Georgia Community Behavioral Health Rehabilitation Services Rate Development Methodology Report

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1 Introduction

1.1 Background and Purpose

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Community Health (DCH) engaged with Deloitte Consulting LLP (Deloitte) to study Georgia's Community Behavioral Health Rehabilitation Services (CBHRS) reimbursement rates. The study included an analysis of currently implemented CBHRS rates (the "established rates") and reimbursement methodology, a rate scan summarizing established rates in select comparator states, a review of industry standards, and an analysis of providers' cost and utilization data. These efforts were performed to understand how Georgia's established CBHRS reimbursement rates align with current market conditions. In addition, the rate study was undertaken to meet the following expectations:

- Georgia Legislative Act No. 865, House Bill 911 the FY [Fiscal Year] 2023 Appropriations Bill – which provided DBHDD "one-time funds for a behavioral health provider rate study"¹
- Expectations related to rate study and methodology as defined in the Georgia Department of Community Health American Rescue Plan Act (ARPA) Initial Spending Plan Conditional Approval Memorandum, General Conditions²
- Centers for Medicare and Medicaid Services (CMS) expectations that service costs are analyzed periodically for the purposes of rate setting

The remainder of this report describes the approach taken to assess CHBRS rates within the rate study.

1.2 Scope of Services Included

The services analyzed in this study reflect Georgia's CBHRS, as outlined in Georgia's CBHRS (Medicaid Rehabilitation Option) State Plan Amendment.³ The rate study is specifically focused on modeling market-based rates for Medicaid *fee for service* (FFS) delivery of these services. While CBHRS are also reimbursed on a capitated basis by Georgia's Care Management Organizations (CMOs), analysis of CMO rates was outside the scope of this study. Table 1 includes the complete list of services included within the rate study.

¹ Georgia House Bill 911. (2022, May 12). Governor's Office of Planning and Budget. Retrieved February 27, 2023, from https://opb.georgia.gov/hb-911-fy-2023-appropriationsbill-signed

² Georgia Department of Community Health American Rescue Plan Act (ARPA) Initial Spending Plan Conditional Approval Memorandum. (2022, February 14). Georgia Department of Community Health. Retrieved February 27, 2023, from https://dch.georgia.gov/programs/hcbs

³ Approved State Plan Amendments. (2017, April 21). Georgia Medicaid. Retrieved August 2022, from https://medicaid.georgia.gov/organization/about-georgia-medicaid/medicaid-state-plan/approved-state-plan-amendments

Community Behavioral Health Rehabili	tation Services Included in the Rate Study
Non-Intensive Outpatient Services	Specialty Services
Addictive Diseases Support Services	Addictive Diseases Peer Support Program
Behavioral Health Assessment	Addictive Diseases Peer Support Services - Individual
Behavioral Health Clinical Consultation	Ambulatory Substance Abuse Detoxification
Case Management	Assertive Community Treatment (ACT)
Community Support	Community Support Team
Crisis Intervention	Crisis Stabilization Unit Services (16 beds or fewer)
Diagnostic Assessment	Intensive Case Management
Family Outpatient Services - Family Counseling	Intensive Customized Care Coordination
Family Outpatient Services - Family Training	Intensive Family Intervention
Group Outpatient Services - Group Counseling	Mental Health Peer Support Program
Group Outpatient Services - Group Training	Mental Health Peer Support Services - Individual
Individual Counseling	Opioid Maintenance Treatment
Medication Administration	Parent Peer Support - Group
Nursing Assessment and Health Services	Parent Peer Support - Individual
Psychiatric Treatment	Peer Support, Whole Health & Wellness - Group
Psychological Testing	Peer Support, Whole Health & Wellness - Individual
Psychosocial Rehabilitation - Individual	Psychosocial Rehabilitation - Program
Service Plan Development (Individual Recovery Plan)	Substance Abuse Intensive Outpatient Program
	Task-Oriented Rehabilitation Services (TORS)
	Youth Peer Support - Group
	Youth Peer Support - Individual

Table 1 - Community Behavioral Health Rehabilitation Services Included in the Rate Study

1.3 Disclosure of Data Reliance

This study incorporated data from numerous sources that are commonly used as inputs in this type of study, including, but not limited to FFS claims data for CBHRS; DBHDD/DCH, and State documentation, goals, and objectives; input on the established rates and rate methodology from CBHRS providers; provider selfreported cost data; fee schedule and provider manual information from Georgia and other states; and other publicly available sources. The data used in the study was reviewed for reasonableness and consistency before being used in this analysis, but an audit was not performed on any of the data that was used. Thus, while the data was reviewed for reasonableness, errors, anomalies, or other inconsistencies may exist in the data. To the extent that these errors, anomalies, or inconsistencies exist, they may affect the integrity of the results of the analysis provided in this report.

Deloitte makes no representations to an entity outside of DBHDD/DCH regarding the contents of this report. Non-DBHDD/DCH entities should not place reliance on

this report which would result in the creation of legal duty or liability by Deloitte, its employees, or third parties.

2 Rate Study Approach

To conduct a thorough assessment of whether the established CBHRS FFS Medicaid rates are aligned with current market conditions in Georgia, a number of factors, both qualitative and quantitative, were considered. First, a current state assessment was conducted to provide insight into the State's established rates, rate methodology, and potential refinement areas. In addition, a rate scan was conducted to compare Georgia's established rates with rates in other states. Provider feedback was a critical source of information throughout the study, and a stakeholder group of 61 providers was selected to provide both qualitative and quantitative data (i.e., cost data) related to CBHRS. Throughout the study, DBHDD and DCH provided additional insights into the CBHRS program and State priorities. Using information derived from each of these elements of the study, updated CBHRS reimbursement rates were developed to align with current market and CBHRS program conditions. Each element of the rate study approach is described below.

