

Appendix A: Rate Models

Appendix A

Peer Support Services: Rate Models

Table 1A. Rate Model Criteria for Peer-Based Crisis Services

Category	Definition
Service	Peer-Based Crisis Services (PBCS)
Procedure Code	H0038V1 and H0038V2
Unit of Measure	15 minutes
Direct Care Staff Type	Certified Peer Support Specialist
Supervisor Staff Type	Clinical Supervisor

Table 1B. Peer-Based Crisis Services Rate Model

Service	Description	Peer-Based Crisis Services (PBCS): Procedure Code H0038V1	Peer-Based Crisis Services (PBCS): Procedure Code H0038V2
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$22.77	\$22.77
Wages	Annual Wage	\$47,367.74	\$47,367.74
Wages	ERE (% of Wages)	41.8%	41.8%
Wages	Total Combined Hourly Compensation	\$32.30	\$32.30
Wages	Total Combined Annual Compensation	\$67,173.95	\$67,173.95
Productivity	Total Hours	40	40
Productivity	Billable Hours	27.44	27.44
Productivity	Productivity Percentage	68.6%	68.6%
Productivity	Productivity Adjustment	1.46	1.46
Productivity	Hourly Compensation after Adjustment	\$47.08	\$47.08
Productivity	Annual Compensation after Adjustment	\$97,933.77	\$97,933.77
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	3.50	3.50
Supervision	Supervisor Span of Control	3.00	3.00
Supervision	Supervision Hours per Staff per Hour	0.03	0.03

Service	Description	Peer-Based Crisis Services (PBCS): Procedure Code H0038V1	Peer-Based Crisis Services (PBCS): Procedure Code H0038V2
Supervision	Supervision Cost per Staff per Hour	\$1.86	\$1.86
Supervision	Hourly Total Compensation	\$48.94	\$48.94
Supervision	Annual Total Compensation	\$101,800.34	\$101,800.34
No Show Adjuster	No Show Adjustment	25.0%	25.0%
No Show Adjuster	Hourly Compensation	\$61.18	\$61.18
No Show Adjuster	Annual Compensation	\$127,250.42	\$127,250.42
Staffing	Number of Clients per Staff	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	\$61.18	\$61.18
Staffing	Annual Compensation per Staff per Client	\$127,250.42	\$127,250.42
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	23.7%	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$41.27	\$41.27
Indirect Cost	Indirect Cost Annual Factor	\$85,833.45	\$85,833.45
Rate	Hourly Rate	\$102.44	\$102.44
Rate	Proposed Benchmark Rate	\$25.61	\$25.61
Rate	Current Rate	\$22.34	\$22.34
Rate	Percent Change	14.6%	14.6%

Table 2A. Rate Model Criteria for Peer Support Services

Category	Definition
Service	Peer Support Services for Individual, Family (with Patient Present), and Family (without Patient Present)
Procedure Code	H0038, H0038HR, and H0038HS
Unit of Measure	15 minutes
Direct Care Staff Type	Certified Peer Support Specialist
Supervisor Staff Type	Clinical Supervisor

Table 2B. Peer Support Services Rate Model

Service	Description	Peer Support Services – Individual: Procedure Code H0038	Peer Support Services – Family (with Patient Present): Procedure Code H0038HR	Peer Support Services – Family (without Patient Present): Procedure Code H0038HS
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$22.77	\$22.77	\$22.77
Wages	Annual Wage	\$47,367.74	\$47,367.74	\$47,367.74
Wages	ERE (% of Wages)	41.8%	41.8%	41.8%
Wages	Total Combined Hourly Compensation	\$32.30	\$32.30	\$32.30
Wages	Total Combined Annual Compensation	\$67,173.95	\$67,173.95	\$67,173.95
Productivity	Total Hours	40	40	40
Productivity	Billable Hours	27.44	27.44	27.44
Productivity	Productivity Percentage	68.6%	68.6%	68.6%
Productivity	Productivity Adjustment	1.46	1.46	1.46
Productivity	Hourly Compensation after Adjustment	\$47.08	\$47.08	\$47.08
Productivity	Annual Compensation after Adjustment	\$97,933.77	\$97,933.77	\$97,933.77
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	3.50	3.50	3.50

Service	Description	Peer Support Services – Individual: Procedure Code H0038	Peer Support Services – Family (with Patient Present): Procedure Code H0038HR	Peer Support Services – Family (without Patient Present): Procedure Code H0038HS
Supervision	Supervisor Span of Control	3.00	3.00	3.00
Supervision	Supervision Hours per Staff per Hour	0.03	0.03	0.03
Supervision	Supervision Cost per Staff per Hour	\$1.86	\$1.86	\$1.86
Supervision	Hourly Total Compensation	\$48.94	\$48.94	\$48.94
Supervision	Annual Total Compensation	\$101,800.34	\$101,800.34	\$101,800.34
No Show Adjuster	No Show Adjustment	25.0%	25.0%	25.0%
No Show Adjuster	Hourly Compensation	\$61.18	\$61.18	\$61.18
No Show Adjuster	Annual Compensation	\$127,250.42	\$127,250.42	\$127,250.42
Staffing	Number of Clients per Staff	1.00	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	\$61.18	\$61.18	\$61.18
Staffing	Annual Compensation per Staff per Client	\$127,250.42	\$127,250.42	\$127,250.42
Indirect Cost	Administrative Cost Percent	43.8%	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	23.7%	23.7%	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$41.27	\$41.27	\$41.27
Indirect Cost	Indirect Cost Annual Factor	\$85,833.45	\$85,833.45	\$85,833.45
Rate	Hourly Rate	\$102.44	\$102.44	\$102.44
Rate	Proposed Benchmark Rate	\$25.61	\$25.61	\$25.61
Rate	Current Rate	\$30.67	\$30.67	\$30.67
Rate	Percent Change	-16.5%	-16.5%	-16.5%

Appendix A

Community Recovery Support Services (CRSS): Rate Models

Table 3A. Rate Model Criteria for Community Recovery Support Services (CRSS) – Individual

Category	Definition
Service	Community Recovery Support Services (CRSS) – Individual
Procedure Code	H2021V1 and H2021V2
Unit of Measure	15 minutes
Direct Care Staff Type	Behavioral Specialist/Technician
Supervisor Staff Type	Clinical Supervisor

Table 3B. Community Recovery Support Services (CRSS) – Individual Rate Model

Service	Description	Community Recovery Support Services (CRSS) – Individual: Procedure Code H2021V1	Community Recovery Support Services (CRSS) – Individual: Procedure Code H2021V2
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$27.32	\$27.32
Wages	Annual Wage	\$56,823.04	\$56,823.04
Wages	ERE (% of Wages)	38.7%	38.7%
Wages	Total Combined Hourly Compensation	\$37.88	\$37.88
Wages	Total Combined Annual Compensation	\$78,797.88	\$78,797.88
Productivity	Total Hours	40	40
Productivity	Billable Hours	27.44	27.44
Productivity	Productivity Percentage	68.6%	68.6%
Productivity	Productivity Adjustment	1.46	1.46
Productivity	Hourly Compensation after Adjustment	\$55.23	\$55.23
Productivity	Annual Compensation after Adjustment	\$114,880.45	\$114,880.45
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	4.50	4.50

Service	Description	Community Recovery Support Services (CRSS) – Individual: Procedure Code H2021V1	Community Recovery Support Services (CRSS) – Individual: Procedure Code H2021V2
Supervision	Supervisor Span of Control	5.52	5.52
Supervision	Supervision Hours per Staff per Hour	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	\$1.30	\$1.30
Supervision	Hourly Total Compensation	\$56.53	\$56.53
Supervision	Annual Total Compensation	\$117,582.23	\$117,582.23
No Show Adjuster	No Show Adjustment	10.0%	10.0%
No Show Adjuster	Hourly Compensation	\$62.18	\$62.18
No Show Adjuster	Annual Compensation	\$129,340.45	\$129,340.45
Staffing	Number of Clients per Staff	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	\$62.18	\$62.18
Staffing	Annual Compensation per Staff per Client	\$129,340.45	\$129,340.45
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	25.8%	25.8%
Indirect Cost	Indirect Cost Hourly Factor	\$43.24	\$43.24
Indirect Cost	Indirect Cost Annual Factor	\$89,947.51	\$89,947.51
Rate	Hourly Rate	\$105.43	\$105.43
Rate	Proposed Benchmark Rate	\$26.36	\$26.36
Rate	Current Rate	\$23.44	\$23.44
Rate	Percent Change	12.4%	12.4%

Table 4A. Rate Model Criteria for Community Recovery Support Services (CRSS) – Group

Category	Definition
Service	Community Recovery Support Services (CRSS) – Group
Procedure Code	H2021HQP1 and H2021HQP2
Unit of Measure	15 minutes
Direct Care Staff Type	Behavioral Specialist/Technician
Supervisor Staff Type	Clinical Supervisor

Table 4B. Community Recovery Support Services (CRSS) – Group Rate Model

Service	Description	Community Recovery Support Services (CRSS) – Group: Procedure Code H2021HQP1	Community Recovery Support Services (CRSS) – Group: Procedure Code H2021HQP2
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$27.32	\$27.32
Wages	Annual Wage	\$56,823.04	\$56,823.04
Wages	ERE (% of Wages)	38.7%	38.7%
Wages	Total Combined Hourly Compensation	\$37.88	\$37.88
Wages	Total Combined Annual Compensation	\$78,797.88	\$78,797.88
Productivity	Total Hours	40	40
Productivity	Billable Hours	25.44	25.44
Productivity	Productivity Percentage	63.6%	63.6%
Productivity	Productivity Adjustment	1.57	1.57
Productivity	Hourly Compensation after Adjustment	\$59.57	\$59.57
Productivity	Annual Compensation after Adjustment	\$123,913.19	\$123,913.19
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	4.50	4.50

Service	Description	Community Recovery Support Services (CRSS) – Group: Procedure Code H2021HQV1	Community Recovery Support Services (CRSS) – Group: Procedure Code H2021HQV2
Supervision	Supervisor Span of Control	5.52	5.52
Supervision	Supervision Hours per Staff per Hour	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	\$1.30	\$1.30
Supervision	Hourly Total Compensation	\$60.87	\$60.87
Supervision	Annual Total Compensation	\$126,614.96	\$126,614.96
No Show Adjuster	No Show Adjustment	10.0%	10.0%
No Show Adjuster	Hourly Compensation	\$66.96	\$66.96
No Show Adjuster	Annual Compensation	\$139,276.46	\$139,276.46
Staffing	Number of Clients per Staff	3.00	3.00
Staffing	Hourly Compensation per Staff per Client	\$22.32	\$22.32
Staffing	Annual Compensation per Staff per Client	\$46,425.49	\$46,425.49
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	25.8%	25.8%
Indirect Cost	Indirect Cost Hourly Factor	\$15.52	\$15.52
Indirect Cost	Indirect Cost Annual Factor	\$32,285.77	\$32,285.77
Rate	Hourly Rate	\$37.84	\$37.84
Rate	Proposed Benchmark Rate	\$9.46	\$9.46
Rate	Current Rate	\$6.14	\$6.14
Rate	Percent Change	54.1%	54.1%

Appendix A

Home-Based Family Treatment (HBFT) Services: Rate Model

Table 5A. Rate Model Criteria for Home-Based Family Treatment (HBFT) Services

Category	Definition
Service	Home-Based Family Treatment Services (Levels 1, 2, and 3)
Procedure Code	H1011V2, H1011TFV2, and H1011TGV2
Unit of Measure	15 minutes
Direct Care Staff Type #1	Clinical Specialist
Direct Care Staff Type #2	Case Manager
Supervisor Staff Type	Clinical Supervisor

Table 5B. Home-Based Family Treatment (HBFT) Services Rate Model

Service	Description	Home-Based Family Treatment Services (HBFT Level 1): Procedure Code H1011V2	Home-Based Family Treatment Services (HBFT Level 2): Procedure Code H1011TFV2	Home-Based Family Treatment Services (HBFT Level 3): Procedure Code H1011TGV2
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #1	\$35.38	\$35.38	\$35.38
Wages	Annual Wage Staff Type #1	\$73,600.68	\$73,600.68	\$73,600.68
Wages	ERE (% of Wages) Staff Type #1	34.9%	34.9%	34.9%
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #2	\$28.60	\$28.60	\$28.60
Wages	Annual Wage Staff Type #2	\$59,492.06	\$59,492.06	\$59,492.06
Wages	ERE (% of Wages) Staff Type #2	37.9%	37.9%	37.9%
Wages	Staff Type #1 FTEs	0.50	0.50	0.50
Wages	Staff Type #2 FTEs	0.50	0.50	0.50
Wages	Total Combined Hourly Compensation	\$43.59	\$43.59	\$43.59
Wages	Total Combined Annual Compensation	\$90,668.93	\$90,668.93	\$90,668.93
Productivity	Total Hours	40	40	40
Productivity	Billable Hours	27.44	27.44	27.44
Productivity	Productivity Percentage	68.6%	68.6%	68.6%
Productivity	Productivity Adjustment	1.46	1.46	1.46
Productivity	Hourly Compensation after Adjustment	\$63.55	\$63.55	\$63.55
Productivity	Annual Compensation after Adjustment	\$132,187.42	\$132,187.42	\$132,187.42
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69	\$102,937.69

Service	Description	Home-Based Family Treatment Services (HBFT Level 1): Procedure Code H1011V2	Home-Based Family Treatment Services (HBFT Level 2): Procedure Code H1011TFV2	Home-Based Family Treatment Services (HBFT Level 3): Procedure Code H1011TGV2
Supervision	Supervisor ERE	28.8%	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	8.56	8.56	8.56
Supervision	Supervisor Span of Control	4.33	4.33	4.33
Supervision	Supervision Hours per Staff per Hour	0.05	0.05	0.05
Supervision	Supervision Cost per Staff per Hour	\$3.15	\$3.15	\$3.15
Supervision	Hourly Total Compensation	\$66.70	\$66.70	\$66.70
Supervision	Annual Total Compensation	\$138,730.84	\$138,730.84	\$138,730.84
No Show Adjuster	No Show Adjustment	25.0%	25.0%	25.0%
No Show Adjuster	Hourly Compensation	\$83.37	\$83.37	\$83.37
No Show Adjuster	Annual Compensation	\$173,413.55	\$173,413.55	\$173,413.55
Staffing	Number of Clients per Staff	1.00	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	\$83.37	\$83.37	\$83.37
Staffing	Annual Compensation per Staff per Client	\$173,413.55	\$173,413.55	\$173,413.55
Indirect Cost	Administrative Cost Percent	43.8%	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	25.8%	25.8%	25.8%
Indirect Cost	Indirect Cost Hourly Factor	\$57.98	\$57.98	\$57.98
Indirect Cost	Indirect Cost Annual Factor	\$120,597.36	\$120,597.36	\$120,597.36
Rate	Hourly Rate	\$141.35	\$141.35	\$141.35
Rate	Proposed Benchmark Rate	\$35.34	\$35.34	\$35.34
Rate	Current Rate	\$26.39	\$26.90	\$29.69
Rate	Percent Change	33.9%	31.4%	19.0%

