90834		C&A Individual psychotherapy (45 min)-Outpatient	97.93			70.05	79.79	70.05	115.55									
90836 90836		45 min Psychotherapy add on C&A 45 min Psychotherapy add on	97.93 97.93			70.05 70.05			99.89 115.55									
90837		Individual psychotherapy (60 min)	07.00			70.00			99.89									
90837 90838		C&A Individual psychotherapy (60 min)							115.55 99.89									
90838	Y	60 min Psychotherapy add on C&A 60 min Psychotherapy add on				1			115.55									
90839		Psychotherapy for crisis, first 60 min							109.94									
90839 90840	_	C&A Psychotherapy for crisis, first 60 min							130.01 59.48									
90840		Psychotherapy for crisisadditional 30 min  C&A Psychotherapy for crisis additional 30 min							67.85									
90846		Family psychotherapy without patient present	91.55			59.11	76.85	59.11	99.01									
90846 90847	-	C&A Family psychotherapy without patient present Family psychotherapy with patient present (45-60 min)	91.55 101.98			59.11 72.10	76.85 83.93	59.11 72.10	114.37 104.02									
90847		C&A Fam psychoth with patient present (45-60 min)	101.98			72.10	83.93	72.10	118.21									
90847-52		C&A Family psychotherapy with patient presentAbbrev	63.16			45.22	51.43	45.22	64.42									
90849 90849		Multiple family group psychotherapy 45 - 60 minutes C&A Multiple family group psychotherapy 45 - 60 minutes							43.75 46.11									
90849-52		Multiple family group psychotherapyAbbrev							39.27									
90849-52 H2027		C&A Multiple family group psychotherapyAbbrev Family psycho-education with consumer present							42.34 59.11									
112021		Family psycho-education without							59.11									
90853		Group psychotherapy (not multi-family.) 45-60 minutes	26.66			27.20	27.20	27.20	42.55									
90853 90853-21	$\vdash$	C&A Group psychotherapy (not multi-family.) 45-60 minutes.  Group psychotherapy prolonged (More than 75 minutes)	26.66	1		27.20	27.20	27.20	44.92 55.55	1	$\vdash$		<del>                                     </del>	<del> </del>				
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)							55.55									
99201 99201	$\dashv$	Evaluation and Management, including Rx -Minimal, new patient	45.37 45.37	45.37 45.37	27.04 27.04	45.37 45.37			45.37 45.37				$\vdash$					
99202		C & A Evaluation and Management, including Rx -Minimal, new patient  Evaluation and Management, including Rx -Straight forward, new patient	76.01	76.01	50.72	76.01			76.01									
99202		C & A Evaluation and Management, including Rx -Straight forward, new patient	76.01 109.40	76.01 109.40	50.72 77.13	76.01			76.01									
99203 99203	$\vdash$	Evaluation and Management, including Rx -Low complexity, new patient  C & A Evaluation and Management, including Rx -Low complexity, new patient	109.40	109.40 109.40	77.13 77.13	109.40 109.40			109.40		$\vdash$		<del>                                     </del>	<del>                                     </del>				
99204		Evaluation and Management, including Rx -Moderately complex, new patient	166.09	166.09	130.07	166.09			166.09									
99204 99205	-1	C & A Evaluation and Management, including Rx -Moderately complex, new patient	166.09 208.77	166.09 208.77	130.07 169.54	166.09 208.77			166.09 208.77		-		<del></del>	<u> </u>				
99205 99205		Evaluation and Management, including Rx -Highly complex, new patient C & A Evaluation and Management, including Rx -Highly complex, new patient	208.77	208.77	169.54	208.77			208.77				L					
99211		Evaluation and Management, including Rx -Minimal	21.99	21.99	9.18	21.99			21.99									
99211 99212	$\vdash$	C&A Evaluation and Management, including Rx -Minimal  Evaluation and Management, including Rx -Straight forward	21.99 44.57	21.99 44.57	9.18 25.51	21.99 44.57			21.99 44.57					-				
99212		C&A Evaluation and Management, including Rx -Straight forward	44.57	44.57	25.51	44.57			44.57									
99213 99213		Evaluation and Management, including Rx -Low complexity	73.65	73.65 73.65	51.29 51.29	73.65 73.65			73.65									
99213 99214		C&A Evaluation and Management, including Rx -Low complexity  Evaluation and Management, including Rx -Moderately complex	108.50	108.50	51.29 78.44	108.50			108.50					<del>                                     </del>				
99214		C&A Evaluation and Management, including Rx -Moderately complex	108.50	108.50	78.44	108.50			108.50									
99215 99215	-1	Evaluation and Management, including Rx -Highly complex C&A Evaluation and Management, including Rx -Highly complex	146.22 146.22	146.22 146.22	111.03 111.03	146.22 146.22			146.22 146.22		-		<del></del>	<u> </u>				
90875		Loca Evaluation and Management, Including RX -Hignly complex Indiv psychophysio therapy incl biofdbk (20-30 min)	53.89	170.22	111.03	38.42	44.03	38.42	54.97									
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	97.93		•	70.05	79.79	70.05	99.89									
90889 0929	$\dashv$	Discharge OMS (HCFA) Discharge OMS (UB)				1			23.65				$\vdash$				22.85	
96101		Discharge OMS (UB) Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service				<u> </u>	108.76		108.76				L				22.85	