2.1 Stakeholder Engagement

CBHRS provider data and perspectives are an important part of understanding the key considerations, pain points, and costs related to the provision of CBHRS. To obtain information of this nature, a representative sample of Georgia's CBHRS providers were selected for participation in the rate study. This sampling process resulted in a stakeholder group consisting of 23 Tier 1 providers, 7 Tier 2+ providers, 22 Tier 2 providers, and nine Tier 3 providers. This group included a selection of providers reflecting diversity across agency tier, services offered, target client population (e.g., mental health versus SUD specialties, adult versus youth), and geographic location. Provider stakeholders were given a qualitative survey to provide their perspectives on the established CHBRS rates and were also given a quantitative cost survey to provide data on the costs of delivering CBHRS to FFS Medicaid patients.

From this set of stakeholders, 13 providers were selected (based on considerations related to provider representation across tiers, CBHRS utilization, and geographic distribution) for participation in a "core work group" of stakeholders. Members of the core work group participated in additional meetings and were asked to provide additional context to the information received in the provider surveys. In addition, the core work group was engaged to identify ways in which the draft versions of the provider cost survey could be improved to make it easier for providers to understand and report cost information.

2.2 Current State Assessment

The Current State Assessment was conducted to document Georgia's established CBHRS reimbursement rates and rate methodologies as well as provider, DBHDD, and DCH perspectives related to the established rates. This information provides the groundwork for understanding Georgia's rates and service definitions and helps to inform rate setting priorities. As part of the current state assessment, a review of the DBHDD Provider Manual for Community Behavioral Health Providers (the "DBHDD provider manual") was conducted; meetings were held with DBHDD, DCH, and providers to discuss any issues or other considerations related to established rates; and an analysis of FFS data was conducted to provide an understanding of historical CBHRS spend and utilization.⁴ Each of the current state assessment components are described below.

2.2.1 Provider Manual Analysis

A review of the DBHDD provider manual was undertaken as part of the rate study.⁵ The DBHDD provider manual has detailed information about each service, including the service definition, admission and discharge criteria, exclusions, requirements, expected staffing patterns, as well as the established fee schedule for each service. Understanding service specific detail is important for rate development, given that some service-specific considerations (e.g., fidelity requirements) may suggest that a service may need special attention.

2.2.2 DBHDD/DCH Discussions

Four immersion meetings with DBHDD/DCH were held to demonstrate and confirm understanding of each service and receive State perspectives on the established rates and service challenges. Discussion topics included perceived adequacy of the established rates, and whether the established rates or rate methodologies incentivized or disincentivized use of the service in a way that is out of alignment with clinical judgment. In addition, labor market considerations were discussed in the context of reimbursement rates (for example, if rates are out of alignment with wages, workforce shortages may ensue). In addition to these four meetings, twice weekly meetings were held for the duration of the project to provide additional understanding from DBHDD leadership.

2.2.3 Qualitative Stakeholder Survey and Feedback Sessions

As part of the current state assessment, provider stakeholders were asked about their perceptions about the established rates and trends in service delivery. A 12question online survey was sent to stakeholders, which asked about concerns and challenges with reimbursement levels, concerns about utilization of services given the established rates, cost considerations related to telehealth, and opinions on whether there are services that would benefit from a bundled (or unbundled) rate. Stakeholders were given approximately two weeks to respond and submit completed surveys.

Once the survey due date passed, survey responses were reviewed and key themes were identified. These key themes were discussed in a live meeting with the core

⁴ Georgia Department of Behavioral Health and Developmental Disabilities. (2022, June 1). Provider Manual for Community Behavioral Health Providers. Community Provider Manuals. Retrieved August 15, 2022, from https://dbhdd.georgia.gov/be-connected/communityprovider-manuals

⁵ Ibid.

stakeholder work group where providers added additional context to the responses during a live question and answer session.

2.2.4 Data Analysis

The current state assessment included a data analysis of CBHRS utilization and spend data. A data request was sent to and fulfilled by the DCH Decision Support Services Group. The specific data requested included data from two periods: 1/1/2019-12/31/2019, and 7/1/2021-6/30/2022 (the former period was requested to serve as a pre-pandemic baseline for service use and dollar spend, while the latter period was requested as it represented the most recent State fiscal year for which data was available). The requested data showed dollars spent and units delivered for Category of Service (COS) 440 services (which represents CBHRS). The data was requested by place of service, provider, and procedure code (with modifiers). Data validation was also performed by DBHDD's Decision Support Team on the provider, utilization, and claims detail within the data. Once received, the data was summarized to identify dollar spend and utilization by service. For select services, utilization by practitioner level was reviewed – particularly for services with notable fidelity or staffing requirements, or where workforce concerns were voiced by the State or providers.

2.3 Rate Scan

To benchmark Georgia's rates against rates for similar services in other states, an environmental scan was conducted as part of the rate study. Comparator states were selected based on similarity or identified differences to Georgia in terms of population, economic conditions, access to care, and Medicaid program. Based on these criteria, Maryland, Ohio, North Carolina, Kentucky, Illinois, and Pennsylvania were selected as comparators, and provider manuals and fee schedules from these states were analyzed. For select services, data from other states was reviewed on an ad-hoc basis – in particular when the service Georgia offers is unique or reimbursed using a unique methodology, where only select other states offer the service in a similar way. The final rate scan summarized rates and rate methodologies for services offered in the comparator states and highlighted any notable differences or similarities in rates or rate methodology. This information serves as useful context for rate development.

2.4 Cost Report Data Collection

To better understand the costs associated with the delivery of CBHRS, a cost reporting tool was developed in collaboration with DBHDD and DCH. The tool requested that providers report information related to staff wages, hours, and FTEs that support Medicaid FFS CBHRS service provision, as well as revenues and expenditures related to CBHRS. The information requested provides valuable data points to inform and benchmark the assumptions used to set rates.