Appendix A

Therapeutic BH Services: Rate Model

Table 6A. Rate Model Criteria for Therapeutic (BH) Services

Category	Definition
Service	Therapeutic BH Services for Individual, Family (with Patient Present), Family (without Patient Present), and Group
Procedure Code	H2019, H2019HR, H2019HS, and H2019HQ
Unit of Measure	15 minutes
Direct Care Staff Type	Behavioral Specialist/Technician
Supervisor Staff Type	Clinical Supervisor

Table 6B. Therapeutic (BH) Services Rate Model

Service	Description	Therapeutic BH Services, Individual: Procedure Code H2019	Therapeutic BH Services, Family (with Patient Present): Procedure Code H2019HR	Therapeutic BH Services, Family (without Patient Present): Procedure Code H2019HS	Therapeutic BH Services, Group: Procedure Code H2019HQ
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$27.32	\$27.32	\$27.32	\$27.32
Wages	Annual Wage	\$56,823.04	\$56,823.04	\$56,823.04	\$56,823.04
Wages	ERE (% of Wages)	38.7%	38.7%	38.7%	38.7%
Wages	Total Combined Hourly Compensation	\$37.88	\$37.88	\$37.88	\$37.88
Wages	Total Combined Annual Compensation	\$78,797.88	\$78,797.88	\$78,797.88	\$78,797.88
Productivity	Total Hours	40	40	40	40
Productivity	Billable Hours	27.44	27.44	27.44	25.44
Productivity	Productivity Percentage	68.6%	68.6%	68.6%	63.6%
Productivity	Productivity Adjustment	1.46	1.46	1.46	1.57
Productivity	Hourly Compensation after Adjustment	\$55.23	\$55.23	\$55.23	\$59.57
Productivity	Annual Compensation after Adjustment	\$114,880.45	\$114,880.45	\$114,880.45	\$123,913.19
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%	28.8%	28.8%

Service	Description	Therapeutic BH Services, Individual: Procedure Code H2019	Therapeutic BH Services, Family (with Patient Present): Procedure Code H2019HR	Therapeutic BH Services, Family (without Patient Present): Procedure Code H2019HS	Therapeutic BH Services, Group: Procedure Code H2019HQ
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	6.03	6.03	6.03	6.03
Supervision	Supervisor Span of Control	5.81	5.81	5.81	5.81
Supervision	Supervision Hours per Staff per Hour	0.03	0.03	0.03	0.03
Supervision	Supervision Cost per Staff per Hour	\$1.65	\$1.65	\$1.65	\$1.65
Supervision	Hourly Total Compensation	\$56.88	\$56.88	\$56.88	\$61.23
Supervision	Annual Total Compensation	\$118,319.62	\$118,319.62	\$118,319.62	\$127,352.35
No Show Adjuster	No Show Adjustment	25.0%	25.0%	25.0%	25.0%
No Show Adjuster	Hourly Compensation	\$71.11	\$71.11	\$71.11	\$76.53
No Show Adjuster	Annual Compensation	\$147,899.52	\$147,899.52	\$147,899.52	\$159,190.43
Staffing	Number of Clients per Staff	1.00	1.00	1.00	3.00
Staffing	Hourly Compensation per Staff per Client	\$71.11	\$71.11	\$71.11	\$25.51
Staffing	Annual Compensation per Staff per Client	\$147,899.52	\$147,899.52	\$147,899.52	\$53,063.48
Indirect Cost	Administrative Cost Percent	43.8%	43.8%	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	25.8%	25.8%	25.8%	25.8%
Indirect Cost	Indirect Cost Hourly Factor	\$49.45	\$49.45	\$49.45	\$17.74
Indirect Cost	Indirect Cost Annual Factor	\$102,854.08	\$102,854.08	\$102,854.08	\$36,902.05
Rate	Hourly Rate	\$120.55	\$120.55	\$120.55	\$43.25
Rate	Proposed Benchmark Rate	\$30.14	\$30.14	\$30.14	\$10.81
Rate	Current Rate	\$30.53	\$30.53	\$30.53	\$14.33
Rate	Percent Change	-1.3%	-1.3%	-1.3%	-24.5%

Appendix A

Screening, Brief Intervention, and Referral for Treatment (SBIRT): Rate Model

Table 7A. Rate Model Criteria for Screening, Brief Intervention, and Referral for Treatment (SBIRT)

Category	Definition
Service	Screening, Brief Intervention, And Referral for Treatment (SBIRT)
Procedure Code	99408
Unit of Measure	15 to 30 Minute Episode
Direct Care Staff Type	Licensed Addiction Counselor
Supervisor Staff Type	Clinical Supervisor

Table 7B. Screening, Brief Intervention, and Referral for Treatment (SBIRT) Rate Model

Service	Description	Screening, Brief Intervention, And Referral for Treatment (SBIRT): Procedure Code 99408
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$31.65
Wages	Annual Wage	\$65,822.33
Wages	ERE (% of Wages)	36.4%
Wages	Hourly Compensation	\$43.17
Wages	Annual Compensation	\$89,784.97
Productivity	Total Hours	40
Productivity	Billable Hours	30.27
Productivity	Productivity Percentage	75.7%
Productivity	Productivity Adjustment	1.32
Productivity	Hourly Compensation after Adjustment	\$57.05
Productivity	Annual Compensation after Adjustment	\$118,658.55
Supervision	Hourly Supervisor Wage	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02
Supervision	Supervision Hours per Week	1.17

Service	Description	Screening, Brief Intervention, And Referral for Treatment (SBIRT): Procedure Code 99408
Supervision	Supervisor Span of Control	2.00
Supervision	Supervision Hours per Staff per Hour	0.01
Supervision	Supervision Cost per Staff per Hour	\$0.93
Supervision	Hourly Total Compensation	\$57.98
Supervision	Annual Total Compensation	\$120,591.83
No Show Adjuster	No Show Adjustment	15.0%
No Show Adjuster	Hourly Compensation	\$43.17
No Show Adjuster	Annual Compensation	\$89,784.97
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$66.67
Staffing	Annual Compensation per Staff per Client	\$138,680.61
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$44.97
Indirect Cost	Indirect Cost Annual Factor	\$93,543.39
Rate	Hourly Rate	\$111.65
Rate	Proposed Benchmark Rate	\$55.83
Rate	Current Rate	\$58.04
Rate	Percent Change	-3.8%

Appendix A

Assessment, Evaluation, and Screening Services: Rate Models

Table 8A. Rate Model Criteria for Behavioral Health Screen, AK Screen Tool

Category	Definition
Service	Behavioral Health Screen, AK Screen Tool
Procedure Code	T1023
Unit of Measure	1 screening
Direct Care Staff Type	Licensed Clinical Social Worker (LCSW)
Supervisor Staff Type	Clinical Supervisor

Table 8B. Behavioral Health Screen, AK Screen Tool Rate Model

Service	Description	Behavioral Health Screen, AK Screen Tool: Procedure Code T1023
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$47.85
Wages	Annual Wage	\$99,530.16
Wages	ERE (% of Wages)	31.6%
Wages	Hourly Compensation	\$62.95
Wages	Annual Compensation	\$130,938.34
Productivity	Total Hours	40
Productivity	Billable Hours	25.34
Productivity	Productivity Percentage	63.4%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$99.36
Productivity	Annual Compensation after Adjustment	\$206,673.98
Supervision	Hourly Supervisor Wage	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02
Supervision	Supervision Hours per Week	2.86
Supervision	Supervisor Span of Control	5.25
Supervision	Supervision Hours per Staff per Hour	0.01

Service	Description	Behavioral Health Screen, AK Screen Tool: Procedure Code T1023
Supervision	Supervision Cost per Staff per Hour	\$0.87
Supervision	Hourly Total Compensation	\$100.23
Supervision	Annual Total Compensation	\$208,481.73
No Show Adjuster	No Show Adjustment	15.0%
No Show Adjuster	Hourly Compensation	\$62.95
No Show Adjuster	Annual Compensation	\$130,938.34
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$115.27
Staffing	Annual Compensation per Staff per Client	\$239,753.99
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$77.75
Indirect Cost	Indirect Cost Annual Factor	\$161,719.80
Rate	Hourly Rate	\$193.02
Rate	Proposed Benchmark Rate	\$144.77
Rate	Current Rate	\$135.13
Rate	Percent Change	7.1%

Table 9A. Rate Model Criteria for Medical Evaluation for Recipient Not Receiving Methadone Treatment

Category	Definition
Service	Medical Evaluation for Recipient Not Receiving Methadone Treatment
Procedure Code	H0002
Unit of Measure	1 evaluation
Direct Care Staff Type	Registered Nurse (RN)/Nurse
Supervisor Staff Type	Clinical Director

Table 9B. Medical Evaluation for Recipient Not Receiving Methadone Treatment Rate Model

Service	Description	Medical Evaluation for Recipient Not Receiving Methadone Treatment: Procedure Code H0002
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$51.63
Wages	Annual Wage	\$107,387.02
Wages	ERE (% of Wages)	30.9%
Wages	Hourly Compensation	\$67.56
Wages	Annual Compensation	\$140,530.65
Productivity	Total Hours	40
Productivity	Billable Hours	25.34
Productivity	Productivity Percentage	63.4%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$106.64
Productivity	Annual Compensation after Adjustment	\$221,814.56
Supervision	Hourly Supervisor Wage	\$58.24
Supervision	Annual Supervisor Wage	\$121,138.57
Supervision	Supervisor ERE	27.7%
Supervision	Hourly Supervisor Compensation	\$74.40
Supervision	Annual Supervisor Compensation	\$154,749.73
Supervision	Supervision Hours per Week	1.00
Supervision	Supervisor Span of Control	3.00
Supervision	Supervision Hours per Staff per Hour	0.01

Service	Description	Medical Evaluation for Recipient Not Receiving Methadone Treatment: Procedure Code H0002
Supervision	Supervision Cost per Staff per Hour	\$0.62
Supervision	Hourly Total Compensation	\$107.26
Supervision	Annual Total Compensation	\$223,104.14
No Show Adjuster	No Show Adjustment	15.0%
No Show Adjuster	Hourly Compensation	\$67.56
No Show Adjuster	Annual Compensation	\$140,530.65
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$123.35
Staffing	Annual Compensation per Staff per Client	\$256,569.76
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$83.20
Indirect Cost	Indirect Cost Annual Factor	\$173,062.44
Rate	Hourly Rate	\$206.55
Rate	Proposed Benchmark Rate	\$413.10
Rate	Current Rate	\$652.86
Rate	Percent Change	-36.7%

Table 10A. Rate Model Criteria for Medical Evaluation for Recipient Receiving Methadone Treatment

Category	Definition
Service	Medical Evaluation for Recipient Receiving Methadone Treatment
Procedure Code	H0002HF
Unit of Measure	1 evaluation
Direct Care Staff Type	Registered Nurse (RN)/Nurse
Supervisor Staff Type	Clinical Director

Table 10B. Medical Evaluation for Recipient Receiving Methadone Treatment Rate Model

Service	Description	Medical Evaluation for Recipient Receiving Methadone Treatment: Procedure Code H0002HF
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$51.63
Wages	Annual Wage	\$107,387.02
Wages	ERE (% of Wages)	30.9%
Wages	Hourly Compensation	\$67.56
Wages	Annual Compensation	\$140,530.65
Productivity	Total Hours	40
Productivity	Billable Hours	25.34
Productivity	Productivity Percentage	63.4%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$106.64
Productivity	Annual Compensation after Adjustment	\$221,814.56
Supervision	Hourly Supervisor Wage	\$58.24
Supervision	Annual Supervisor Wage	\$121,138.57
Supervision	Supervisor ERE	27.7%
Supervision	Hourly Supervisor Compensation	\$74.40
Supervision	Annual Supervisor Compensation	\$154,749.73
Supervision	Supervision Hours per Week	1.00
Supervision	Supervisor Span of Control	1.00
Supervision	Supervision Hours per Staff per Hour	0.03

Service	Description	Medical Evaluation for Recipient Receiving Methadone Treatment: Procedure Code H0002HF
Supervision	Supervision Cost per Staff per Hour	\$1.86
Supervision	Hourly Total Compensation	\$108.50
Supervision	Annual Total Compensation	\$225,683.30
No Show Adjuster	No Show Adjustment	15.0%
No Show Adjuster	Hourly Compensation	\$67.56
No Show Adjuster	Annual Compensation	\$140,530.65
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$124.78
Staffing	Annual Compensation per Staff per Client	\$259,535.80
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$84.16
Indirect Cost	Indirect Cost Annual Factor	\$175,063.10
Rate	Hourly Rate	\$208.94
Rate	Proposed Benchmark Rate	\$417.88
Rate	Current Rate	\$652.86
Rate	Percent Change	-36.0%

Table 11A. Rate Model Criteria for Treatment Plan Development or Review

Category	Definition
Service	Treatment Plan Development or Review
Procedure Code	T1007V1 and T1007V2
Unit of Measure	Per Assessment
Direct Care Staff Type	Licensed Clinical Social Worker (LCSW)
Supervisor Staff Type	Clinical Director

Table 11B. Treatment Plan Development or Review Rate Model

Service	Description	Treatment Plan Development or Review: Procedure Code T1007V1 and T1007V2
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$47.85
Wages	Annual Wage	\$99,530.16
Wages	ERE (% of Wages)	31.6%
Wages	Hourly Compensation	\$62.95
Wages	Annual Compensation	\$130,938.34
Productivity	Total Hours	40
Productivity	Billable Hours	25.34
Productivity	Productivity Percentage	63.4%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$99.36
Productivity	Annual Compensation after Adjustment	\$206,673.98
Supervision	Hourly Supervisor Wage	\$58.24
Supervision	Annual Supervisor Wage	\$121,138.57
Supervision	Supervisor ERE	27.7%
Supervision	Hourly Supervisor Compensation	\$74.40
Supervision	Annual Supervisor Compensation	\$154,749.73
Supervision	Supervision Hours per Week	1.00
Supervision	Supervisor Span of Control	3.00
Supervision	Supervision Hours per Staff per Hour	0.01

