Rate Reform Grid with Dollar Amounts as of 1/18/17

ADULT SERVICE RATES

Low Intensity (Minimum 5 hours/week)* H2036 UD

COMPLEXITY

Treatment Setting Descriptions	Addiction Only Basic Rate	Co-occurring HH	Special Populations <i>U4</i>	Clients with their Children U6	Medical Services <i>U5</i>
Non-Residential Treatment Rates – acuity addressed in inte	ensity				
Individual (one hour increments) H2035	\$71.40	+\$6.43	+\$4.28	+\$4.28	+\$17.14
Group (one hour increments) H2035 HQ	\$34.68	+\$3.12	+\$2.08	+\$2.08	+\$8.32
Medication Assisted Therapy*					
Methadone-per diem <i>H0020</i> (use U8 with H2036 when Methadone is being dispensed in a residential setting)	\$13.26	+\$1.19	+\$0.80	NA	+\$3.18
All other-per diem H0047 U9 (Also use U9 with H2036 when "All Other" MAT drugs are being dispensed in a residential setting)	\$22.44	+\$2.02	+\$1.35	NA	+\$5.39
Methadone-PLUS-per diem <i>H0020 UA</i> (minimum 9 hours counseling services per week)	\$47.94	+\$4.31	+\$2.88	NA	+\$11.51
All other-PLUS (same as above) per diem H0047 UB	\$57.12	+\$5.14	+\$3.43	NA	+\$13.71
Residential Treatment Rates – acuity addressed in intensity					
High Intensity (Minimum 30 hours/week) * H2036 TG	\$177.48	+\$10.65	+\$5.32	+\$5.32	+\$10.65
High Intensity Committed/Complex * H2036 HK (Min 30 hrs/week), Effective 10/01/15, paid in addition to the high intensity rate. Except for C.A.R.E clients, clients must be committed and have severity rating of "3" in dimension 3 and severity rating of "4" in dimension 4, 5, or 6, OR two severity ratings of "4" in dimensions 4, 5, or 6).	\$150.00	NA	NA	NA	NA
Medium Intensity (Minimum 15 hours/week)* H2036 TF	\$131.58	+\$7.89	+\$3.95	+\$3.95	+\$11.84

\$63.24

+\$3.79

+\$1.90

+\$1.90

+\$11.38

ADULT SERVICE RATES

COMPLEXITY

Hospital

Inpatient Per Diem Rates 0101	\$306	+\$18.36	+\$9.18	NA	NA
Room and Board Rates 1002 & 1003	\$55.17	NA	NA	+\$13.24	+\$11.59

ADOLESCENT SERVICE RATES

COMPLEXITY

Treatment Setting Descriptions	Addiction Only Basic Rate	Co- occurring <i>HH</i>	Special Populations <i>U4</i>	Clients with their Children U6	Medical Services <i>U5</i>
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Non-Residential Treatment - acuity addressed in intensity

Individual (one hour increments) H2035 HA	\$71.40	+\$6.43	+\$4.28	+\$4.28	+\$17.14
Group (one hour increments) <i>H2035 HQ HA</i>	\$34.68	+\$3.12	+\$2.08	+\$2.08	+\$8.32

Residential Treatment - acuity addressed in intensity

High Intensity (Minimum 15 hours/week) H2036 HA	\$214.20	+\$12.85	+\$6.43	+\$6.43	+\$12.85
High Intensity Committed/Complex * <i>H2036 HK</i> (Min 30 hrs/week), Effective 10/01/15, paid in addition to the high intensity rate. Except for C.A.R.E clients, clients must be committed and have severity rating of "3" in dimension 3 and severity rating of "4" in dimension 4, 5, or 6, OR two severity ratings of "4" in dimensions 4, 5, or 6).	\$150.00	NA	NA	NA	NA

Hospital

Inpatient Per Diem 0101	\$306	+\$18.36	+\$9.18	NA	NA
Room and Board 1002 HA & 1003 HA	\$74.54	NA	NA	+\$13.41	+\$11.18

^{*}Residential Medication Assisted Therapy Program - appropriate dosing amount will be added to the appropriate residential rate when a residential provider is supplying and administering medication otherwise administered in an MAT program. Add U8 or U9 accordingly for dosing amount.

UC = Co-occurring & Medical Services Combination