2.4.1 Core Work Group Feedback

Once the cost reporting tool was drafted, it was sent to the core stakeholder work group for their review. Upon review, a meeting was held with the core work group to solicit feedback related to areas in which the tool's instructions needed clarification, or where the information being requested would be difficult for providers to report. After the session, the core work group's feedback was incorporated into the tool in collaboration with DBHDD and DCH.

2.4.2 Cost Report Training

Once the cost reporting tool was finalized, it was circulated to the stakeholder group prior to a scheduled stakeholder cost report training webinar. During the webinar, providers were briefed on the study purpose, how the cost reporting process factors into the overall rate study, and how to complete and submit cost reports. This included a live demonstration of the cost reporting tool during which each element of the tool was explained, as well as a live question and answer session which allowed providers to clarify any questions they may have had about the cost reporting process.

Following the training session, the webinar recording and a frequently asked questions document were circulated to providers to assist with cost report completion. In addition, a technical assistance email inbox was monitored to help answer any questions providers had about cost report completion. Completed cost reports were also submitted to this inbox, and once submitted each cost report was reviewed for reasonableness. Where submissions required revisions or clarifications, follow-up emails were sent to providers requesting additional context or cost report resubmission.

2.4.3 Supplemental Cost Reports

For two services – Intensive Customized Care Coordination (IC3) and Crisis Stabilization Unit (CSU) – supplemental cost reporting tools were sent to IC3 and CSU providers to collect additional service-specific cost information. While some cost information for these services was captured in the main cost reports, supplemental data collection was undertaken given that IC3 is currently reimbursed using a monthly rate, and CSU is a facility-based service currently reimbursed with a per diem rate, both of which are distinctions from other services and warrant an examination of additional costs.

2.4.4 Provider Cost Report Summary

Once cost report submissions were received and the follow-up process completed, provider cost data was summarized and reported in a separate document titled *Cost Reporting Summary for CBHRS 2023-04-07.docx*. The summarizations described within the document include data related to reported practitioner salaries, employee related expenses (ERE), paid time off, productivity, program and administrative costs, and group staffing ratios. Provider cost summarizations were compared to data from outside sources (e.g., Bureau of Labor Statistics [BLS] wage data, or the

rate development assumptions used to set the prior CBHRS rates), where appropriate.

2.5 Special Review Areas

2.5.1 Bundling and Unbundling of Services

A review of bundled and unbundled services was also included in the rate study. The purpose of this review was to assess a) services that are currently bundled which may benefit from unbundling, b) services that are currently unbundled which may benefit from bundling, and c) services that are currently semi-bundled (i.e., that have a single procedure code, include two or more billable services, and may be provided in conjunction with other services) which may benefit from fully bundling or unbundling. The set of services included in this assessment was determined in conjunction with DBHDD and DCH and are shown in Table 2.

Current Status	Service
Bundled	Assertive Community Treatment
Bundled	Crisis Stabilization Services
Bundled	Intensive Customized Care Coordination
Semi-Bundled/programmatic model	Crisis Service Center
Semi-Bundled/Programmatic model	Medication Assisted Treatment
Semi-Bundled/Programmatic model	Substance Abuse Intensive Outpatient Program
Semi-Bundled/Programmatic model	Temporary Observation
Unbundled	Addictive Diseases/Mental Health Peer Support
Olibulidied	Program
Unbundled	Community Support Team
Unbundled	Intensive Family Intervention
Unbundled	Psychosocial Rehabilitation Program
Unbundled	Women's Treatment & Recovery Services – Outpatient

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Table 2 -	LIST OF	Services	Consiaerea	тог	Bunaling	or	Unbundling

The assessment included a qualitative analysis which included a review of the DBHDD provider manual to understand the current service requirements and specifications, and identification of a qualitative criteria and scoring system to assess benefits of unbundling or bundling. The qualitative criteria included considerations related to practitioners who deliver the service, indirect service requirements, fidelity components, overhead costs, and administrative requirements. The assessment also included a quantitative analysis of FFS utilization data for applicable service, and estimated costs assuming both bundled service delivery and unbundled service delivery. Given limited data availability, the quantitative analysis could be performed for four of the 12 services: assertive community treatment, substance abuse intensive outpatient program, medication assisted treatment, and outpatient women's treatment and recovery services. Results of the qualitative and quantitative analyses were synthesized and reported

in a separate document and were discussed with DBHDD. It was determined that, while some services may warrant deeper exploration into a bundle status change, no changes to the current bundled or unbundled status of any of the services would be included for the purposes of rate development within this study. However, the qualitative and quantitative criteria related to bundling should continue to be monitored in the future.

2.5.2 Rate Considerations for Telemedicine

A review of rate considerations related to telemedicine was also included during the rate study. This assessment was integrated into each element of the rate study overall: telemedicine-related observations and considerations were included in stakeholder surveys, the current state assessment, the rate scan, and telemedicine cost data was collected in the provider cost reports. Summarized findings included Georgia's established telemedicine reimbursement methodology, reimbursement methodologies used in other states, and reported cost differentials for telemedicine delivery of CBHRS. The summarized findings were reviewed and discussed with DBHDD and DCH, and it was determined that the telemedicine rate assumptions used for this study will remain consistent with established telemedicine rate assumptions (i.e., that rates for services delivered using telemedicine are set equal to the rates to deliver the service in-clinic).

2.5.3 CSB vs. Non-CSB Cost Differences

An additional review was performed to understand cost differences between Community Service Board (CSB) and non-CSB providers, given that CSBs represent the primary DBHDD safety net. This review primarily consisted of analysis of cost report survey responses, where CSB and non-CSB cost components were compared to one another. Based on this analysis, while some cost differences between CSBs and non-CSBs did exist in the data (e.g., CSBs generally paid lower salaries but offered more in benefits versus non-CSBs), it was determined that the rate development in this study would not include separately developed rates for CSB and non-CSB providers. While separate rates were not developed, cost differences were considered in the decision-making process when selecting assumptions to be used for development of the target rates for this study.