Service	Description	Treatment Plan Development or Review: Procedure Code T1007V1 and T1007V2
Supervision	Supervision Cost per Staff per Hour	\$0.62
Supervision	Hourly Total Compensation	\$99.98
Supervision	Annual Total Compensation	\$207,963.57
No Show Adjuster	No Show Adjustment	15.0%
No Show Adjuster	Hourly Compensation	\$62.95
No Show Adjuster	Annual Compensation	\$130,938.34
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$114.98
Staffing	Annual Compensation per Staff per Client	\$239,158.10
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$77.56
Indirect Cost	Indirect Cost Annual Factor	\$161,317.86
Rate	Hourly Rate	\$192.54
Rate	Proposed Benchmark Rate	\$192.54
Rate	Current Rate	\$147.89
Rate	Percent Change	30.2%

Table 12A. Rate Model Criteria for Treatment Plan Review for Methadone Recipient

Category	Definition
Service	Treatment Plan Review for Methadone Recipient
Procedure Code	T1007
Unit of Measure	Per Assessment
Direct Care Staff Type	Certified Nurse Assistant (CNA)
Supervisor Staff Type	Nurse Manager/Supervisor/Director

Table 12B. Treatment Plan Review for Methadone Recipient Rate Model

Service	Description	Treatment Plan Review for Methadone Recipient: Procedure Code T1007
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$30.31
Wages	Annual Wage	\$63,041.76
Wages	ERE (% of Wages)	37.0%
Wages	Hourly Compensation	\$41.53
Wages	Annual Compensation	\$86,390.22
Productivity	Total Hours	40
Productivity	Billable Hours	25.34
Productivity	Productivity Percentage	63.4%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$65.56
Productivity	Annual Compensation after Adjustment	\$136,358.92
Supervision	Hourly Supervisor Wage	\$51.09
Supervision	Annual Supervisor Wage	\$106,272.81
Supervision	Supervisor ERE	28.6%
Supervision	Hourly Supervisor Compensation	\$65.69
Supervision	Annual Supervisor Compensation	\$136,632.58
Supervision	Supervision Hours per Week	1.00
Supervision	Supervisor Span of Control	3.00
Supervision	Supervision Hours per Staff per Hour	0.01

Service	Description	Treatment Plan Review for Methadone Recipient: Procedure Code T1007
Supervision	Supervision Cost per Staff per Hour	\$0.55
Supervision	Hourly Total Compensation	\$66.10
Supervision	Annual Total Compensation	\$137,497.53
No Show Adjuster	No Show Adjustment	15.0%
No Show Adjuster	Hourly Compensation	\$41.53
No Show Adjuster	Annual Compensation	\$86,390.22
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$76.02
Staffing	Annual Compensation per Staff per Client	\$158,122.16
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$51.28
Indirect Cost	Indirect Cost Annual Factor	\$106,657.18
Rate	Hourly Rate	\$127.30
Rate	Proposed Benchmark Rate	\$127.30
Rate	Current Rate	\$97.45
Rate	Percent Change	30.6%

Table 13A. Rate Model Criteria for Methadone Administration and/or Service

Category	Definition
Service	Methadone Administration and/or Service
Procedure Code	H0020
Unit of Measure	Administration Episode
Direct Care Staff Type	Registered Nurse (RN)/Nurse
Supervisor Staff Type	Clinical Supervisor

Table 13B. Methadone Administration and/or Service Rate Model

Service	Description	Methadone Administration and/or Service: Procedure Code H0020
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$51.63
Wages	Annual Wage	\$107,387.02
Wages	ERE (% of Wages)	30.9%
Wages	Total Combined Hourly Compensation	\$67.56
Wages	Total Combined Annual Compensation	\$140,530.65
Productivity	Total Hours	40
Productivity	Billable Hours	29.00
Productivity	Productivity Percentage	72.5%
Productivity	Productivity Adjustment	1.38
Productivity	Hourly Compensation after Adjustment	\$93.19
Productivity	Annual Compensation after Adjustment	\$193,835.38
Supervision	Hourly Supervisor Wage	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02
Supervision	Supervision Hours per Week	3.00
Supervision	Supervisor Span of Control	2.00
Supervision	Supervision Hours per Staff per Hour	0.04

Service	Description	Methadone Administration and/or Service: Procedure Code H0020
Supervision	Supervision Cost per Staff per Hour	\$2.39
Supervision	Hourly Total Compensation	\$95.58
Supervision	Annual Total Compensation	\$198,806.68
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$105.14
No Show Adjuster	Annual Compensation	\$218,687.35
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$105.14
Staffing	Annual Compensation per Staff per Client	\$218,687.35
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$70.92
Indirect Cost	Indirect Cost Annual Factor	\$147,509.84
Rate	Hourly Rate	\$176.06
Rate	Proposed Benchmark Rate	\$44.02
Rate	Current Rate	\$39.29
Rate	Percent Change	12.0%

Table 14A. Rate Model Criteria for Oral Medication Administration, Direct Observation (Off Premises)

Category	Definition
Service	Oral Medication Administration, Direct Observation; Off Premises
Frequency of Service	One billable service per day
Procedure Code	H0033HK and H0033
Unit of Measure	1 day and 15 minutes
Direct Care Staff Type	Registered Nurse (RN)/Nurse
Supervisor Staff Type	Physician

Table 14B. Oral Medication Administration, Direct Observation (Off Premises) Rate Model

Service	Description	Oral Medication Administration, Direct Observation (off premises): Procedure Code H033HK (1 day)	Oral Medication Administration, Direct Observation (off premises): Procedure Code H033 (15 minutes)
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$51.63	\$51.63
Wages	Annual Wage	\$107,387.02	\$107,387.02
Wages	ERE (% of Wages)	30.9%	30.9%
Wages	Hourly Compensation	\$67.56	\$67.56
Wages	Annual Compensation	\$140,530.65	\$140,530.65
Productivity	Total Hours	40	40
Productivity	Billable Hours	32.00	32.00
Productivity	Productivity Percentage	80.0%	80.0%
Productivity	Productivity Adjustment	1.25	1.25
Productivity	Hourly Compensation after Adjustment	\$84.45	\$84.45
Productivity	Annual Compensation after Adjustment	\$175,663.31	\$175,663.31
Supervision	Hourly Supervisor Wage	\$163.18	\$163.18
Supervision	Annual Supervisor Wage	\$339,423.10	\$339,423.10
Supervision	Supervisor ERE	21.2%	21.2%
Supervision	Hourly Supervisor Compensation	\$197.85	\$197.85
Supervision	Annual Supervisor Compensation	\$411,532.40	\$411,532.40

Service	Description	Oral Medication Administration, Direct Observation (off premises): Procedure Code H033HK (1 day)	Oral Medication Administration, Direct Observation (off premises): Procedure Code H033 (15 minutes)
Supervision	Supervision Hours per Week	4.35	4.35
Supervision	Supervisor Span of Control	4.75	4.75
Supervision	Supervision Hours per Staff per Hour	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	\$4.53	\$4.53
Supervision	Hourly Total Compensation	\$88.98	\$88.98
Supervision	Annual Total Compensation	\$185,085.24	\$185,085.24
No Show Adjuster	No Show Adjustment	10.0%	5.0%
No Show Adjuster	Hourly Compensation	\$97.88	\$93.43
No Show Adjuster	Annual Compensation	\$203,593.76	\$194,339.50
Staffing	Number of Clients per Staff	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	\$97.88	\$93.43
Staffing	Annual Compensation per Staff per Client	\$203,593.76	\$194,339.50
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	23.7%	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$66.02	\$63.02
Indirect Cost	Indirect Cost Annual Factor	\$89,084.10	\$85,034.83
Rate	Hourly Rate	\$163.91	\$156.45
Rate	Proposed Benchmark Rate	\$122.93	\$117.34
Rate	Current Rate	\$130.80	\$112.76
Rate	Percent Change	-6.0%	4.1%

Appendix A

Crisis Services: Rate Models

Table 15A. Rate Model Criteria for Crisis Residential and Stabilization Services (CSS)

Category	Definition
Service	Crisis Residential and Stabilization Services (CSS)
Procedure Code	S9485V1 and S9485V2
Unit of Measure	Daily
Faculty Size	12 Bed

Table 15B. Crisis Residential and Stabilization Services (CSS) Rate Model

Service	Description	Crisis Residential and Stabilization Services (CSS): Procedure Code S9485V1 and S9485V2
Certified Peer Support Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67
Certified Peer Support Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07
Certified Peer Support Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73
Certified Peer Support Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$22.77
Certified Peer Support Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	41.8%
Certified Peer Support Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$32.30
Certified Peer Support Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$44,978.52
Nurse Practitioner – Prescriber (10 Hours Per Day)	Primary Hours	304.00
Nurse Practitioner – Prescriber (10 Hours Per Day)	Hourly Wage	\$79.29
Nurse Practitioner – Prescriber (10 Hours Per Day)	ERE (as Percent of Wages)	23.5%
Nurse Practitioner – Prescriber (10 Hours Per Day)	Hourly Compensation (Wages + ERE)	\$97.95
Nurse Practitioner – Prescriber (10 Hours Per Day)	Annual Compensation (Wages + ERE)	\$29,794.06
Clinical Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67
Clinical Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07
Clinical Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73

Service	Description	Crisis Residential and Stabilization Services (CSS): Procedure Code S9485V1 and S9485V2
Clinical Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$35.38
Clinical Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	34.9%
Clinical Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$47.73
Clinical Specialist (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$66,477.14
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$51.63
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	30.9%
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$67.56
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$94,096.92
Case Manager (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67
Case Manager (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07
Case Manager (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73
Case Manager (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$28.60
Case Manager (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	37.9%
Case Manager (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$39.45
Case Manager (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$54,943.59
Clinical Supervisor (7 Hours Per Week)	Primary Hours	30.33
Clinical Supervisor (7 Hours Per Week)	Hourly Wage	\$49.49
Clinical Supervisor (7 Hours Per Week)	ERE (as Percent of Wages)	31.2%
Clinical Supervisor (7 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$64.95

Service	Description	Crisis Residential and Stabilization Services (CSS): Procedure Code S9485V1 and S9485V2
Clinical Supervisor (7 Hours Per Week)	Annual Compensation (Wages + ERE)	\$1,970.19
Total Personnel Cost	Total Personnel Cost	\$292,260.42
Indirect Cost	Administrative	43.8%
Indirect Cost	Program Support	23.7%
Indirect Cost	Annual Indirect Costs	\$197,136.64
Occupancy Adjustment	Total Annual Cost	\$489,397.06
Occupancy Adjustment	Occupancy Rate	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18
Occupancy Adjustment	Adjusted Total Annual Cost	\$575,761.24
Final Rate	Proposed Benchmark Rate	\$1,577.43
Final Rate	Current Rate	\$982.82
Final Rate	Percent Change	60.5%

Table 16A. Rate Model Criteria for 23-Hour Crisis Observation and Stabilization (COS)

Category	Definition
Service	Crisis Residential and Stabilization Services (CSS)
Procedure Code	S9485V1 and S9485V2
Unit of Measure	Daily
Faculty Size	12 Bed

Table 16B. 23-Hour Crisis Observation and Stabilization (COS) Rate Model

Service	Description	23-Hour Crisis Observation and Stabilization (COS): Procedure Codes S9484V1 and S9484V2
Certified Peer Support Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Primary Hours	2,433.33
Certified Peer Support Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Substitute Hours	352.13
Certified Peer Support Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Total Annual Hours	2,785.46
Certified Peer Support Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Wage	\$22.77
Certified Peer Support Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	ERE (as Percent of Wages)	41.8%
Certified Peer Support Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Compensation (Wages + ERE)	\$32.30
Certified Peer Support Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Annual Compensation (Wages + ERE)	\$89,957.05
Nurse Practitioner – Prescriber (10 Hours Per Day)	Primary Hours	730.00
Nurse Practitioner – Prescriber (10 Hours Per Day)	Hourly Wage	\$79.29
Nurse Practitioner – Prescriber (10 Hours Per Day)	ERE (as Percent of Wages)	23.5%
Nurse Practitioner – Prescriber (10 Hours Per Day)	Hourly Compensation (Wages + ERE)	\$97.95
Nurse Practitioner – Prescriber (10 Hours Per Day)	Annual Compensation (Wages + ERE)	\$71,505.75
Clinical Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Primary Hours	2,433.33
Clinical Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Substitute Hours	352.13
Clinical Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Total Annual Hours	2,785.46

Service	Description	23-Hour Crisis Observation and Stabilization (COS): Procedure Codes S9484V1 and S9484V2
Clinical Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Wage	\$35.38
Clinical Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	ERE (as Percent of Wages)	34.9%
Clinical Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Compensation (Wages + ERE)	\$47.73
Clinical Specialist (Staffing Ratio – 1:3 Day and 1:6 Night)	Annual Compensation (Wages + ERE)	\$132,954.29
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:3 Day and 1:6 Night)	Primary Hours	2,433.33
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:3 Day and 1:6 Night)	Substitute Hours	352.13
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:3 Day and 1:6 Night)	Total Annual Hours	2,785.46
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Wage	\$51.63
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:3 Day and 1:6 Night)	ERE (as Percent of Wages)	30.9%
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Compensation (Wages + ERE)	\$67.56
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:3 Day and 1:6 Night)	Annual Compensation (Wages + ERE)	\$188,193.83
Case Manager (Staffing Ratio – 1:3 Day and 1:6 Night)	Primary Hours	2,433.33
Case Manager (Staffing Ratio – 1:3 Day and 1:6 Night)	Substitute Hours	352.13
Case Manager (Staffing Ratio – 1:3 Day and 1:6 Night)	Total Annual Hours	2,785.46
Case Manager (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Wage	\$28.60
Case Manager (Staffing Ratio – 1:3 Day and 1:6 Night)	ERE (as Percent of Wages)	37.9%
Case Manager (Staffing Ratio – 1:3 Day and 1:6 Night)	Hourly Compensation (Wages + ERE)	\$39.45
Case Manager (Staffing Ratio – 1:3 Day and 1:6 Night)	Annual Compensation (Wages + ERE)	\$109,887.17
Clinical Supervisor (7 Hours Per Week)	Primary Hours	30.33
Clinical Supervisor (7 Hours Per Week)	Hourly Wage	\$49.49
Clinical Supervisor (7 Hours Per Week)	ERE (as Percent of Wages)	31.2%
Clinical Supervisor (7 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$64.95