96102		Psychological Testing Computer (Flat rate)					30.25		30.25									
99241 99242	$\dashv$	Office Consultation - also used for H&P for PHP (15 Min) Office Consultation - also used for H&P for PHP (30 min)	48.00 89.93	48.00 89.93	32.49 68.15	48.00 89.93					$\vdash$		-	<del>                                     </del>	$\vdash$			
99243		Office Consultation - also used for H&P for PHP (40 min)	123.01	123.01	95.32	123.01												
99244		Office Consultation - also used for H&P for PHP (60 min)	183.50	183.50	153.22	183.50												
99245		Office Consultation - also used for H&P for PHP (80 min)	223.47	223.47	189.48	223.47												

The second column   The	Bublic Mortel Heattle	Punt	Potos Effective July 1, 2019																1
Part		system	Nates Effective July 1, 2010				_									-		1	
Part			Default Foo Codes:	NAVI D4 /NAVI INIA	NODBAD (NODBALL	BAVECT / BAVECT	BAYLDS / BAYLING	MVID2/	MANU DA /	MAYI DE /	F20002	DDD2	pppa	MVIDZ	MAYING	MANIDAO	N/A cate system f/s	NI/A	DDONLY, F2DDD2
March   Marc			Default Fee Codes:	MITLD1/MITUN1		MYFC1/ MYFC2	MYLD2/ MYUN2				52PKP2	PRP3	PRPZ	INIYLD/	MIYLD6	MATDIO	N/A- gets custom t/s	N/A	PRUNLY; 52PRP2
Part			Provider types:	PT20-psych		PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC	PTPR- POS	PTPR- POS	PTPR- POS	PTCM	PTMT	PT86	PTMH		
March   Marc					without PMH. 80						52	12/15	49					07	child rate:PRP
A	Broondura Codo	E&M	Service Description	Psychiatrist		MD/CPNP/ PA facility	PMH certified	DUD Deveh	I CSM I CBC	OWHC				CM	Mobile Tv	Traumatic		Escility	Resident. Crisis
## COLOR   Col	Procedure Code	Code	Service Description	non-facility	NonPsych MD, 23	MD/CRNP/ PA lacility	CRNP and APRN	FHD FSycii	LCSW, LCFC	OWING	On-Site	Off-Site		CIWI	MODITE 1X	Brain Injury	Hosp. Program	racility	Facility
Company   Comp					without Fill 1, 60														
March   Marc	99354									130.73									
March   Marc	99355		Each additional 30 minutes of a prolonged phy svc							98.82									
March   Marc	INPATIENT HOSPITAL																		
March   Marc		_	Initial hospital care (30 min) (MD only)	NI/A	N/A	404.00	N/A												
100																			
March   Control   Contro																			
MODEL   March   Marc	99223		Initial hospital care (70 min) (MD only)																
10																			
Margin   Company   Compa						00.E0													
March   Content   March   Content							N/A												
The content of the										<del>                                     </del>								1	
Mathematical Control	99233		C&A Subsequent IP care (35 min) (MD only)	N/A	N/A	104.26	N/A												
								1		<b> </b>						1		-	
Process   Proc	99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	108.04	N/A												
Mart														$\vdash \exists$				1	
Part   Mart	99252		Initial inpatient consultation (40 min) (MD only)	N/A	N/A	74.42	N/A												
Property																			
STATE   STAT	99255																		
Miles   Company   Compan																			
Second   Company   Compa																			
March   Marc							N/A												
Section   Control of			ER VISIT	N/A	N/A	172.43	N/A												
3012   Control of March programme																			
Section   Sect				103.87	-		<b>!</b>			16.08		-	-						
1997   1997	96372																		
Section   Commence included program (COS)   Commence (C		1 1	Mental health partial hosp. tx <24 hours														223.72		
1908   Columnated Or proprieture, part of the proprieture property in the property in th	S0201-52		Intensive outpatient program (IOP)																
PROJECT   Proceedings for your for long in princing record and process of the following record and part of the following record an																			
Properties   Pro	H0032		Interdisciplinary team tx plng w/patient present							91.02									
97033			Therapeutic Nursery							46.35									
## 1975   Therapeutic procedurality gains (2 or more)   20.10   1.00   1	97003																		
PSSS   Development activities, distributed from the control per 15 min.   1300   130		$\blacksquare$																	
9783   Self-careforme migrature rate, per 15 min.   13.00   13.00     1.00   1.00     1.00		+																	
STATE   Community-work reintegration trap, direct contact, par 15 min.   13.00																			
MODITAL   Clase Management Annual Assessment (only if approved by program)																		<u>L</u>	
H0031   Clase Management (Children and Youth)   119.20	MENTAL HEALTH CASE																		
T1017	H0031													119.29					
T1017 I Targeted Case Management (Children and Youth)  T1017-HG  T1017-HG  MOBILE TREATMENT  H0040-21 Assertive Community Treatment (ACT) EBP  H0040-21 Assertive Community Treatment (ACT) EBP  H0040-21 Mobil treatment Non-EBP for Medicare consumers  H0040 Mobil tr	T1016	Ш	Mental health case management (Daily rate)			,													
MOBILE TREATMENT	T1017		Targeted Case Management (Children and Youth)											\$32.00/ 15					
H0040-19   Assertive Community Treatment (ACT) EBP     H0040-19   Assertive Community Treatment (ACT) EBP for Medicare consumers     H0040-19   Assertive Community Treatment (ACT) EBP for Medicare consumers     H0040-19   Mobil treatment Non-EBP	T4047 UC					·								\$32.00/					