2.6 Rate Development

Each of the CBHRS service requirements and delivery were reviewed to determine the appropriate reimbursement methodology. After review of the services, it was determined that the overall structure of the rate development methodology will remain consistent with the prior rate development structure used to set the established CBHRS rates. This determination was made based on discussions with DBHDD and DCH about overall service use and delivery, as well as findings from the current assessment, rate scan, and cost reports. The prior rate development assumptions have been updated with more recent data, however, and some methodological refinements were applied where it was deemed appropriate (for example, adding or updating service-specific adjustments, which is described later). For most CBHRS, a "minute-based" methodology was applied. In other words, the service is reimbursed based on the number of minutes the services were provided to clients (often in intervals of 15 minutes). For all services that are currently reimbursed with a minute-based methodology, it was determined that the rates will be built in a similar fashion to each other with some adjustments for service productivity and time units. This approach is similar to the one used in the previous rate study with adjusted assumptions and data.

For two other services – IC3 and CSU - alternative methodologies are used due to the unique service delivery models and historical reimbursement of the services in month-long and per diem-based rates. For example, IC3 is a high-fidelity wrap around service that has several components, making a monthly rate appropriate. Additionally, CSU is a facility-based service, and thus the costs to deliver the service differ significantly from the costs to deliver most other services, and therefore may warrant service-specific rate assumptions to be applied. CSU is reimbursed using a per diem rate.

In order to create updates to the CBHRS rate development assumptions, the costs to deliver the service were split into individual components for which rate development assumptions can be made. These components include:

- Practitioner Wages
- Wage trend
- Employee-Related Expenses
- Productivity and Paid Time Off
- Program support and supervision costs
- Administrative costs
- Staffing Ratios (for group services only)

For each of these categories, rate assumptions were developed based on information identified from within the various components of the rate study (e.g., the rate scan, provider data collection, and industry standard assumptions identified). While cost data from provider cost reports were one key data source for several of the rate assumptions, adjustments were also made in order to maintain consistency with industry standards, clinical practice or knowledge of the CBHRS program, past rate development assumptions, or assumptions commonly used in other rate studies. For staff directly providing services, wage assumptions were based on a combination of salary information reported by providers, salary data from the Bureau of Labor Statistics (BLS), and knowledge of the CBHRS program and workforce considerations raised by DBHDD, DCH, and providers.

The approach used to arrive at target rates was as follows:

1. Use cost report information, in conjunction with industry data and benchmarks to determine ERE, productivity, program support costs, administrative costs, and group services staffing ratios

- 2. Use BLS salary data to produce an "upper bound" and "lower bound" for practitioner wage assumptions
- 3. Select the target rate based on where the practitioner wages reported in the provider cost reports fell relative to the upper and lower bound assumptions. Further refinements were made to target salary assumptions based on conversations with DBHDD and DCH, reflecting program knowledge as well as State goals and objectives

Georgia's established rates for most CHBRS are reimbursed using minute-based rates and are tiered by practitioner level (i.e., practitioners with higher levels of education, training and/or certification/licensing are paid more to deliver a service compared with practitioners who have lower levels of these qualifications). The updated rate methodology discussed in this document is consistent with the prior methodology in that most rates are tiered by practitioner level. Similarly, the practitioner level definitions used are consistent with those used in the prior methodology and are shown in Table 3.

Practitioner Level	Staffing Role
Level 1	Psychiatrist
Level 1	Physician
Level 2	Physician's Assistant
Level 2	Nurse Practitioner
Level 2	Clinical Nurse Specialist-Psychiatry/Mental Health
Level 2	Psychologist
Level 2	Pharmacist
Level 3	Licensed Professional Counselor
Level 3	Licensed Clinical Social Worker
Level 3	Licensed Marriage & Family Therapist
Level 3	Licensed Dietician
Level 3	Certified Addictions Counselor II/Georgia Certified Alcohol and Drug Counselor II
Level 3	Registered Nurse
Level 4	Licensed Associate Professional Counselor
Level 4	Licensed Master's Social Worker
Level 4	Licensed Associate Marriage & Family Therapist
Level 4	Trained Paraprofessional with Master's or Bachelor's
Level 4	Certified Peer Specialist with Master's or Bachelor's
Level 4	Certified Psychiatric Rehabilitation Professional with Master's or Bachelor's
Level 4	Certified Addictions Counselor I/Georgia Certified Alcohol and Drug Counselor I with Bachelor's
Level 4	Addictions Counselor Trainee with Master's or Bachelor's
Level 4	Licensed Practical Nurse
Level 5	Trained Paraprofessional with High School diploma or equivalent
Level 5	Qualified Medication Aide
Level 5	Certified Peer Specialist with High School diploma or equivalent
Level 5	Certified Psychiatric Rehabilitation Professional with High School diploma or equivalent
Level 5	Certified Addictions Counselor with High School diploma or equivalent
Level 5	Addictions Counselor Trainee with High School diploma or equivalent

Table 3 – Georgia's Level 1 to Level 5 Practitioner Levels

3 Key Rate Assumptions

3.1 Development of Minute-Based Rates

For services reimbursed with minute-based rates, a standard rate development methodology was applied that calculated rates for each practitioner level (Levels 1-5), and facility type (In-Clinic, Out-of-Clinic, Telehealth). One service - Assertive Community Treatment (ACT) – has a minute-based rate, but its rate was calculated by blending rates across practitioner levels to create a non-tiered rate (a single rate for each of the five practitioner levels). The unique ACT rate will be discussed in a separate section after discussion of the minute-based rates.