Service	Description	23-Hour Crisis Observation and Stabilization (COS): Procedure Codes S9484V1 and S9484V2
Clinical Supervisor (7 Hours Per Week)	Annual Compensation (Wages + ERE)	\$1,970.19
Total Personnel Cost	Total Personnel Cost	\$594,468.27
Indirect Cost	Administrative	43.8%
Indirect Cost	Program Support	23.7%
Indirect Cost	Annual Indirect Costs	\$400,983.06
Occupancy Adjustment	Total Annual Cost	\$995,451.34
Occupancy Adjustment	Occupancy Rate	80.0%
Occupancy Adjustment	Occupancy Adjustment	1.25
Occupancy Adjustment	Adjusted Total Annual Cost	\$1,244,314.17
Final Rate	Proposed Benchmark Rate	\$142.05
Final Rate	Current Rate	\$126.89
Final Rate	Percent Change	11.9%
Final Rate – Short-Term Crisis Intervention (S9484U6, S9484U695, S9484U6FQ, S9484U6GT)	Proposed Benchmark Rate – 15 Minutes	\$35.51
Final Rate – Short-Term Crisis Intervention (S9484U6, S9484U695, S9484U6FQ, S9484U6GT)	Current Rate – 15 Minutes	\$37.05
Final Rate – Short-Term Crisis Intervention (S9484U6, S9484U695, S9484U6FQ, S9484U6GT)	Percent Change	-4.2%
Final Rate – Short-Term Crisis Stabilization (H2011, H201195, H2011FQ, H2011GT)	Proposed Benchmark Rate – 15 Minutes	\$35.51
Final Rate – Short-Term Crisis Stabilization (H2011, H201195, H2011FQ, H2011GT)	Current Rate – 15 Minutes	\$34.63
Final Rate – Short-Term Crisis Stabilization (H2011, H201195, H2011FQ, H2011GT)	Percent Change	2.5%

Appendix A

ASAM, Intensive Outpatient, and Partial Hospitalization Services: Rate Models

Table 17A. Rate Model Criteria for Ambulatory Withdrawal Management

Category	Definition
Service	Ambulatory Withdrawal Management without Extended Monitoring (ASAM 1 WM) and with Extended On-Site Monitoring (ASAM 2 WM)
Procedure Code	H0014V1 and H0014CGV1
Unit of Measure	15 minutes
Direct Care Staff Type	Certified Nurse Assistant (CNA)
Supervisor Staff Type	Clinical Director

Table 17B. Ambulatory Withdrawal Management Rate Model

Service	Description	Ambulatory Withdrawal Management without Extended Monitoring (ASAM 1 WM): Procedure Code H0014V1	Ambulatory Withdrawal Management with Extended On-Site Monitoring (ASAM 2 WM): Procedure Code H0014CGV1
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$30.31	\$30.31
Wages	Annual Wage	\$63,041.76	\$63,041.76
Wages	ERE (% of Wages)	37.0%	37.0%
Wages	Hourly Compensation	\$41.53	\$41.53
Wages	Annual Compensation	\$86,390.22	\$86,390.22
Productivity	Total Hours	40	40
Productivity	Billable Hours	23.67	23.67
Productivity	Productivity Percentage	59.2%	59.2%
Productivity	Productivity Adjustment	1.69	1.69
Productivity	Hourly Compensation after Adjustment	\$70.18	\$70.18
Productivity	Annual Compensation after Adjustment	\$145,974.25	\$145,974.25
Supervision	Hourly Supervisor Wage	\$58.24	\$58.24
Supervision	Annual Supervisor Wage	\$121,138.57	\$121,138.57
Supervision	Supervisor ERE	29.9%	29.9%
Supervision	Hourly Supervisor Compensation	\$75.63	\$75.63
Supervision	Annual Supervisor Compensation	\$157,319.70	\$157,319.70
Supervision	Supervision Hours per Week	4.35	4.35

Service	Description	Ambulatory Withdrawal Management without Extended Monitoring (ASAM 1 WM): Procedure Code H0014V1	Ambulatory Withdrawal Management with Extended On-Site Monitoring (ASAM 2 WM): Procedure Code H0014CGV1
Supervision	Supervisor Span of Control	4.75	4.75
Supervision	Supervision Hours per Staff per Hour	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	\$1.73	\$1.73
Supervision	Hourly Total Compensation	\$71.91	\$71.91
Supervision	Annual Total Compensation	\$149,576.05	\$149,576.05
No Show Adjuster	No Show Adjustment	25.0%	25.0%
No Show Adjuster	Hourly Compensation	\$89.89	\$89.89
No Show Adjuster	Annual Compensation	\$186,970.06	\$186,970.06
Staffing	Number of Clients per Staff	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	\$89.89	\$89.89
Staffing	Annual Compensation per Staff per Client	\$186,970.06	\$186,970.06
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	23.7%	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$60.63	\$60.63
Indirect Cost	Indirect Cost Annual Factor	\$81,810.27	\$81,810.27
Rate	Hourly Rate	\$150.52	\$150.52
Rate	Proposed Benchmark Rate	\$37.63	\$37.63
Rate	Current Rate	\$32.76	\$32.76
Rate	Percent Change	14.9%	14.9%

Table 18A. Rate Model Criteria for ASAM Level 1 Outpatient Services – Adolescents and Adults, Individual

Category	Definition
Service	ASAM Level 1 Outpatient Services – Adolescents and Adults, Individual
Procedure Code	H0007V1
Unit of Measure	15 minutes
Direct Care Staff Type #1	Behavioral Specialist/Technician
Direct Care Staff Type #2	Licensed Addiction Counselor
Supervisor Staff Type	Clinical Supervisor

Table 18B. ASAM Level 1 Outpatient Services – Adolescents and Adults, Individual Rate Model

Service	Description	ASAM Level 1 Outpatient Services – Adolescents and Adults, Individual: Procedure Code H0007V1
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #1	\$27.32
Wages	Annual Wage Staff Type #1	\$56,823.04
Wages	ERE (% of Wages) Staff Type #1	38.7%
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #2	\$31.65
Wages	Annual Wage Staff Type #2	\$65,822.33
Wages	ERE (% of Wages) Staff Type #2	36.4%
Wages	Staff Type #1 FTEs	1.00
Wages	Staff Type #2 FTEs	0.25
Wages	Total Combined Hourly Compensation	\$48.68
Wages	Total Combined Annual Compensation	\$101,244.12
Productivity	Total Hours	40
Productivity	Billable Hours	29.44
Productivity	Productivity Percentage	73.6%
Productivity	Productivity Adjustment	1.36
Productivity	Hourly Compensation after Adjustment	\$66.13
Productivity	Annual Compensation after Adjustment	\$137,558.84
Supervision	Hourly Supervisor Wage	\$49.49

Service	Description	ASAM Level 1 Outpatient Services – Adolescents and Adults, Individual: Procedure Code H0007V1
Supervision	Annual Supervisor Wage	\$102,937.69
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02
Supervision	Supervision Hours per Week	4.76
Supervision	Supervisor Span of Control	7.86
Supervision	Supervision Hours per Staff per Hour	0.02
Supervision	Supervision Cost per Staff per Hour	\$0.96
Supervision	Hourly Total Compensation	\$67.10
Supervision	Annual Total Compensation	\$139,565.33
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$73.81
No Show Adjuster	Annual Compensation	\$153,521.86
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$73.81
Staffing	Annual Compensation per Staff per Client	\$153,521.86
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$49.79
Indirect Cost	Indirect Cost Annual Factor	\$103,554.17
Rate	Hourly Rate	\$123.59
Rate	Proposed Benchmark Rate	\$30.90
Rate	Current Rate	\$28.00
Rate	Percent Change	10.3%

Table 19A. Rate Model Criteria for Outpatient Services ASAM Level 1 – Group (Adolescent and Adult)

Category	Definition
Service	Outpatient Services ASAM Level 1 – Group (Adolescent and Adult)
Procedure Code	H0007HQHAV1 and H0007HQHBV1
Unit of Measure	15 minutes
Direct Care Staff Type #1	Behavioral Specialist/Technician
Direct Care Staff Type #2	Licensed Addiction Counselor
Supervisor Staff Type	Clinical Supervisor

Table 19B. Outpatient Services ASAM Level 1 – Group (Adolescent and Adult) Rate Model

Service	Description	Outpatient Services ASAM Level 1 – Group (Adolescent): Procedure Code H0007HQHAV1	Outpatient Services ASAM Level 1 – Group (Adult): Procedure Code H0007HQHBV1
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #1	\$27.32	\$27.32
Wages	Annual Wage Staff Type #1	\$56,823.04	\$56,823.04
Wages	ERE (% of Wages) Staff Type #1	38.7%	38.7%
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #2	\$31.65	\$31.65
Wages	Annual Wage Staff Type #2	\$65,822.33	\$65,822.33
Wages	ERE (% of Wages) Staff Type #2	36.4%	36.4%
Wages	Staff Type #1 FTEs	1.00	1.00
Wages	Staff Type #2 FTEs	0.25	0.25
Wages	Total Combined Hourly Compensation	\$48.68	\$48.68
Wages	Total Combined Annual Compensation	\$101,244.12	\$101,244.12
Productivity	Total Hours	40	40
Productivity	Billable Hours	27.44	27.44
Productivity	Productivity Percentage	68.6%	68.6%
Productivity	Productivity Adjustment	1.46	1.46
Productivity	Hourly Compensation after Adjustment	\$70.95	\$70.95
Productivity	Annual Compensation after Adjustment	\$147,584.90	\$147,584.90

Service	Description	Outpatient Services ASAM Level 1 – Group (Adolescent): Procedure Code H0007HQHAV1	Outpatient Services ASAM Level 1 – Group (Adult): Procedure Code H0007HQHBV1
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	4.76	4.76
Supervision	Supervisor Span of Control	7.86	7.86
Supervision	Supervision Hours per Staff per Hour	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	\$0.96	\$0.96
Supervision	Hourly Total Compensation	\$71.92	\$71.92
Supervision	Annual Total Compensation	\$149,591.40	\$149,591.40
No Show Adjuster	No Show Adjustment	10.0%	10.0%
No Show Adjuster	Hourly Compensation	\$79.11	\$79.11
No Show Adjuster	Annual Compensation	\$164,550.54	\$164,550.54
Staffing	Number of Clients per Staff	3.00	3.00
Staffing	Hourly Compensation per Staff per Client	\$26.37	\$26.37
Staffing	Annual Compensation per Staff per Client	\$54,850.18	\$54,850.18
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	23.7%	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$17.79	\$17.79
Indirect Cost	Indirect Cost Annual Factor	\$36,997.76	\$36,997.76
Rate	Hourly Rate	\$44.16	\$44.16
Rate	Proposed Benchmark Rate	\$11.04	\$11.04
Rate	Current Rate	\$9.21	\$9.21
Rate	Percent Change	19.9%	19.9%

Table 20A. Rate Model Criteria for Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Individual

Category	Definition
Service	Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Individual
Procedure Code	H0015V1 and H0015V2
Unit of Measure	15 minutes
Direct Care Staff Type #1	Behavioral Specialist/Technician
Direct Care Staff Type #2	Licensed Addiction Counselor
Supervisor Staff Type	Clinical Supervisor

Table 20B. Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Individual Rate Model

Service	Description	Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Individual: Procedure Code H0015V1	Intensive Outpatient Services (IOP), Individual: Procedure Code H0015V2
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #1	\$27.32	\$27.32
Wages	Annual Wage Staff Type #1	\$56,823.04	\$56,823.04
Wages	ERE (% of Wages) Staff Type #1	38.7%	38.7%
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #2	\$31.65	\$31.65
Wages	Annual Wage Staff Type #2	\$65,822.33	\$65,822.33
Wages	ERE (% of Wages) Staff Type #2	36.4%	36.4%
Wages	Staff Type #1 FTEs	1.00	1.00
Wages	Staff Type #2 FTEs	0.50	0.50
Wages	Total Combined Hourly Compensation	\$59.47	\$59.47
Wages	Total Combined Annual Compensation	\$123,690.36	\$123,690.36
Productivity	Total Hours	40	40
Productivity	Billable Hours	29.44	29.44
Productivity	Productivity Percentage	73.6%	73.6%
Productivity	Productivity Adjustment	1.36	1.36
Productivity	Hourly Compensation after Adjustment	\$80.80	\$80.80

Service	Description	Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Individual: Procedure Code H0015V1	Intensive Outpatient Services (IOP), Individual: Procedure Code H0015V2
Productivity	Annual Compensation after Adjustment	\$168,056.20	\$168,056.20
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	4.76	4.76
Supervision	Supervisor Span of Control	7.86	7.86
Supervision	Supervision Hours per Staff per Hour	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	\$0.96	\$0.96
Supervision	Hourly Total Compensation	\$81.76	\$81.76
Supervision	Annual Total Compensation	\$170,062.70	\$170,062.70
No Show Adjuster	No Show Adjustment	10.0%	10.0%
No Show Adjuster	Hourly Compensation	\$89.94	\$89.94
No Show Adjuster	Annual Compensation	\$187,068.97	\$187,068.97
Staffing	Number of Clients per Staff	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	\$89.94	\$89.94
Staffing	Annual Compensation per Staff per Client	\$187,068.97	\$187,068.97
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	23.7%	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$60.66	\$60.66
Indirect Cost	Indirect Cost Annual Factor	\$126,182.49	\$126,182.49
Rate	Hourly Rate	\$150.60	\$150.60
Rate	Proposed Benchmark Rate	\$37.65	\$37.65
Rate	Current Rate	\$32.33	\$32.33
Rate	Percent Change	16.5%	16.5%

Table 21A. Rate Model Criteria for Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Group

Category	Definition
Service	Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Group
Procedure Code	H0015HQV1 and H0015HQV2
Unit of Measure	15 minutes
Direct Care Staff Type #1	Behavioral Specialist/Technician
Direct Care Staff Type #2	Licensed Addiction Counselor
Supervisor Staff Type	Clinical Supervisor

Table 21B. Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Group Rate Model

Service	Description	Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Group: Procedure Code H0015HQV1	Intensive Outpatient Services (IOP), Group: Procedure Code H0015HQV2
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #1	\$27.32	\$27.32
Wages	Annual Wage Staff Type #1	\$56,823.04	\$56,823.04
Wages	ERE (% of Wages) Staff Type #1	38.7%	38.7%
Wages	Hourly Wage (w/ Supplemental Pay + Inflation) Staff Type #2	\$31.65	\$31.65
Wages	Annual Wage Staff Type #2	\$65,822.33	\$65,822.33
Wages	ERE (% of Wages) Staff Type #2	36.4%	36.4%
Wages	Staff Type #1 FTEs	1.00	1.00
Wages	Staff Type #2 FTEs	0.50	0.50
Wages	Total Combined Hourly Compensation	\$59.47	\$59.47
Wages	Total Combined Annual Compensation	\$123,690.36	\$123,690.36
Productivity	Total Hours	40	40
Productivity	Billable Hours	27.44	27.44
Productivity	Productivity Percentage	68.6%	68.6%
Productivity	Productivity Adjustment	1.46	1.46
Productivity	Hourly Compensation after Adjustment	\$86.69	\$86.69