H0040-21														15					
H0040   Mobil treatment Non-EBP   Mobil treatment Non-EBP for Medicare consumers   S22.01	H0040-21	Ш																	
Mobil treatment Non-EBP for Medicare consumers   706.87		+			1		1	1		<del>                                     </del>						1		1	
RESIDENTIAL REHABILITATION PROGRAM  H0002 Rehabilitation Assessment H2016 Encounter (only bill wiPOS 15 (off-site) or 52 (on-site) S9445 Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)  H2018-U2 Any combination of on/off-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 58 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  H2018-U3 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &	H0040-52																		
REHABILITATION   PROGRAM																			
PROGRAM																			
H2016 Encounter (only bill wPOS 15 (off-site p RP svcs for 52 (on-site)  S9445 Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)  H2018-U2 Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)  H2018-U2 On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  H2018-U3 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult fiving independently). (Must use POS 49 &	PROGRAM																		
S9445 Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)  H2018-U2 Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)  H2018-U2 On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  H2018-U2 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &					<del>                                     </del>		<del>                                     </del>	1		<del>                                     </del>	67.68	67.68				1		<b>!</b>	}
H2018-U2 Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)  H2018-U2 On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  H2018-U3 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &			Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2																
Use POS 49 & min 3 encounters) (Monthly rate)   468.98   468.98     468.98     468.98     468.98     468.98     468.98   468.98     468.98     468.98     468.98     468.98     468.98   468.98     468.98     468.98     468.98     468.98     468.98   468.98     468.98     468.98     468.98     468.98     468.98   468.98     468.98     468.98     468.98     468.98     468.98   468.98     468.98     468.98     468.98     468.98     468.98   468.98     468.98	Hansa IIa				ļ						118.21	118.21	118.21					<u> </u>	
H2018-U2 On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)  H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  H2018-U3 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &	mzu18-U2		Any combination of orbini-site PKP sycs for Community client (i.e. child or adult under supv or guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)																
H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  H2018-U3 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &	H2018-112	+	On-site PRP sucs only for Community client. (Must use POS 52.8 min 2 encounters) (Monthly rate)							-	<b>—</b>		468.98					<u> </u>	
H2018-U2 Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)  267.73  H2018-U3 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &	112010*02		STOREST TO STORE SHIP FOR COMMITTEEING CHOICE (INDUSTRIES CONTRACTOR OF CONTRACTOR CONTR								201.24								
H2018-U3 Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &	H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)									00= ==							
	H2018-U3	+	Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 &		1		1	1		<del>                                     </del>		267.73				1		1	
													835.71						

Public Mental Health Systen FINAL- revised 7.27.18  Procedure Code  E&M Code  H2018-U3  H2018-U3  H2018-U4  H2018-U4  H2018-U5  H2018-U5	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)  Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)  On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters)  (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)		NOPMD/NOPMU MYLDP/MYUNP PT20-Nonpsych, 23 without PMH. 80 NonPsych MD, 23 without PMH, 80	MYFC1/ MYFC2 PT20,23 in facility  MD/CRNP/ PA facility	MYLD2/ MYUN2 PT23 with PMH,24 PMH certified CRNP and APRN	MYLD3/ MYUN3 PT15 PHD Psych	MYLD4/ MYUN4 PT94,CC	MYLDS/ MYUNS PTMC  OMHC	52PRP2 PTPR-POS 52 PRP On-Site 284.88 491.73	PRP3 PTPR- POS 12/15 PRP Off-Site  550.84  1,320.35		MYLD7 PTCM CM	MYLD6 PTMT Mobile Tx	MYLD10 PT86 Traumatic Brain injury	N/A-gets custom t/s PTMH  Freestanding Part. Hosp. Program	N/A PT01,06, 07 Facility	PRONLY; S2PRP2 PTPR-POS 52- child rate/PRP Resident. Crisis Facility
Procedure Code	Service Description  Service Description  On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)  Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)  On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters)  (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)	PT20-psych Psychiatrist	MYLDP/MYUNP PT20-Nonpsych, 23 without PMH. 80  NonPsych MD, 23	PT20,23 in facility	PT23 with PMH,24  PMH certified	MYUN3 PT15	MYUN4 PT94,CC	MYUN5 PTMC	PTPR- POS 52  PRP On-Site  284.88	PTPR- POS 12/15 PRP Off-Site 550.84	PTPR- POS 49 PRP On/Off Site	PTCM	PTMT	PT86	PTMH Freestanding Part.	PT01,06, 07	PTPR- POS 52- child rate:PRP