The following steps were utilized to calculate the 15-minute unit rates:

- 1. Determine staff wages for each level, and trend staff wages forward to the applicable rate period
- 2. Add Employee Related Expenses
- 3. Adjust the rates for productivity and Paid Time Off (PTO)
- 4. Add program support and supervision expenses to the rate
- 5. Add administrative expenses to the rate
- 6. For group services, divide the rate by the assumed average group size

Each of the above steps will be explained in more detail below. The Appendix to this report contains several exhibits which align to the rate development assumptions described in this section. Exhibit 1: Rate Comparison contains the overall target rates that would result from applying the assumptions described, while Exhibits 2-5 summarize the development of the assumptions themselves. Finally, Exhibit 6: Minute-Based Rate Development contains the detailed rate build up that features the methodology outlined below, and Exhibit 7: ACT Rate Development contains the rate build up specific to ACT.

3.1.1 Staff Wage Assumptions

Staff wage assumptions form the initial basis for rate development. For each of Georgia's five practitioner levels, an assumed wage was derived from the BLS May 2021 salary data.⁶ Provider cost report data was also used as a benchmark to assess the reasonability of the BLS data and to inform the wage assumptions used. Provider cost report data was not used as the sole basis for wage assumptions given that current wages may in some ways be supported by the established reimbursement rates (and thus, if the established reimbursement rates are not aligned with current market conditions, the wages may also be out of alignment with current market conditions).

Salaries for BLS professions were cross walked into Georgia's five practitioner levels. Within each practitioner level, BLS wages were then weighted based on the

⁶ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics, on the Internet at https://www.bls.gov/oes/current/oessrcst.htm (visited November 2022).

distribution of staffing roles across each practitioner level reported in the provider cost reports. This process is shown in Exhibit 2: BLS Wage Mapping.

The salary assumption used to develop the target rates were derived by comparing a range of salary statistics from BLS (e.g., mean, median, and 75th percentile) at each practitioner level to the salaries providers reported in the cost reports. The BLS 75th percentile wages were used for Levels 1, 2, 3 and 5 while the Mean BLS salary was used for Level 4. These levels were selected based on alignment between cost reports and the selected BLS statistic, as well as program-specific considerations provided by DBHDD, DCH, and providers related to reported difficulties hiring staff at particular practitioner levels.

The BLS data used to derive salary assumptions was from May 2021, as this was the most recent BLS data available. Given that any potential rate changes are unlikely to be implemented until at least State Fiscal Year 2024, a wage trend factor was developed to project to January 2024. The factor was based on the three most recent years of cost-of-living adjustments developed by the social security administration.⁷ This factor can be found in Exhibit 3: Wage Trend.

3.1.2 Employee Related Expenses

Examples of ERE components providers may incur include health insurance, employer taxes, worker's compensation, retirement benefits, and other employee benefits (e.g., short- or long-term disability, and life insurance).⁸ It should be noted that PTO, sick time, and holidays are included within the productivity adjustment described in section 3.1.3 and not as a part of ERE. For rate development, ERE is added to hourly practitioner wages, resulting in total practitioner compensation. ERE assumptions are expressed as a percentage of practitioner salary (and thus, an ERE percentage of 30 would increase an hourly practitioner salary by 30% to arrive at hourly practitioner total compensation).

CBHRS providers were asked to report ERE cost components within the provider cost reports. Summarized cost report findings yielded a median ERE ranging from 32% of salaries (for practitioner Level 1) to 40% of salaries (for practitioner Level 5). There were notable differences in reported median ERE from CSB providers compared with non-CSB providers. CSBs reported a median ERE (overall across all practitioner levels) of 40%, while the non-CSB median ERE was 20%. In general, the reported ERE percentages increased from practitioner Level 1 to Level 5, likely given that Level 1 practitioners have higher wages and thus ERE is spread over a larger base, and this base of wages gets smaller and smaller with each practitioner

⁷ Cost-Of-Living Adjustments. SSA.gov. Retrieved December 2022, from https://www.ssa.gov/oact/cola/colaseries.html

⁸ ERE is generally comprised of taxes and benefits, including the ones listed. There are other, similar expenditures providers incur, for instance training costs or liability/malpractice insurance costs, which are accounted for as Program Costs for rate development. Program cost assumptions are discussed in section 3.1.4.

level. The ERE assumption used to develop the established CBHRS rates is 42%, which is close to the median ERE values reported by CSBs.

As a benchmark for the cost report data, industry research was performed by looking at a variety of sources (e.g., mandatory employer tax benchmarks from the internal revenue service, health insurance cost benchmarks from BLS) to determine industry benchmarks for different ERE components. This benchmarking exercise resulted in estimated ERE benchmark percentages ranging from approximately 22% to 36% as a percentage of BLS salaries. A comparison of the benchmark ERE rates to the ERE rates from the provider cost reports is shown in the Exhibit 4: Employee Related Expenses.

The ERE assumptions used for rate development combined findings from the cost reports and the benchmark analysis. The practitioner Level 1 assumed ERE percentage was 30%, and these percentages increased by three percent for each practitioner level up to 42% for Level 5 practitioners. This structure is consistent with the ERE percentage increasing by practitioner level, seen in both the cost reports and the industry standard assumptions. In addition, this structure aligns with the notion that some ERE components are fixed regardless of salary, and these fixed components therefore make up a smaller percentage of a high-salaried worker's total compensation as compared to a lower-salaried worker. The assumed ERE values used for rate development were generally higher than the industry benchmarks and were most closely aligned to the ERE values reported by CSBs in the cost reports. However, the selected ERE assumptions are overall lower than the 41% ERE assumption used to develop the established rates. A comparison of the established and updated ERE rate assumptions for each practitioner level is summarized in Table 4.