Service	Description	Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1), Group: Procedure Code H0015HQV1	Intensive Outpatient Services (IOP), Group: Procedure Code H0015HQV2
Productivity	Annual Compensation after Adjustment	\$180,305.09	\$180,305.09
Supervision	Hourly Supervisor Wage	\$49.49	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69	\$102,937.69
Supervision	Supervisor ERE	28.8%	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02	\$132,568.02
Supervision	Supervision Hours per Week	4.76	4.76
Supervision	Supervisor Span of Control	7.86	7.86
Supervision	Supervision Hours per Staff per Hour	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	\$0.96	\$0.96
Supervision	Hourly Total Compensation	\$87.65	\$87.65
Supervision	Annual Total Compensation	\$182,311.58	\$182,311.58
No Show Adjuster	No Show Adjustment	10.0%	10.0%
No Show Adjuster	Hourly Compensation	\$96.41	\$96.41
No Show Adjuster	Annual Compensation	\$200,542.74	\$200,542.74
Staffing	Number of Clients per Staff	3.00	3.00
Staffing	Hourly Compensation per Staff per Client	\$32.14	\$32.14
Staffing	Annual Compensation per Staff per Client	\$66,847.58	\$66,847.58
Indirect Cost	Administrative Cost Percent	43.8%	43.8%
Indirect Cost	Program Support Cost Percent	23.7%	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$21.68	\$21.68
Indirect Cost	Indirect Cost Annual Factor	\$45,090.29	\$45,090.29
Rate	Hourly Rate	\$53.82	\$53.82
Rate	Proposed Benchmark Rate	\$13.46	\$13.46
Rate	Current Rate	\$10.67	\$10.67
Rate	Percent Change	26.1%	26.1%

Table 22A. Rate Model Criteria for Partial Hospitalization Program (ASAM Level 2.5 and PHP)

Category	Definition
Service	Partial Hospitalization Program (ASAM Level 2.5 and PHP)
Procedure Code	H0035V1 and H0035V2
Unit of Measure	Daily
Group Size	8 Person

Table 22B. Partial Hospitalization Program (ASAM Level 2.5 and PHP) Rate Model

Service	Description	Partial Hospitalization Program (ASAM 2.5): Procedure Code H0035V1	Partial Hospitalization Program (PHP): Procedure Code H0035V2
Group Direct Care (5 Hours Per Day)	Hourly Wage – Behavioral Specialist/Technician	\$27.32	\$27.32
Group Direct Care (5 Hours Per Day)	ERE (as Percent of Wages)	38.7%	38.7%
Group Direct Care (5 Hours Per Day)	Hourly Wage – Licensed Addiction Counselor	\$31.65	\$31.65
Group Direct Care (5 Hours Per Day)	ERE (as Percent of Wages)	36.4%	36.4%
Group Direct Care (5 Hours Per Day)	Hourly Group Cost Per Person – 8 Person Group	\$405.25	\$405.25
Individual Direct Care (15 Minutes Per Day)	Hourly Wage – Licensed Addiction Counselor	\$31.65	\$31.65
Individual Direct Care (15 Minutes Per Day)	ERE (as Percent of Wages)	36.4%	36.4%
Individual Direct Care (15 Minutes Per Day)	Staff Cost per Individual Therapy – 15 Minutes	\$10.79	\$10.79
Group Therapy + Individual Therapy Cost Per Person	Group Therapy + Individual Therapy Cost Per Person	\$61.45	\$61.45
Productivity	Total Hours	40.00	40.00
Productivity	Billable Hours	28.80	28.80
Productivity	Productivity Adjustment	1.39	1.39
Productivity	Cost Per Person – Billable Time Adjusted	\$85.34	\$85.34
Clinical Director (7 Hours Per Week)	Hourly Supervisor Wage – Clinical Director	\$58.24	\$58.24
Clinical Director (7 Hours Per Week)	Supervisor ERE	29.9%	29.9%

Service	Description	Partial Hospitalization Program (ASAM 2.5): Procedure Code H0035V1	Partial Hospitalization Program (PHP): Procedure Code H0035V2
Clinical Director (7 Hours Per Week)	Supervision Hours per Staff per Hour	0.05	0.05
Clinical Director (7 Hours Per Week)	Supervision Cost per Staff per Hour	\$11.35	\$11.35
Additional Staff (5 Hours Per Day)	Hourly Wage – Case Manager	\$28.60	\$28.60
Additional Staff (5 Hours Per Day)	ERE (as Percent of Wages)	37.9%	37.9%
Additional Staff (5 Hours Per Day)	Hourly Wage – Psychiatrist	\$157.09	\$157.09
Additional Staff (5 Hours Per Day)	ERE (as Percent of Wages)	21.5%	21.5%
Additional Staff (5 Hours Per Day)	Group Cost Per Person – 8 Person Group	\$316.55	\$316.55
Per Person Cost – Direct Care	Per Person Cost - Direct Care	\$413.24	\$413.24
Indirect Cost	Administrative	43.8%	43.8%
Indirect Cost	Program Support	23.7%	23.7%
Indirect Cost	Total Indirect Costs	\$278.74	\$278.74
Final Rate	Proposed Benchmark Rate	\$691.97	\$691.97
Final Rate	Current Rate	\$546.01	\$546.01
Final Rate	Percent Change	26.7%	26.7%

Table 23A. Rate Model Criteria for Clinically Managed Low-Intensity Residential Services (ASAM Level 3.1)

Category	Definition
Service	Clinically Managed Low-Intensity Residential Services (ASAM Level 3.1) for Adolescent (aged 12-17), Adults Treated in an Adolescent Setting (aged 18-21), and Adults (aged over 21)
Procedure Code	H2036HAV1, H2036CGHAV1, and H2036HFV1
Unit of Measure	Daily
Facility Size	12 Bed

Table 23B. Clinically Managed Low-Intensity Residential Services (ASAM Level 3.1) Rate Model

Service	Description	SUD Clinically Managed Low-Intensity Residential Services – Adolescent, (aged 12-17): Procedure Code H2036HAV1	Clinically Managed Low-Intensity Residential Services – Adolescents and Adults (aged 18-21 treated in an adolescent setting): Procedure Code H2036CGHAV1	Clinically Managed Low-Intensity Residential Services – Adolescents and Adults (aged over 21): Procedure Code H2036HFV1
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67	1,216.67	1,216.67
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07	176.07	176.07
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73	1,392.73	1,392.73
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$27.32	\$27.32	\$27.32
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	38.7%	38.7%	38.7%
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$37.88	\$37.88	\$37.88
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$52,761.71	\$52,761.71	\$52,761.71
Licensed Addiction Counselor (5 Hours Per Week)	Primary Hours	260.00	260.00	260.00
Licensed Addiction Counselor (5 Hours Per Week)	Hourly Wage	\$31.65	\$31.65	\$31.65

Service	Description	SUD Clinically Managed Low-Intensity Residential Services – Adolescent, (aged 12-17): Procedure Code H2036HAV1	Clinically Managed Low-Intensity Residential Services – Adolescents and Adults (aged 18-21 treated in an adolescent setting): Procedure Code H2036CGHAV1	Clinically Managed Low-Intensity Residential Services – Adolescents and Adults (aged over 21): Procedure Code H2036HFV1
Licensed Addiction Counselor (5 Hours Per Week)	ERE (as Percent of Wages)	30.9%	30.9%	30.9%
Licensed Addiction Counselor (5 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$41.41	\$41.41	\$41.41
Licensed Addiction Counselor (5 Hours Per Week)	Annual Compensation (Wages + ERE)	\$10,767.19	\$10,767.19	\$10,767.19
Registered Nurse (RN)/Nurse (2 Hours Per Week)	Primary Hours	104.00	104.00	104.00
Registered Nurse (RN)/Nurse (2 Hours Per Week)	Hourly Wage	\$51.63	\$51.63	\$51.63
Registered Nurse (RN)/Nurse (2 Hours Per Week)	ERE (as Percent of Wages)	30.9%	30.9%	30.9%
Registered Nurse (RN)/Nurse (2 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$67.56	\$67.56	\$67.56
Registered Nurse (RN)/Nurse (2 Hours Per Week)	Annual Compensation (Wages + ERE)	\$7,026.53	\$7,026.53	\$7,026.53
Case Manager (30 Minutes Per Day)	Primary Hours	182.00	182.00	182.00
Case Manager (30 Minutes Per Day)	Hourly Wage	\$28.60	\$28.60	\$28.60
Case Manager (30 Minutes Per Day)	ERE (as Percent of Wages)	37.9%	37.9%	37.9%
Case Manager (30 Minutes Per Day)	Hourly Compensation (Wages + ERE)	\$39.45	\$39.45	\$39.45
Case Manager (30 Minutes Per Day)	Annual Compensation (Wages + ERE)	\$7,179.94	\$7,179.94	\$7,179.94
Total Personnel Cost	Total Personnel Cost – Annual	\$77,735.38	\$77,735.38	\$77,735.38
Indirect Cost	Administrative	43.8%	43.8%	43.8%
Indirect Cost	Program Support	15.1%	15.1%	15.1%
Indirect Cost	Annual Indirect Costs	\$45,764.65	\$45,764.65	\$45,764.65
Occupancy Adjustment	Total Annual Cost	\$123,500.03	\$123,500.03	\$123,500.03
Occupancy Adjustment	Occupancy Rate	85.0%	85.0%	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18	1.18	1.18

Service	Description	SUD Clinically Managed Low-Intensity Residential Services – Adolescent, (aged 12-17): Procedure Code H2036HAV1	Clinically Managed Low-Intensity Residential Services – Adolescents and Adults (aged 18-21 treated in an adolescent setting): Procedure Code H2036CGHAV1	Clinically Managed Low-Intensity Residential Services – Adolescents and Adults (aged over 21): Procedure Code H2036HFV1
Occupancy Adjustment	Adjusted Total Annual Cost	\$145,294.15	\$145,294.15	\$145,294.15
Final Rate	Proposed Benchmark Rate	\$398.07	\$398.07	\$398.07
Final Rate	Current Rate	\$386.61	\$386.61	\$437.72
Final Rate	Percent Change	3.0%	3.0%	-9.1%

Table 24A. Rate Model Criteria for Clinically Managed Residential Withdrawal Management (ASAM Level 3.2 WM)

Category	Definition
Service	Clinically Managed Residential Withdrawal Management (ASAM Level 3.2 WM)
Procedure Code	H0010V1
Unit of Measure	Daily
Facility Size	16 Bed

Table 24B. Clinically Managed Residential Withdrawal Management (ASAM Level 3.2 WM) Rate Model

Service	Description	Clinically Managed Residential Withdrawal Management (ASAM Level 3.2 WM): Procedure Code H0010V1
Behavioral Specialist/Technician (Staffing Ratio – 1:8 Day, 1:16 Night)	Primary Hours	912.50
Behavioral Specialist/Technician (Staffing Ratio – 1:8 Day, 1:16 Night)	Substitute Hours	132.05
Behavioral Specialist/Technician (Staffing Ratio – 1:8 Day, 1:16 Night)	Total Annual Hours	1,044.55
Behavioral Specialist/Technician (Staffing Ratio – 1:8 Day, 1:16 Night)	Hourly Wage	\$27.32
Behavioral Specialist/Technician (Staffing Ratio – 1:8 Day, 1:16 Night)	ERE (as Percent of Wages)	38.7%
Behavioral Specialist/Technician (Staffing Ratio – 1:8 Day, 1:16 Night)	Hourly Compensation (Wages + ERE)	\$37.88
Behavioral Specialist/Technician (Staffing Ratio – 1:8 Day, 1:16 Night)	Annual Compensation (Wages + ERE)	\$39,571.28
Licensed Addiction Counselor (1 Hour Per Day)	Primary Hours	364.00
Licensed Addiction Counselor (1 Hour Per Day)	Hourly Wage	\$31.65
Licensed Addiction Counselor (1 Hour Per Day)	ERE (as Percent of Wages)	36.4%
Licensed Addiction Counselor (1 Hour Per Day)	Hourly Compensation (Wages + ERE)	\$43.17
Licensed Addiction Counselor (1 Hour Per Day)	Annual Compensation (Wages + ERE)	\$15,712.37
Certified Peer Support Specialist (1 Hour Per Day)	Primary Hours	364.00
Certified Peer Support Specialist (1 Hour Per Day)	Hourly Wage	\$22.77

Service	Description	Clinically Managed Residential Withdrawal Management (ASAM Level 3.2 WM): Procedure Code H0010V1
Certified Peer Support Specialist (1 Hour Per Day)	ERE (as Percent of Wages)	41.8%
Certified Peer Support Specialist (1 Hour Per Day)	Hourly Compensation (Wages + ERE)	\$32.30
Certified Peer Support Specialist (1 Hour Per Day)	Annual Compensation (Wages + ERE)	\$11,755.44
Total Personnel Cost	Total Personnel Cost – Annual	\$67,039.09
Indirect Cost	Administrative	43.8%
Indirect Cost	Program Support	15.1%
Indirect Cost	Annual Indirect Costs	\$39,467.50
Occupancy Adjustment	Total Annual Cost	\$106,506.59
Occupancy Adjustment	Occupancy Rate	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18
Occupancy Adjustment	Adjusted Total Annual Cost	\$125,301.87
Final Rate	Proposed Benchmark Rate	\$343.29
Final Rate	Current Rate	\$330.06
Final Rate	Percent Change	4.0%

Table 25A. Rate Model Criteria for Clinically Managed Population Specific High-Intensity Residential Services, Adult (ASAM Level 3.3)

Category	Definition
Service	Clinically Managed Population Specific High-Intensity Residential Services, Adult (ASAM Level 3.3)
Procedure Code	H0047HFV1
Unit of Measure	Daily
Facility Size	8 Bed

Table 25B. Clinically Managed Population Specific High-Intensity Residential Services, Adult (ASAM Level 3.3) Rate Model