H2018-U3 H2018-U3 H2018-U3 H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Service Description  Service Description  On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)  Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)  On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters)  (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)	PT20-psych Psychiatrist	MYLDP/MYUNP PT20-Nonpsych, 23 without PMH. 80  NonPsych MD, 23	PT20,23 in facility	PT23 with PMH,24  PMH certified	MYUN3 PT15	MYUN4 PT94,CC	MYUN5 PTMC	PTPR- POS 52  PRP On-Site  284.88	PTPR- POS 12/15 PRP Off-Site 550.84	PTPR- POS 49 PRP On/Off Site	PTCM	PTMT	PT86	PTMH Freestanding Part.	PT01,06, 07	PTPR- POS 52- child rate:PRP
H2018-U3 H2018-U3 H2018-U3 H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Service Description  On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)  Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)  On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 58 & min 19 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 58 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)	Psychiatrist	PT20-Nonpsych, 23 without PMH. 80 NonPsych MD, 23		PMH certified	PT15	PT94,CC	PTMC	PRP On-Site 284.88 491.73	12/15 PRP Off-Site 550.84	PRP On/Off Site			Traumatic	Freestanding Part.	07	child rate:PRP
H2018-U3 H2018-U3 H2018-U3 H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Service Description  On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)  Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)  On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 58 & min 19 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 58 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)	Psychiatrist	without PMH. 80  NonPsych MD, 23		PMH certified				PRP On-Site 284.88 491.73	12/15 PRP Off-Site 550.84	PRP On/Off Site			Traumatic	Freestanding Part.	07	child rate:PRP
H2018-U3 H2018-U3 H2018-U3 H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)  Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)  On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters)  (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)			MD/CRNP/ PA facility		PHD Psych	LCSW, LCPC	OMHC	284.88 491.73	550.84 1,320.35	On/Off Site	СМ	Mobile Tx			Facility	
H2018-U3 H2018-U3 H2018-U3 H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)  Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)  On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters)  (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)			MD/GRNP/ PA facility		PHD Psych	LCSW, LCPC	OMHC	284.88 491.73	550.84 1,320.35	1,812.10	CM	Mobile Tx			Facility	
H2018-U3 H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate) On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate) On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 58 & min 19 encounters) (Monthly rate) Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate) Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate) Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day) Enhanced support (per hour) (10 hour maximum) Crisis Bed hold (per day)								491.73	1,320.35	1,812.10						
H2018-U3 H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate) On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate) On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 58 & min 19 encounters) (Monthly rate) Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate) Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate) Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day) Enhanced support (per hour) (10 hour maximum) Crisis Bed hold (per day)								491.73	1,320.35	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U5 H2018-U7 T1023 H0USING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate) On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate) On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 58 & min 19 encounters) (Monthly rate) Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate) Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate) Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day) Enhanced support (per hour) (10 hour maximum) Crisis Bed hold (per day)								491.73	1,320.35	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U4 H2018-U4 H2018-U5 H2018-U5 H2018-U5 H2018-U7 T1023 H0USING SERVICES T2048 S5150 H00019 RESPITE CARE H0045 H0045 T1005	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)									1,320.35	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U5 H2018-U5 H2018-U5 H2018-U6 H2018-U7 T1023 H0USING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)  On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters)  (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23 encounters)  (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)									1,320.35	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U5  H2018-U5  H2018-U6  H2018-U7  T1023  HOUSING SERVICES  T2048  S5150  H0019  RESPITE CARE  H0045  H0045	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 12 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Orisis Bed hold (per day)									1,020.