Practitioner Level	Rate Assumption Used for Established Rates	Updated Rate Assumption
Level 1	42%	30%
Level 2	42%	33%
Level 3	42%	36%
Level 4	42%	39%
Level 5	42%	42%

3.1.3 Productivity and Paid Time Off

Productivity is a rate development assumption that is intended to address the concept that not all the time a practitioner spends delivering a service or fulfilling

other requirements of their employment is directly billable. Examples of non-billable time include activities such as performing documentation, telephone calls, confirming appointments, peer review, etc. Thus, an assumed "productivity factor" which adjusts for the proportion of time a practitioner spends on billable activities is applied so that the rates capture the assumed costs of non-billable activities. Examples of non-billable time can include leave time/PTO, training time, staff/organizational meeting time, and other time spent confirming appointments, travel time for out of clinic services, appointment no-shows, observation/monitoring, etc.

Productivity assumptions were first developed based on considerations related to service delivery location, practitioner level, and the specific service being delivered. An additional adjustment for PTO was then applied to the resulting productivity, and the PTO-adjusted productivity assumptions were used for target rate development.

3.1.3.1 Productivity Assumptions Before PTO Adjustment

Given that each practitioner level has different service delivery responsibilities, the productivity assumptions differ by practitioner level. Similarly, since productivity can differ based on where the service was delivered, additional productivity adjustments were made by service delivery location (in-clinic, out-of-clinic, telehealth). Considering provider cost report responses, prior rate development assumptions, and DBHDD and DCH CBHRS programmatic knowledge, the following productivity assumptions were discussed and arrived upon for the baseline productivity assumptions for in-clinic service delivery:

- Practitioner Level 1: 70% productivity was assumed given that practitioners in this category perform services where they are able to spend more time billing and less time completing administrative activities, as they may rely on other team members for those responsibilities. As such, the Level 1 productivity was assumed to be higher than the productivity for the other practitioner levels.
- Practitioner Levels 2, 4, and 5: 65% productivity was assumed for these levels. This is consistent with the productivity rates reported in the provider cost reports for these practitioner levels.
- Practitioner Level 3: 60% productivity was assumed. The lower assumed productivity for these practitioners relative to other levels is due to higher supervisory expectations. Specifically, Level 3 practitioners spend more time supervising other practitioners that is not directly billable for the supervising practitioner.

In addition to baseline in-clinic productivity, there were adjustments for service delivery setting. The adjustments are described below:

• Out-of-Clinic: a 10% productivity reduction is applied to account for additional time spent traveling. This out of clinic adjustment is consistent

with the adjustment used in the assumptions to develop the established rates.

• Telehealth: Productivity levels for telehealth service delivery are assumed to be equal to those for in clinic service delivery, and thus the target rates are equal. This is consistent with the structure within the established fee schedule.

While practitioners spend some amount of time on non-billable activities for all services, there are certain services for which the amount of non-billable time is higher given service-specific activities and requirements. Thus, after applying the practitioner level and setting-specific productivity adjustments described above, some productivity adjustments were applied for specific services, based on fidelity requirements, DBHDD/DCH knowledge of service delivery, and other service specific requirements. A high-level overview of adjustments made include:

- Assertive Community Treatment: ACT is a service that requires an extensive amount of time spent in group meetings, documenting, traveling to clients and performing other high-fidelity services. Due to the extra challenges of this service, a 10% reduction to the baseline in clinic and out of clinic productivity was used.
- Programmatic and Group Services: Programmatic services such as Intensive Family Intervention, Substance Abuse Intensive Outpatient Program, and Psychosocial Rehabilitation Programs received a 5% reduction from baseline in-clinic and out-of-clinic rates to account for additional non-billable time associated with providing programmatic services. In addition, group services such as Group Outpatient and Peer Support Group also received a 5% reduction from baseline productivity to account for additional non-billable time associated with coordination and delivery of group services.
- Medication Administration: Medication Administration and Opioid services received a 10% increase to in-clinic productivity rates and 5% increase to out-of-clinic productivity rates due to the historical administration of these services being more efficient compared with other services.

These service-specific adjustments discussed above are summarized in Table 5. Note that Table 5 includes *only* the services that received adjustments from the baseline productivity assumptions and does not show each of the productivity assumptions for all services included in the rate study.

Table 5 – List of Service-Specific Productivity Adjustments for Services for which Productivity Differed from the Baseline Assumptions

Service	Productivity Adjustment Applied	Note
Assertive Community Treatment	-10%	High fidelity service. Extra time spent on group meetings, documenting, travel, etc.
Substance Abuse Intensive Outpatient Program	-5%	Programmatic Service. High Fidelity/Bundled services often require more time that is not billable
Community Support Team	-5%	Programmatic Service.
Group Outpatient (Counseling)	-5%	Group Service. Consistent with adjustment used to develop the established rates
Group Outpatient (Counseling - with Client Present)	-5%	Group Service. Consistent with adjustment used to develop the established rates
Group Outpatient (Counseling - without Client Present)	-5%	Group Service. Consistent with adjustment used to develop the established rates
Group Outpatient (Counseling with multiple family group)	-5%	Group Service. Consistent with adjustment used to develop the established rates
Group Outpatient (Training)	-5%	Group Service. Consistent with adjustment used to develop the established rates
Group Outpatient (Training - with Client Present)	-5%	Group Service. Consistent with adjustment used to develop the established rates
Group Outpatient (Training - without Client Present)	-5%	Group Service. Consistent with adjustment used to develop the established rates
Parent Peer Support Group	-5%	Group Service. Consistent with adjustment used to develop the established rates
Youth Peer Support Group	-5%	Group Service. Consistent with adjustment used to develop the established rates
Peer Support, Whole Health & Wellness Group	-5%	Group Service. Consistent with adjustment used to develop the established rates
Mental Health Peer Support Program	-5%	Group Service. Consistent with adjustment used to develop the established rates
Addictive Diseases Peer Support Program	-5%	Group Service. Consistent with adjustment used to develop the established rates
Intensive Family Intervention	-5%	Programmatic Service. Consistent with adjustment used to develop the established rates
Psychosocial Rehabilitation Program	-5%	Programmatic Service. Consistent with adjustment used to develop the established rates
Medication Administration	+10% In Clinic +5% Out of Clinic	Consistent with a divetment used to develop
Medication Administration - Comprehensive Medication Services	+10% In Clinic +5% Out of Clinic	Consistent with adjustment used to develop the established rates. Medication administration has historically been
Medication Administration - Therapeutic, Prophylactic or Diagnostic Injection	+10% In Clinic +5% Out of Clinic	delivered in a productive way.