Service	Description	Clinically Managed Population Specific High-Intensity Residential Services, Adult (ASAM Level 3.3): Procedure Code H0047HFV1
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Primary Hours	1,825.00
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Substitute Hours	264.10
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Total Annual Hours	2,089.10
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Hourly Wage	\$27.32
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	ERE (as Percent of Wages)	38.7%
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Hourly Compensation (Wages + ERE)	\$37.88
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Annual Compensation (Wages + ERE)	\$79,142.57
Licensed Addiction Counselor (10 Hours Per Week)	Primary Hours	520.00
Licensed Addiction Counselor (10 Hours Per Week)	Hourly Wage	\$31.65
Licensed Addiction Counselor (10 Hours Per Week)	ERE (as Percent of Wages)	30.9%
Licensed Addiction Counselor (10 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$41.41
Licensed Addiction Counselor (10 Hours Per Week)	Annual Compensation (Wages + ERE)	\$21,534.39
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:8)	Primary Hours	260.00
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:8)	Hourly Wage	\$51.63

Service	Description	Clinically Managed Population Specific High-Intensity Residential Services, Adult (ASAM Level 3.3): Procedure Code H0047HFV1
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:8)	ERE (as Percent of Wages)	30.9%
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:8)	Hourly Compensation (Wages + ERE)	\$67.56
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:8)	Annual Compensation (Wages + ERE)	\$17,566.33
Licensed Clinical Social Worker (LCSW) (5 Hours Per Week)	Primary Hours	260.00
Licensed Clinical Social Worker (LCSW) (5 Hours Per Week)	Hourly Wage	\$47.85
Licensed Clinical Social Worker (LCSW) (5 Hours Per Week)	ERE (as Percent of Wages)	31.6%
Licensed Clinical Social Worker (LCSW) (5 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$62.95
Licensed Clinical Social Worker (LCSW) (5 Hours Per Week)	Annual Compensation (Wages + ERE)	\$16,367.29
Case Manager (30 Minutes Per Day)	Primary Hours	182.00
Case Manager (30 Minutes Per Day)	Hourly Wage	\$28.60
Case Manager (30 Minutes Per Day)	ERE (as Percent of Wages)	37.9%
Case Manager (30 Minutes Per Day)	Hourly Compensation (Wages + ERE)	\$39.45
Case Manager (30 Minutes Per Day)	Annual Compensation (Wages + ERE)	\$7,179.94
Total Personnel Cost	Total Personnel Cost – Annual	\$141,790.52
Indirect Cost	Administrative	43.8%
Indirect Cost	Program Support	15.1%
Indirect Cost	Annual Indirect Costs	\$83,475.42
Occupancy Adjustment	Total Annual Cost	\$225,265.94
Occupancy Adjustment	Occupancy Rate	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18
Occupancy Adjustment	Adjusted Total Annual Cost	\$265,018.75
Final Rate	Proposed Benchmark Rate	\$726.08
Final Rate	Current Rate	\$672.62
Final Rate	Percent Change	7.9%

Table 26A. Rate Model Criteria for SUD Residential and Clinically Managed High-Intensity Residential Services, Adult (ASAM Level 3.5)

Category	Definition
Service	SUD Residential for Adolescent Age 12-17, SUD Residential for Adolescent Age 18-21, and Clinically Managed High-Intensity Residential Services for Adult (ASAM Level 3.5)
Procedure Code	H0047HAV1TF, H0047CGV1HATF, and H0047TGV1
Unit of Measure	Daily
Facility Size	12 Bed

Table 26B. SUD Residential and Clinically Managed High-Intensity Residential Services, Adult (ASAM Level 3.5) Rate Model

Service	Description	SUD Residential – Adolescent, (aged 12-17): Procedure Code H0047HAV1TF	SUD Residential – Adolescent, (aged 18-21): Procedure Code H0047CGV1HATF	Clinically Managed High-Intensity Residential Services – Adults (aged over 21): Procedure Code H0047TGV1
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67	1,216.67	1,216.67
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07	176.07	176.07
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73	1,392.73	1,392.73
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$27.32	\$27.32	\$27.32
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	38.7%	38.7%	38.7%
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$37.88	\$37.88	\$37.88
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$52,761.71	\$52,761.71	\$52,761.71
Licensed Clinical Social Worker (LCSW) (10 Hours Per Week)	Primary Hours	520.00	520.00	520.00
Licensed Clinical Social Worker (LCSW) (10 Hours Per Week)	Hourly Wage	\$47.85	\$47.85	\$47.85
Licensed Clinical Social Worker (LCSW) (10 Hours Per Week)	ERE (as Percent of Wages)	30.9%	30.9%	30.9%

Service	Description	SUD Residential – Adolescent, (aged 12-17): Procedure Code H0047HAV1TF	SUD Residential – Adolescent, (aged 18-21): Procedure Code H0047CGV1HATF	Clinically Managed High-Intensity Residential Services – Adults (aged over 21): Procedure Code H0047TGV1
Licensed Clinical Social Worker (LCSW) (10 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$62.62	\$62.62	\$62.62
Licensed Clinical Social Worker (LCSW) (10 Hours Per Week)	Annual Compensation (Wages + ERE)	\$32,562.22	\$32,562.22	\$32,562.22
Licensed Addiction Counselor (Adolescent 5 Hours Per Week; Adult 10 Hours Per Week)	Primary Hours	260.00	260.00	520.00
Licensed Addiction Counselor (Adolescent 5 Hours Per Week; Adult 10 Hours Per Week)	Hourly Wage	\$31.65	\$31.65	\$31.65
Licensed Addiction Counselor (Adolescent 5 Hours Per Week; Adult 10 Hours Per Week)	ERE (as Percent of Wages)	36.4%	36.4%	36.4%
Licensed Addiction Counselor (Adolescent 5 Hours Per Week; Adult 10 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$43.17	\$43.17	\$43.17
Licensed Addiction Counselor (Adolescent 5 Hours Per Week; Adult 10 Hours Per Week)	Annual Compensation (Wages + ERE)	\$11,223.12	\$11,223.12	\$22,446.24
Case Manager (30 Minutes Per Day)	Primary Hours	182.00	182.00	182.00
Case Manager (30 Minutes Per Day)	Hourly Wage	\$28.60	\$28.60	\$28.60
Case Manager (30 Minutes Per Day)	ERE (as Percent of Wages)	37.9%	37.9%	37.9%
Case Manager (30 Minutes Per Day)	Hourly Compensation (Wages + ERE)	\$39.45	\$39.45	\$39.45
Case Manager (30 Minutes Per Day)	Annual Compensation (Wages + ERE)	\$7,179.94	\$7,179.94	\$7,179.94
Total Personnel Cost	Total Personnel Cost – Annual	\$103,726.99	\$103,726.99	\$114,950.11
Indirect Cost	Administrative	43.8%	43.8%	43.8%
Indirect Cost	Program Support	15.1%	15.1%	15.1%
Indirect Cost	Annual Indirect Costs	\$61,066.53	\$61,066.53	\$67,673.84
Occupancy Adjustment	Total Annual Cost	\$164,793.51	\$164,793.51	\$182,623.95
Occupancy Adjustment	Occupancy Rate	85.0%	85.0%	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18	1.18	1.18

Service	Description	SUD Residential – Adolescent, (aged 12-17): Procedure Code H0047HAV1TF	SUD Residential – Adolescent, (aged 18-21): Procedure Code H0047CGV1HATF	Clinically Managed High-Intensity Residential Services – Adults (aged over 21): Procedure Code H0047TGV1
Occupancy Adjustment	Adjusted Total Annual Cost	\$193,874.72	\$193,874.72	\$214,851.71
Final Rate	Proposed Benchmark Rate	\$531.16	\$531.16	\$588.63
Final Rate	Current Rate	\$544.51	\$544.51	\$497.19
Final Rate	Percent Change	-2.5%	-2.5%	18.4%

Table 27A. Rate Model Criteria for Medically Monitored Intensive Inpatient Services and Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7)

Category	Definition
Service	Medically Monitored Intensive Inpatient Services (Adults, Adults Aged 18-21 Treated in an Adolescent Setting, and Adults Aged 12-17 Treated in an Adolescent Setting) and Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7)
Procedure Code	H0009TFV1, H0009CGV1HATF, H0009TFHAV1, and H0010TGV1
Unit of Measure	Daily
Facility Size	12 Bed

Table 27B. Medically Monitored Intensive Inpatient Services and Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7) Rate Model

Service	Description	Medically Monitored Intensive Inpatient Services, Adult (ASAM Level 3.7 Adult): Procedure Code H0009TFV1	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 18-21: Procedure Code H0009CGV1HATF	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 12-17: Procedure Code H0009TFHAV1	Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 WM): Procedure Code H0010TGV1
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67	1,216.67	1,216.67	1,216.67
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07	176.07	176.07	176.07
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73	1,392.73	1,392.73	1,392.73
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$51.63	\$51.63	\$51.63	\$51.63
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	30.9%	30.9%	30.9%	30.9%
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$67.56	\$67.56	\$67.56	\$67.56

Service	Description	Medically Monitored Intensive Inpatient Services, Adult (ASAM Level 3.7 Adult): Procedure Code H0009TFV1	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 18-21: Procedure Code H0009CGV1HATF	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 12-17: Procedure Code H0009TFHAV1	Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 WM): Procedure Code H0010TGV1
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$94,096.92	\$94,096.92	\$94,096.92	\$94,096.92
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Primary Hours	520.00	520.00	520.00	520.00
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Hourly Wage	\$31.65	\$31.65	\$31.65	\$31.65
Licensed Addiction Counselor – Individual (10 Hours Per Week)	ERE (as Percent of Wages)	36.4%	36.4%	36.4%	36.4%
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$43.17	\$43.17	\$43.17	\$43.17
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Annual Compensation (Wages + ERE)	\$22,446.24	\$22,446.24	\$22,446.24	\$22,446.24
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Primary Hours	130.00	130.00	130.00	130.00
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Hourly Wage	\$31.65	\$31.65	\$31.65	\$31.65
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	ERE (as Percent of Wages)	36.4%	36.4%	36.4%	36.4%
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$43.17	\$43.17	\$43.17	\$43.17
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Annual Compensation (Wages + ERE)	\$5,611.56	\$5,611.56	\$5,611.56	\$5,611.56
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Primary Hours	1,216.67	1,216.67	1,216.67	1,216.67

Service	Description	Medically Monitored Intensive Inpatient Services, Adult (ASAM Level 3.7 Adult): Procedure Code H0009TFV1	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 18-21: Procedure Code H0009CGV1HATF	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 12-17: Procedure Code H0009TFHAV1	Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 WM): Procedure Code H0010TGV1
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Substitute Hours	176.07	176.07	176.07	176.07
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Total Annual Hours	1,392.73	1,392.73	1,392.73	1,392.73
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Wage	\$27.32	\$27.32	\$27.32	\$27.32
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	ERE (as Percent of Wages)	38.7%	38.7%	38.7%	38.7%
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Hourly Compensation (Wages + ERE)	\$37.88	\$37.88	\$37.88	\$37.88
Behavioral Specialist/ Technician (Staffing Ratio – 1:6 Day and 1:12 Night)	Annual Compensation (Wages + ERE)	\$52,761.71	\$52,761.71	\$52,761.71	\$52,761.71
Psychiatrist (30 Minutes Per Day)	Primary Hours	182.50	182.50	182.50	182.50
Psychiatrist (30 Minutes Per Day)	Hourly Wage	\$157.09	\$157.09	\$157.09	\$157.09
Psychiatrist (30 Minutes Per Day)	ERE (as Percent of Wages)	21.5%	21.5%	21.5%	21.5%
Psychiatrist (30 Minutes Per Day)	Hourly Compensation (Wages + ERE)	\$190.87	\$190.87	\$190.87	\$190.87
Psychiatrist (30 Minutes Per Day)	Annual Compensation (Wages + ERE)	\$34,834.37	\$34,834.37	\$34,834.37	\$34,834.37
Total Personnel Cost	Total Personnel Cost – Annual	\$209,750.80	\$209,750.80	\$209,750.80	\$209,750.80
Indirect Cost	Administrative	43.8%	43.8%	43.8%	43.8%

Service	Description	Medically Monitored Intensive Inpatient Services, Adult (ASAM Level 3.7 Adult): Procedure Code H0009TFV1	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 18-21: Procedure Code H0009CGV1HATF	Medically Monitored High-Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents), Aged 12-17: Procedure Code H0009TFHAV1	Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 WM): Procedure Code H0010TGV1
Indirect Cost	Program Support	15.1%	15.1%	15.1%	15.1%
Indirect Cost	Annual Indirect Costs	\$123,485.24	\$123,485.24	\$123,485.24	\$123,485.24
Occupancy Adjustment	Total Annual Cost	\$333,236.04	\$333,236.04	\$333,236.04	\$333,236.04
Occupancy Adjustment	Occupancy Rate	85.0%	85.0%	85.0%	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18	1.18	1.18	1.18
Occupancy Adjustment	Adjusted Total Annual Cost	\$392,042.40	\$392,042.40	\$392,042.40	\$392,042.40
Final Rate	Proposed Benchmark Rate	\$1,074.09	\$1,074.09	\$1,074.09	\$1,074.09
Final Rate	Current Rate	\$982.82	\$982.82	\$982.82	\$982.82
Final Rate	Percent Change	9.3%	9.3%	9.3%	9.3%

Table 28A. Rate Model Criteria for Medically Managed Intensive Inpatient and Medically Managed Inpatient Withdrawal Management

Category	Definition
Service	Medically Managed Intensive Inpatient (ASAM Level 4.0) and Medically Managed Intensive Inpatient Withdrawal Management (ASAM Level 4.0 WM)
Procedure Code	H0009TGV1 and H0011V1
Unit of Measure	Daily
Facility Size	8 Bed

Table 28B. Medically Managed Intensive Inpatient (ASAM Level 4.0) and Medically Managed Inpatient Withdrawal Management (ASAM Level 4.0 WM) Rate Model

Service	Description	Medically Managed Intensive Inpatient (ASAM Level 4.0): Procedure Code H0009TGV1	Medically Managed Intensive Inpatient Withdrawal Management (ASAM Level 4.0 WM): Procedure Code H0009TGV1
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:4 Day, 1:8 Night)	Primary Hours	1,825.00	1,825.00
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:4 Day, 1:8 Night)	Substitute Hours	264.10	264.10
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:4 Day, 1:8 Night)	Total Annual Hours	2,089.10	2,089.10
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:4 Day, 1:8 Night)	Hourly Wage	\$51.63	\$51.63
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:4 Day, 1:8 Night)	ERE (as Percent of Wages)	30.9%	30.9%
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:4 Day, 1:8 Night)	Hourly Compensation (Wages + ERE)	\$67.56	\$67.56
Registered Nurse (RN)/Nurse (Staffing Ratio – 1:4 Day, 1:8 Night)	Annual Compensation (Wages + ERE)	\$141,145.37	\$141,145.37
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Primary Hours	520.00	520.00
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Hourly Wage	\$31.65	\$31.65
Licensed Addiction Counselor – Individual (10 Hours Per Week)	ERE (as Percent of Wages)	36.4%	36.4%
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$43.17	\$43.17
Licensed Addiction Counselor – Individual (10 Hours Per Week)	Annual Compensation (Wages + ERE)	\$22,446.24	\$22,446.24
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Primary Hours	130.00	130.00