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U5  H2018-U5  H2018-U6  H2018-U7  T1023  HOUSING SERVICES  T2048  S5150  H0019  RESPITE CARE  H0045  H0045	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)  Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 12 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Orisis Bed hold (per day)								491.73	1,020.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U5  H2018-U6  H2018-U7  T1023  HOUSING SERVICES  T2048 S5150 H0019 RESPITE CARE H0045 H0045 H0045 T1005	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)								491.73	1,020.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U5  H2018-U6  H2018-U7  T1023  HOUSING SERVICES  T2048 S5150 H0019 RESPITE CARE H0045 H0045 H0045 T1005	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)								491.73	3,430.33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U6  H2018-U7  T1023  HOUSING SERVICES  T2048  S5150  H0019  RESPITE CARE  H0045  H0045  T1005	Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)									3,430.33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U7  T1023  HOUSING SERVICES  T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	(Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Orisis Bed hold. (per day)									3,430.33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
H2018-U7  T1023  HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	(Monthly rate)  Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Orisis Bed hold. (per day)										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
T1023  HOUSING SERVICES T2048 \$5150 H0019 RESPITE CARE H0045 H0045 T1005	(Monthly rate)  Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold. (per day)										3,922.07						
HOUSING SERVICES T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)  Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)																
T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Residential room and board (per day)  Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)																i
T2048 S5150 H0019 RESPITE CARE H0045 H0045 T1005	Enhanced support (per hour) (10 hour maximum) Crisis Bed hold (per day)										491.73						l
S5150 H0019 RESPITE CARE H0045 H0045 T1005	Enhanced support (per hour) (10 hour maximum) Crisis Bed hold (per day)																
H0019  RESPITE CARE  H0045  H0045  T1005	Crisis Bed hold (per day)								13.83	_				-			13.83
H0045 H0045 T1005									13.83								13.83
H0045 T1005									10.00								10.00
T1005	Adult Respite care, not in home, per diem								83.04								
	C&A Respite care, not in home, per diem							\$3.83/15					\$3.83/15				191.50
DESIDENTIAL CRISIS	In home respite care							min.					min.				i
SERVICES																	
S9485	Residential crisis services (also bill as T2048)																277.16
S5145	Residential crisis, treatment foster care																178.22
SUPPORTED EMPLOYMENT																	
H2023	Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)									8.12							
H2024	Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		+		1					472.83							<i></i>
H2024-21	Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)									1,180.87							
H2026 H2026-21	Ongoing support to maintain employment, per month									384.18							
S9445-52	Ongoing support to maintain employment, per month - EBP  Clinic coordination - EBP				1					472.83 118.21				<u> </u>			
TRAUMATIC BRAIN INJURY										110.21							
W0037	Residential habilitation Level 1 (per day)													211.72			
W0038	Residential habilitation Level 2 (per day)													280.34			
W0039 W0054	Residential habilitation Level 3 (per day)  Day habilitation Level 1 (per day)													387.84 54.67			
W0055	Day habilitation Level 2 (per day)													95.35			
W0056	Day habilitation Level 3 (per day)													134.15			i e
W0057	Supported employment Level 1 (per day)													32.43			<u> </u>
W0058 W0059	Supported employment Level 2 (per day) Supported employment Level 3 (per day)													54.67 134.15			
W0060	Individual Support Services (ISS) (rate per hour)													26.51			
THERAPEUTIC BEHAVIORAL SER	RVICES- Default Fee Code: TWTBS Provider Type: 51/52													20.01			
96150	Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)	\$115.92 (\$28.98/ 15 mins)			_												
96151	Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)	\$108.99 (\$27.25/ 15 mins)			-												
96152	15 minute increments)	\$23.69/hr (\$5.92/ 15 minutes)			-												
	llow-up visits by an OMHC M.D. in a Crisis Bed				_								-				
ir value of field is 'Y', can charge or	one E&M Code between 99201 and 99215		<del>                                     </del>		_			+						1			
	E&M codes were updated effective 5-1-16				<del>-</del>												