3.1.3.2 Paid Time Off

Productivity was further adjusted to account for some practitioners receiving PTO. Within the provider cost reports, reported annual PTO days (inclusive of vacation,

sick time, and holiday time) ranged from 9 to 44 days, with a median of 28 days. The reported median PTO from the cost reports was lower than the PTO assumption of 37.7 days used to develop the established rates. A PTO assumption of 30 total PTO days (including vacation, sick time, and holidays) was therefore used for rate development. This assumption was discussed and agreed upon with DBHDD and DCH for the following reasons: 1) in recognition of the large range of PTO days reported by providers, and that oftentimes the CSBs (i.e., state employers) often offer more PTO than non-CSBs; and 2) to align more closely to the assumptions used to develop the established rates. Applying this assumption reduces the effective proportion of billable time by approximately 12%. A summary of the effective Productivity assumptions used for rate development is shown in the Exhibit 5: Productivity Factors.

3.1.4 Administrative and Program Costs

In addition to practitioner salaries and benefits, providers face additional costs to providing CBHRS. These costs are split into two categories: program costs and administrative costs. Program costs are the costs that directly support the provision of CBHRS (excluding practitioner salaries and benefits). These costs include program support staff salaries and benefits, staff training costs, supervision, transportation costs (including staff mileage costs and vehicle costs), telehealth costs, office space costs, liability/malpractice insurance, etc. Administrative costs include administrative support and management staff salaries and benefits, software costs, telephone/internet costs, electronic health record costs, office supply costs, marketing costs, professional fees, etc. Program and administrative costs were applied to the rates separately as discussed below.

3.1.4.1 Program Costs

Within the provider cost reports, providers attributed a significant amount of program costs to supervision-related and program staff expenses. It was thus determined that program costs would be applied to the rate build in two separate ways: with a supervision and program staff component and an "other cost" component (reflecting non-supervision and program staff costs). The supervision component was applied to practitioner hourly wages. The level of supervision required increases based on increasing practitioner level, and the assumed supervision factors ranged from 6% for Level 1 practitioners to 39% for Level 5 practitioners. The "other cost" program expense factor was assumed to be 8% for all practitioner levels and was applied to rates after the productivity adjustment was applied. The program support assumptions were developed based on provider cost report responses and requirements outlined within the DBHDD provider manual.⁹

⁹ Georgia Department of Behavioral Health and Developmental Disabilities. (2022, June 1). Provider Manual for Community Behavioral Health Providers. Community Provider Manuals. Retrieved August 15, 2022, from https://dbhdd.georgia.gov/be-connected/communityprovider-manuals

3.1.4.2 Administrative Costs

The administrative expense assumption is applied within the rate development as a percentage of the total rate. Administrative expense assumptions were 7% for Level 1 and 15% for Levels 2-5. A lower administrative expense assumption was chosen for Level 1 given that salaries at this level are significantly higher than salaries at other levels (thereby avoiding having a disproportionate amount of administrative expense assumptions were selected to Level 1 practitioners). The administrative expense assumptions were selected to align with how the providers reported administrative costs within the cost reports and with industry standards. Within the industry, administrative costs utilized often range from 10% to 15%.

3.1.5 Staffing Ratios for Group Services

For group services, rate development follows the same process described above, however the final resulting rate is divided by an assumed average group size. The prior rate methodology used to develop the established CBHRS rates used a 5:1 client-to-practitioner ratio to develop rates for all services delivered as group services. Summarized mean and median findings from the provider cost reports showed 2019 and 2022 ratios for most group services within the 8:1-12:1 range. Despite providers reporting higher ratios, a ratio of 5:1 was selected for rate development based on the following considerations:

- Given the way staffing ratios are applied to rates, a higher ratio results in a lower rate, and a significant increase in the ratio has the potential to either decrease rates from their current levels, or result in target rates for group services that increase at a lower rate compared to other services
- Given the difficulties providers reported regarding hiring and retaining behavioral health practitioners, and the documented healthcare practitioner shortage nationwide, rate development decisions that may disincentivize the use of group services should be made with caution. Since group services allow one practitioner to meet multiple clients' needs at once, they are a way to deliver care to more patients using fewer practitioners
- While the mean and median group staffing ratios ranged from 8:1-12:1 within the provider cost reports, a number of providers still reported group sizes of 4-6 members. A significant increase in the assumed ratio (which decreases the rate) may disincentivize these providers from providing the service, particularly if they already face difficulties finding members for their group services. Feedback from DBHDD suggested that this concern may be particularly acute for rural providers.
- The response rates in the cost reports reflect only groups that were held and not those that were cancelled due to low enrollment. A smaller assumed group size may help to guard against cancellations.

The above considerations were discussed with DBHDD and DCH, and it was determined that the staffing ratio assumed for group services will remain at 5:1 - the number used as a rate assumption used to set the established rates.

3.1.6 ACT Rates

While ACT is currently reimbursed with a minute-based methodology, its rate is not tiered by practitioner level, and does not have separate rates for in-clinic and out-of-clinic service delivery, which makes its development unique from the other services reimbursed with minute-based rates. This rate structure was reviewed, and it was determined that the structure was still appropriate given that ACT is a service that, compared to other services, requires significantly more time spent in group meetings, documenting, traveling to clients, and ensuring the delivery of high-fidelity service interventions which are closely monitored by DBHDD. Relatedly, it requires some unique activities and effort related to data collection and reporting on fidelity. The following ACT-specific rate development assumptions were applied to develop the target ACT rates.