Service	Description	Medically Managed Intensive Inpatient (ASAM Level 4.0): Procedure Code H0009TGV1	Medically Managed Intensive Inpatient Withdrawal Management (ASAM Level 4.0 WM): Procedure Code H0009TGV1
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Hourly Wage	\$31.65	\$31.65
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	ERE (as Percent of Wages)	36.4%	36.4%
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Hourly Compensation (Wages + ERE)	\$43.17	\$43.17
Licensed Addiction Counselor – Group of 4 (10 Hours Per Week)	Annual Compensation (Wages + ERE)	\$5,611.56	\$5,611.56
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Primary Hours	1,825.00	1,825.00
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Substitute Hours	264.10	264.10
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Total Annual Hours	2,089.10	2,089.10
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Hourly Wage	\$27.32	\$27.32
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	ERE (as Percent of Wages)	38.7%	38.7%
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Hourly Compensation (Wages + ERE)	\$37.88	\$37.88
Behavioral Specialist/Technician (Staffing Ratio – 1:4 Day, 1:8 Night)	Annual Compensation (Wages + ERE)	\$79,142.57	\$79,142.57
Physician (1 Hour Per Day)	Primary Hours	365.00	365.00
Physician (1 Hour Per Day)	Hourly Wage	\$163.18	\$163.18
Physician (1 Hour Per Day)	ERE (as Percent of Wages)	21.2%	21.2%
Physician (1 Hour Per Day)	Hourly Compensation (Wages + ERE)	\$197.85	\$197.85
Physician (1 Hour Per Day)	Annual Compensation (Wages + ERE)	\$72,216.02	\$72,216.02
Total Personnel Cost	Total Personnel Cost – Annual	\$320,561.76	\$320,561.76
Indirect Cost	Administrative	43.8%	43.8%
Indirect Cost	Program Support	15.1%	15.1%
Indirect Cost	Annual Indirect Costs	\$188,722.27	\$188,722.27
Occupancy Adjustment	Total Annual Cost	\$509,284.04	\$509,284.04
Occupancy Adjustment	Occupancy Rate	85.0%	85.0%

Service	Description	Medically Managed Intensive Inpatient (ASAM Level 4.0): Procedure Code H0009TGV1	Medically Managed Intensive Inpatient Withdrawal Management (ASAM Level 4.0 WM): Procedure Code H0009TGV1
Occupancy Adjustment	Occupancy Adjustment	1.18	1.18
Occupancy Adjustment	Adjusted Total Annual Cost	\$599,157.69	\$599,157.69
Final Rate	Proposed Benchmark Rate	\$1,641.53	\$1,641.53
Final Rate	Current Rate	\$1,638.04	\$1,638.04
Final Rate	Percent Change	0.2%	0.2%

Appendix A

Autism/Applied Behavior Analytic (ABA): Rate Models

Table 29A. Rate Model Criteria for Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to One Patient

Category	Definition
Service	Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to One Patient
Procedure Code	97153
Unit of Measure	15 minutes
Direct Care Staff Type	Behavioral Specialist/Technician
Supervisor Staff Type	Clinical Supervisor

Table 29B. Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to One Patient Rate Model

Service	Description	Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to One Patient: Procedure Code 97153
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$27.32
Wages	Annual Wage	\$56,823.04
Wages	ERE (% of Wages)	38.7%
Wages	Hourly Compensation	\$37.88
Wages	Annual Compensation	\$78,797.88
Productivity	Total Hours	40
Productivity	Billable Hours	25.28
Productivity	Productivity Percentage	63.2%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$59.94
Productivity	Annual Compensation after Adjustment	\$124,681.05
Supervision	Hourly Supervisor Wage	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02

Service	Description	Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to One Patient: Procedure Code 97153
Supervision	Supervision Hours per Week	20.85
Supervision	Supervisor Span of Control	4.56
Supervision	Supervision Hours per Staff per Hour	0.11
Supervision	Supervision Cost per Staff per Hour	\$7.28
Supervision	Hourly Total Compensation	\$67.23
Supervision	Annual Total Compensation	\$139,832.92
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$37.88
No Show Adjuster	Annual Compensation	\$78,797.88
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$73.95
Staffing	Annual Compensation per Staff per Client	\$153,816.21
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$49.88
Indirect Cost	Indirect Cost Annual Factor	\$103,752.71
Rate	Hourly Rate	\$123.83
Rate	Proposed Benchmark Rate	\$30.96
Rate	Current Rate	\$21.93
Rate	Percent Change	41.2%

Table 30A. Rate Model Criteria for Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to Multiple Patients

Category	Definition
Service	Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to Multiple Patients
Procedure Code	97154
Unit of Measure	15 minutes
Direct Care Staff Type	Behavioral Specialist/Technician
Supervisor Staff Type	Clinical Supervisor

Table 30B. Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to Multiple Patients Rate Model

Service	Description	Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to Multiple Patients: Procedure Code 97154
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$27.32
Wages	Annual Wage	\$56,823.04
Wages	ERE (% of Wages)	38.7%
Wages	Hourly Compensation	\$37.88
Wages	Annual Compensation	\$78,797.88
Productivity	Total Hours	40
Productivity	Billable Hours	23.28
Productivity	Productivity Percentage	58.2%
Productivity	Productivity Adjustment	1.72
Productivity	Hourly Compensation after Adjustment	\$65.09
Productivity	Annual Compensation after Adjustment	\$135,392.56
Supervision	Hourly Supervisor Wage	\$49.49
Supervision	Annual Supervisor Wage	\$102,937.69
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$63.73
Supervision	Annual Supervisor Compensation	\$132,568.02

Service	Description	Adaptive Behavior Treatment by Protocol, Administered by Technician Under Direction of Qualified Health Care Professional to Multiple Patients: Procedure Code 97154
Supervision	Supervision Hours per Week	20.85
Supervision	Supervisor Span of Control	4.56
Supervision	Supervision Hours per Staff per Hour	0.11
Supervision	Supervision Cost per Staff per Hour	\$7.28
Supervision	Hourly Total Compensation	\$72.38
Supervision	Annual Total Compensation	\$150,544.43
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$37.88
No Show Adjuster	Annual Compensation	\$78,797.88
Staffing	Number of Clients per Staff	3.00
Staffing	Hourly Compensation per Staff per Client	\$26.54
Staffing	Annual Compensation per Staff per Client	\$55,199.62
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$17.90
Indirect Cost	Indirect Cost Annual Factor	\$37,233.47
Rate	Hourly Rate	\$44.44
Rate	Proposed Benchmark Rate	\$11.11
Rate	Current Rate	\$8.76
Rate	Percent Change	26.8%

Table 31A. Rate Model Criteria for Adaptive Behavior Treatment with Protocol Modification Administered by Qualified Health Care Professional to One Patient

Category	Definition
Service	Adaptive Behavior Treatment with Protocol Modification Administered by Qualified Health Care Professional to One Patient
Procedure Code	97155
Unit of Measure	15 minutes
Direct Care Staff Type	Behavior Analyst
Supervisor Staff Type	Clinical Supervisor

Table 31B. Adaptive Behavior Treatment with Protocol Modification Administered by Qualified Health Care Professional to One Patient Rate Model

Service	Description	Adaptive Behavior Treatment with Protocol Modification Administered by Qualified Health Care Professional to One Patient: Procedure Code 97155
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$42.01
Wages	Annual Wage	\$87,381.72
Wages	ERE (% of Wages)	32.9%
Wages	Hourly Compensation	\$55.82
Wages	Annual Compensation	\$116,106.49
Productivity	Total Hours	40
Productivity	Billable Hours	25.28
Productivity	Productivity Percentage	63.2%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$88.32
Productivity	Annual Compensation after Adjustment	\$183,714.07
Supervision	Hourly Supervisor Wage	\$0.00
Supervision	Annual Supervisor Wage	\$0.00
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$0.00
Supervision	Annual Supervisor Compensation	\$0.00

Service	Description	Adaptive Behavior Treatment with Protocol Modification Administered by Qualified Health Care Professional to One Patient: Procedure Code 97155
Supervision	Supervision Hours per Week	20.85
Supervision	Supervisor Span of Control	4.56
Supervision	Supervision Hours per Staff per Hour	0.11
Supervision	Supervision Cost per Staff per Hour	\$0.00
Supervision	Hourly Total Compensation	\$88.32
Supervision	Annual Total Compensation	\$183,714.07
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$55.82
No Show Adjuster	Annual Compensation	\$116,106.49
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$97.16
Staffing	Annual Compensation per Staff per Client	\$202,085.48
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$65.53
Indirect Cost	Indirect Cost Annual Factor	\$136,311.49
Rate	Hourly Rate	\$162.69
Rate	Proposed Benchmark Rate	\$40.67
Rate	Current Rate	\$28.86
Rate	Percent Change	40.9%

Table 32A. Rate Model Criteria for Behavioral Identification Assessment by Qualified Health Care Professional

Category	Definition
Service	Behavioral Identification Assessment by Qualified Health Care Professional
Procedure Code	97151
Unit of Measure	15 minutes
Direct Care Staff Type	Behavior Analyst
Supervisor Staff Type	Clinical Supervisor

Table 32B. Behavioral Identification Assessment by Qualified Health Care Professional Rate Model

Service	Description	Behavioral Identification Assessment by Qualified Health Care Professional: Procedure Code 97151
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$42.01
Wages	Annual Wage	\$87,381.72
Wages	ERE (% of Wages)	32.9%
Wages	Hourly Compensation	\$55.82
Wages	Annual Compensation	\$116,106.49
Productivity	Total Hours	40
Productivity	Billable Hours	25.28
Productivity	Productivity Percentage	63.2%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$88.32
Productivity	Annual Compensation after Adjustment	\$183,714.07
Supervision	Hourly Supervisor Wage	\$0.00
Supervision	Annual Supervisor Wage	\$0.00
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$0.00
Supervision	Annual Supervisor Compensation	\$0.00
Supervision	Supervision Hours per Week	20.85
Supervision	Supervisor Span of Control	4.56

Service	Description	Behavioral Identification Assessment by Qualified Health Care Professional: Procedure Code 97151
Supervision	Supervision Hours per Staff per Hour	0.11
Supervision	Supervision Cost per Staff per Hour	\$0.00
Supervision	Hourly Total Compensation	\$88.32
Supervision	Annual Total Compensation	\$183,714.07
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$55.82
No Show Adjuster	Annual Compensation	\$116,106.49
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$97.16
Staffing	Annual Compensation per Staff per Client	\$202,085.48
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$65.53
Indirect Cost	Indirect Cost Annual Factor	\$136,311.49
Rate	Hourly Rate	\$162.69
Rate	Proposed Benchmark Rate	\$40.67
Rate	Current Rate	\$28.86
Rate	Percent Change	40.9%

Table 33A. Rate Model Criteria for Family Adaptive Behavior Treatment Guidance by Qualified Health Care Professional (With or Without Patient Present)

Category	Definition
Service	Family Adaptive Behavior Treatment Guidance by Qualified Health Care Professional (With or Without Patient Present)
Procedure Code	97156
Unit of Measure	15 minutes
Direct Care Staff Type	Behavior Analyst
Supervisor Staff Type	Clinical Supervisor

Table 33B. Family Adaptive Behavior Treatment Guidance by Qualified Health Care Professional (With or Without Patient Present) Rate Model

Service	Description	Family Adaptive Behavior Treatment Guidance by Qualified Health Care Professional (With or Without Patient Present): Procedure Code 97156
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$42.01
Wages	Annual Wage	\$87,381.72
Wages	ERE (% of Wages)	32.9%
Wages	Hourly Compensation	\$55.82
Wages	Annual Compensation	\$116,106.49
Productivity	Total Hours	40
Productivity	Billable Hours	25.28
Productivity	Productivity Percentage	63.2%
Productivity	Productivity Adjustment	1.58
Productivity	Hourly Compensation after Adjustment	\$88.32
Productivity	Annual Compensation after Adjustment	\$183,714.07
Supervision	Hourly Supervisor Wage	\$0.00
Supervision	Annual Supervisor Wage	\$0.00
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$0.00
Supervision	Annual Supervisor Compensation	\$0.00

Service	Description	Family Adaptive Behavior Treatment Guidance by Qualified Health Care Professional (With or Without Patient Present): Procedure Code 97156
Supervision	Supervision Hours per Week	20.85
Supervision	Supervisor Span of Control	4.56
Supervision	Supervision Hours per Staff per Hour	0.11
Supervision	Supervision Cost per Staff per Hour	\$0.00
Supervision	Hourly Total Compensation	\$88.32
Supervision	Annual Total Compensation	\$183,714.07
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$55.82
No Show Adjuster	Annual Compensation	\$116,106.49
Staffing	Number of Clients per Staff	1.00
Staffing	Hourly Compensation per Staff per Client	\$97.16
Staffing	Annual Compensation per Staff per Client	\$202,085.48
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$65.53
Indirect Cost	Indirect Cost Annual Factor	\$136,311.49
Rate	Hourly Rate	\$162.69
Rate	Proposed Benchmark Rate	\$40.67
Rate	Current Rate	\$18.11
Rate	Percent Change	124.6%

Table 34A. Rate Model Criteria for Group Adaptive Behavior Treatment with Protocol Modification, Administered by QHP Face To Face with Multiple Patients

Category	Definition
Service	Group Adaptive Behavior Treatment with Protocol Modification, Administered by QHP Face To Face with Multiple Patients
Procedure Code	97158
Unit of Measure	15 minutes
Direct Care Staff Type	Behavior Analyst
Supervisor Staff Type	Clinical Supervisor

Table 34B. Group Adaptive Behavior Treatment with Protocol Modification, Administered by QHP Face To Face with Multiple Patients Rate Model

Service	Description	Group Adaptive Behavior Treatment with Protocol Modification, Administered by QHP Face To Face with Multiple Patients: Procedure Code 97158
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$42.01
Wages	Annual Wage	\$87,381.72
Wages	ERE (% of Wages)	32.9%
Wages	Hourly Compensation	\$55.82
Wages	Annual Compensation	\$116,106.49
Productivity	Total Hours	40
Productivity	Billable Hours	23.28
Productivity	Productivity Percentage	58.2%
Productivity	Productivity Adjustment	1.72
Productivity	Hourly Compensation after Adjustment	\$95.91
Productivity	Annual Compensation after Adjustment	\$199,497.18
Supervision	Hourly Supervisor Wage	\$0.00
Supervision	Annual Supervisor Wage	\$0.00
Supervision	Supervisor ERE	28.8%
Supervision	Hourly Supervisor Compensation	\$0.00
Supervision	Annual Supervisor Compensation	\$0.00

Service	Description	Group Adaptive Behavior Treatment with Protocol Modification, Administered by QHP Face To Face with Multiple Patients: Procedure Code 97158
Supervision	Supervision Hours per Week	20.85
Supervision	Supervisor Span of Control	4.56
Supervision	Supervision Hours per Staff per Hour	0.11
Supervision	Supervision Cost per Staff per Hour	\$0.00
Supervision	Hourly Total Compensation	\$95.91
Supervision	Annual Total Compensation	\$199,497.18
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$55.82
No Show Adjuster	Annual Compensation	\$116,106.49
Staffing	Number of Clients per Staff	3.00
Staffing	Hourly Compensation per Staff per Client	\$35.17
Staffing	Annual Compensation per Staff per Client	\$73,148.97
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$23.72
Indirect Cost	Indirect Cost Annual Factor	\$49,340.73
Rate	Hourly Rate	\$58.89
Rate	Proposed Benchmark Rate	\$14.72
Rate	Current Rate	\$11.54
Rate	Percent Change	27.6%

Table 35A. Rate Model Criteria for Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered by QHP (Without the Patient Present), Face to Face with Multiple Sets of Guardians/Caregivers

Category	Definition
Service	Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered by QHP (Without the Patient Present), Face to Face with Multiple Sets of Guardians/Caregivers
Procedure Code	97157
Unit of Measure	15 minutes
Direct Care Staff Type	Behavior Analyst
Supervisor Staff Type	Clinical Supervisor

Table 35B. Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered by QHP (Without the Patient Present), Face to Face with Multiple Sets of Guardians/Caregivers Rate Model

Service	Description	Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered by QHP (Without the Patient Present), Face to Face with Multiple Sets of Guardians/Caregivers: Procedure Code 97157
Wages	Hourly Wage (w/ Supplemental Pay + Inflation)	\$42.01
Wages	Annual Wage	\$87,381.72
Wages	ERE (% of Wages)	32.9%
Wages	Hourly Compensation	\$55.82
Wages	Annual Compensation	\$116,106.49
Productivity	Total Hours	40
Productivity	Billable Hours	23.28
Productivity	Productivity Percentage	58.2%
Productivity	Productivity Adjustment	1.72
Productivity	Hourly Compensation after Adjustment	\$95.91
Productivity	Annual Compensation after Adjustment	\$199,497.18
Supervision	Hourly Supervisor Wage	\$0.00
Supervision	Annual Supervisor Wage	\$0.00
Supervision	Supervisor ERE	28.8%

Service	Description	Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered by QHP (Without the Patient Present), Face to Face with Multiple Sets of Guardians/Caregivers: Procedure Code 97157
Supervision	Hourly Supervisor Compensation	\$0.00
Supervision	Annual Supervisor Compensation	\$0.00
Supervision	Supervision Hours per Week	20.85
Supervision	Supervisor Span of Control	4.56
Supervision	Supervision Hours per Staff per Hour	0.11
Supervision	Supervision Cost per Staff per Hour	\$0.00
Supervision	Hourly Total Compensation	\$95.91
Supervision	Annual Total Compensation	\$199,497.18
No Show Adjuster	No Show Adjustment	10.0%
No Show Adjuster	Hourly Compensation	\$55.82
No Show Adjuster	Annual Compensation	\$116,106.49
Staffing	Number of Clients per Staff	3.00
Staffing	Hourly Compensation per Staff per Client	\$35.17
Staffing	Annual Compensation per Staff per Client	\$73,148.97
Indirect Cost	Administrative Cost Percent	43.8%
Indirect Cost	Program Support Cost Percent	23.7%
Indirect Cost	Indirect Cost Hourly Factor	\$23.72
Indirect Cost	Indirect Cost Annual Factor	\$49,340.73
Rate	Hourly Rate	\$58.89
Rate	Proposed Benchmark Rate	\$14.72
Rate	Current Rate	\$7.24
Rate	Percent Change	103.3%

Appendix A

Residential Services: Rate Models

Table 36A. Rate Model Criteria for Adult Mental Health Residential Services (AMHR), Level 1 and 2

Category	Definition
Service	Adult Mental Health Residential Services (AMHR), Level 1 and 2
Procedure Code	T2016V2 and T2016TGV2
Unit of Measure	Daily
Facility Size	12 Beds

Table 36B. Adult Mental Health Residential Services (AMHR), Level 1 and 2 Rate Model

Service	Description	Adult Mental Health Residential Services (AMHR) Level 1: Procedure Code T2016V2	Adult Mental Health Residential Services (AMHR) Level 2: Procedure Code T2016TGV2
Residential Worker (Staffing Ratio 1:6 Day, 1:12 Night)	Primary Hours	1,216.67	1,216.67
Residential Worker (Staffing Ratio 1:6 Day, 1:12 Night)	Substitute Hours	176.07	176.07
Residential Worker (Staffing Ratio 1:6 Day, 1:12 Night)	Total Annual Hours	1,392.73	1,392.73
Residential Worker (Staffing Ratio 1:6 Day, 1:12 Night)	ERE (as Percent of Wages)	42.3%	42.3%
Residential Worker (Staffing Ratio 1:6 Day, 1:12 Night)	Annual Compensation (Wages + ERE)	\$44,036.23	\$44,036.23
Therapist/Social Worker (Level 1: 8 Hours Per Week) (Level 2: 5 Hours Per Week)	Primary Hours	416.00	260.00
Therapist/Social Worker (Level 1: 8 Hours Per Week) (Level 2: 5 Hours Per Week)	ERE (as Percent of Wages)	34.5%	34.5%
Therapist/Social Worker (Level 1: 8 Hours Per Week) (Level 2: 5 Hours Per Week)	Annual Compensation (Wages + ERE)	\$20,415.55	\$12,759.72
Case Manager (5 Hours Per Week)	Primary Hours	260.00	260.00
Case Manager (5 Hours Per Week)	ERE (as Percent of Wages)	37.9%	37.9%
Case Manager (5 Hours Per Week)	Annual Compensation (Wages + ERE)	\$10,257.05	\$10,257.05

Service	Description	Adult Mental Health Residential Services (AMHR) Level 1: Procedure Code T2016V2	Adult Mental Health Residential Services (AMHR) Level 2: Procedure Code T2016TGV2
Certified Medication Assistant/Medication Aide (5 Hours Per Week)	Primary Hours	365.00	365.00
Certified Medication Assistant/Medication Aide (5 Hours Per Week)	ERE (as Percent of Wages)	30.9%	30.9%
Certified Medication Assistant/Medication Aide (5 Hours Per Week)	Annual Compensation (Wages + ERE)	\$13,012.52	\$13,012.52
Nurse Practitioner (3 Hours Per Week)	Primary Hours	156.00	156.00
Nurse Practitioner (3 Hours Per Week)	ERE (as Percent of Wages)	30.9%	30.9%
Nurse Practitioner (3 Hours Per Week)	Annual Compensation (Wages + ERE)	\$16,185.85	\$16,185.85
Registered Nurse (RN)/Nurse (2 Hours Per Week)	Primary Hours	104.00	104.00
Registered Nurse (RN)/Nurse (2 Hours Per Week)	ERE (as Percent of Wages)	30.9%	30.9%
Registered Nurse (RN)/Nurse (2 Hours Per Week)	Annual Compensation (Wages + ERE)	\$7,026.53	\$7,026.53
Indirect Cost	Administrative	43.8%	43.8%
Indirect Cost	Program Support	15.1%	15.1%
Occupancy Adjustment	Occupancy Rate	80.0%	80.0%
Occupancy Adjustment	Occupancy Adjustment	1.25	1.25
Final Rate	Current Rate	\$656.97	\$524.45
Final Rate	Percent Change	-8.1%	7.1%

Table 37A. Rate Model Criteria for Children's Residential Treatment CRT, Level 1 and 2

Category	Definition
Service	Children's Residential Treatment CRT (Level 1 and Level 2)
Procedure Code	T2033V2 and T2033TFV2
Unit of Measure	Daily
Facility Size	12 Beds

Table 37B. Children's Residential Treatment CRT, Level 1 and 2 Rate Model

Service	Description	Children's Residential Treatment CRT Level 1: Procedure Code T2033V2	Children's Residential Treatment CRT Level 2: Procedure Code T2033TFV2
Residential Worker (Staffing Ratio 1:6 Day, 1:10 Night)	Primary Hours	1,265.33	1,265.33
Residential Worker (Staffing Ratio 1:6 Day, 1:10 Night)	Substitute Hours	183.11	183.11
Residential Worker (Staffing Ratio 1:6 Day, 1:10 Night)	Total Annual Hours	1,448.44	1,448.44
Residential Worker (Staffing Ratio 1:6 Day, 1:10 Night)	ERE (as Percent of Wages)	42.3%	42.3%
Residential Worker (Staffing Ratio 1:6 Day, 1:10 Night)	Annual Compensation (Wages + ERE)	\$45,797.68	\$45,797.68
Licensed Clinical Social Worker (LCSW) (Level 1: 10 Hours Per Week) (Level 2: 15 Hours Per Week)	Primary Hours	520.00	780.00
Licensed Clinical Social Worker (LCSW) (Level 1: 10 Hours Per Week) (Level 2: 15 Hours Per Week)	ERE (as Percent of Wages)	31.6%	31.6%
Licensed Clinical Social Worker (LCSW) (Level 1: 10 Hours Per Week) (Level 2: 15 Hours Per Week)	Annual Compensation (Wages + ERE)	\$32,734.58	\$49,101.88
Case Manager (5 Hours Per Week)	Primary Hours	260.00	260.00
Case Manager (5 Hours Per Week)	ERE (as Percent of Wages)	37.9%	37.9%
Case Manager (5 Hours Per Week)	Annual Compensation (Wages + ERE)	\$10,257.05	\$10,257.05

Service	Description	Children's Residential Treatment CRT Level 1: Procedure Code T2033V2	Children's Residential Treatment CRT Level 2: Procedure Code T2033TFV2
Certified Medication Assistant/Medication Aide (30 Minutes Per Day)	Primary Hours	132.50	132.50
Certified Medication Assistant/Medication Aide (30 Minutes Per Day)	ERE (as Percent of Wages)	38.7%	38.7%
Certified Medication Assistant/Medication Aide (30 Minutes Per Day)	Annual Compensation (Wages + ERE)	\$5,007.26	\$5,007.26
Nurse Practitioner (1 Hour Per Week)	Primary Hours	52.00	52.00
Nurse Practitioner (1 Hour Per Week)	ERE (as Percent of Wages)	23.5%	23.5%
Nurse Practitioner (1 Hour Per Week)	Annual Compensation (Wages + ERE)	\$5,093.56	\$5,093.56
Indirect Cost	Administrative	43.8%	43.8%
Indirect Cost	Program Support	15.1%	15.1%
Occupancy Adjustment	Occupancy Rate	85.0%	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18	1.18
Final Rate	Current Rate	\$334.16	\$464.51
Final Rate	Percent Change	51.5%	27.1%

Appendix A

Therapeutic Treatment Homes (TTH): Rate Model

Table 38A. Rate Model Criteria for Therapeutic Treatment Homes (TTH)

Category	Definition
Service	Therapeutic Treatment Homes (TTH)
Procedure Code	H2020V2
Unit of Measure	Daily

Table 38B. Therapeutic Treatment Homes (TTH) Rate Model

Service	Description	Therapeutic Treatment Homes (TTH): Procedure Code H2020V2
Licensed Clinical Social Worker (LCSW) (20 Hours Per Month)	Primary Hours	240.00
Licensed Clinical Social Worker (LCSW) (20 Hours Per Month)	ERE (as Percent of Wages)	31.6%
Licensed Clinical Social Worker (LCSW) (20 Hours Per Month)	Annual Compensation (Wages + ERE)	\$15,108.27
Program Manager/Director (1 Supervisor Over 10 Direct Care Staff)	Primary Hours	208.00
Program Manager/Director (1 Supervisor Over 10 Direct Care Staff)	ERE (as Percent of Wages)	37.9%
Program Manager/Director (1 Supervisor Over 10 Direct Care Staff)	Annual Compensation (Wages + ERE)	\$12,088.44
Case Manager (1 Hour Per Day)	Primary Hours	364.00
Case Manager (1 Hour Per Day)	ERE (as Percent of Wages)	37.9%
Case Manager (1 Hour Per Day)	Annual Compensation (Wages + ERE)	\$14,359.88
Indirect Cost	Administrative	43.8%
Indirect Cost	Program Support	15.1%
Occupancy Adjustment	Occupancy Rate	85.0%
Occupancy Adjustment	Occupancy Adjustment	1.18
Final Rate	Current Rate	\$321.77
Final Rate	Percent Change	5.0%

Appendix A

Day Treatment for Children: Rate Model

Table 39A. Rate Model Criteria for Day Treatment for Children

Category	Definition
Service	Day Treatment for Children (combined mental health and school district resources; not to exceed six hours per school day)
Procedure Code	H2012
Unit of Measure	Daily
Group Size	5 Person

Table 39B. Day Treatment for Children Rate Model

Service	Description	Day Treatment for Children (combined mental health and school district resources; not to exceed six hours per school day): Procedure Code H2012
Group Direct Care (3.75 Hours Per Day)	ERE (as Percent of Wages)	38.7%
Group Direct Care (3.75 Hours Per Day)	ERE (as Percent of Wages)	36.4%
Individual Direct Care (15 Minutes Per Day)	ERE (as Percent of Wages)	36.4%
Productivity	Total Hours	40.00
Productivity	Productivity Adjustment	1.33
Clinical Director	Supervisor ERE	29.9%
Clinical Director	Supervision Hours per Staff per Hour	0.05
Additional Staff (1 Hours Per Day)	ERE (as Percent of Wages)	37.9%
Additional Staff (1 Hours Per Day)	ERE (as Percent of Wages)	21.5%
Indirect Cost	Administrative	43.8%
Indirect Cost	Program Support	25.8%
Final Rate	Current Rate	\$46.38
Final Rate	Percent Change	12.4%