- **ACT-Specific Productivity:** Given the additional requirements and fidelity expectations for ACT, a larger (-10%) productivity adjustment was assumed relative to baseline productivity
- **In-Clinic/Out-of-Clinic Weighting:** Based on review of the DBHDD provider manual and discussions with DBHDD and DCH, it was assumed that 80% of ACT services are delivered out-of-clinic, while 20% are delivered in-clinic.
- **Practitioner Level Weighting:** The DBHDD provider manual outlines specifications for the staffing requirements for the service. Based on these specifications and conversations with DBHDD and DCH, the following staff distribution was applied: Level 1 (8.5%), Level 2 (7%), Level 3 (49.3%), Level 4 (14.1%), Level 5 (21.1%).

As an intermediate calculation, in-clinic and out-of-clinic ACT rates were calculated for each practitioner level, assuming the 10% ACT-specific productivity adjustment. These rates were then combined into one ACT rate using the in-clinic/out-of-clinic and practitioner level weightings described above. This process is outlined in Exhibit 7: ACT Rate Development.

3.2 Development of Daily and Monthly Rates

3.2.1 IC3 Rate Development

While most CBHRS rates are set using the minute-based methodology, the established IC3 rates are reimbursed using a monthly rate. IC3 is a high-fidelity wrap-around service that has several components and requirements (e.g., multiple services being delivered on the same day, fidelity requirements, a requirement that an approved EHR technology is used). Over the course of the study, it was determined that a monthly reimbursement rate was still appropriate given these differentiations and consistency with the established rate methodology. Determination of the target IC3 rates followed a similar process to the one undertaken to determine the minute-based target rates, however IC3 rate development contained some unique elements, which are described below. IC3 rate development inputs were derived based on the cost to deliver IC3 services, and many of these components – staff wages, ERE, program support costs, and administrative costs – are the same as the components that were used in the development of the minute-based rates. The IC3 rate build-up differs because *monthly* costs are calculated and are then adjusted for caseload using assumed member to staff ratios. This caseload adjustment is applied in place of the productivity factor used for the minute-based rates, given that as a monthly service, productivity can be measured by the ratio of IC3 staff members to the number of IC3 members seen per month. The IC3 rate development assumes the service is fully staffed and uses the staffing ratios prescribed in the DBHDD provider manual¹⁰ to make the necessary caseload adjustments. The provider manual staffing ratio was consistent with the staffing ratios reported in the IC3 supplemental cost reports received from providers.

IC3 service delivery uses two unique staffing roles – care coordinators and certified peer specialist, parents (CPS-P). Reported salaries for these roles from the supplemental IC3 cost reports were compared to BLS practitioner Level 1-Level 5 salaries used for the minute-based rates, and BLS salaries for the practitioner level that most closely matched the reported salaries from the IC3 cost reports were used for rate development. This resulted in Level 4 salaries (and, similarly, ERE assumptions) being used for care coordinators, and Level 5 salaries being used for CPS-Ps. Care coordinator and CPS-P supervisor salaries were also built into the rates, and these supervisor roles were both mapped into Georgia's practitioner Level 3.

To develop target IC3 rates, salary and ERE expenses were calculated using the same practitioner level salary, salary trend, and ERE assumptions as for the minute-based rates, except that these costs were calculated on a monthly basis. Practitioner level salaries were then adjusted by member-per-staff ratio to create a case load-adjusted monthly cost. Finally, program support and administrative costs assumptions were applied, resulting in the target IC3 rate. IC3 rate development detail can be found in Exhibit 8: IC3 Rate Development.

3.2.2 CSU Rate Development

Compared to other CBHRS, crisis stabilization unit services are unique in that they are facility-based and represent an intensive level of care, and as such reimbursement has historically been on a per diem basis. Given these differences from most CBHRS, it was determined that a per diem reimbursement is still appropriate for rate development. It is noted in the DBHDD provider manual that "CSUs with 16 beds or less may bill services to GAMMIS for Medicaid FFS

¹⁰ The specified caseload (members per practitioner) for care coordinators, Certified Peer Specialist-Parents, and supervisors, respectively are as follows: 10, 30, and 6.

recipients," and thus the CSU rate development described here is intended to be specific to CSUs which meet this requirement.¹¹

CSUs, being a facility-based service, are staffed with several clinical staff members, but also other staff members not used for most other CBHRS. Examples of staffing roles unique to CSUs include pharmacists, health services managers, security guards, and transporters. Given the unique nature of CSU staffing, rates were derived based on an assumed staffing model, which in turn assumes a CSU is fully staffed to support 16 beds. Staff wage assumptions for these CSU-specific roles come from BLS. Average FTE and ERE assumptions for each CSU staffing role were derived from the results of the supplemental CSU cost reports and discussions with DBHDD and DCH. Staff wages were trended using the same wage trend assumptions used for the minute-based rates. A total annual salary and benefits cost was calculated across all staffing roles and was divided by 365 to create a daily salary and benefits cost (given the per diem rate structure).

In order to calculate cost per bed, an average occupied bed count must be assumed. Based on CSU supplemental cost report responses related to CSU occupancy and discussions with DCH and DBHDD, an average occupied bed count of 13 was assumed for rate development. Thus, total salary cost per day was divided by 13 beds, resulting in the total salary cost per day, per bed. Finally, program support and administrative costs were applied to salary costs to arrive at the target CSU rate. Administrative and program cost assumptions were derived from provider responses to the CSU supplemental cost report and conversations with DBHDD and DCH. The full CSU rate development can be found in Exhibit 9: CSU Rate Development.

¹¹ Georgia Department of Behavioral Health and Developmental Disabilities. (2022, June 1). Provider Manual for Community Behavioral Health Providers. Community Provider Manuals. Retrieved August 15, 2022, from https://dbhdd.georgia.gov/be-connected/communityprovider-manuals

4 Discussion

Based on the assumptions described in Section 3, target rates were developed for each service. The target rates are intended to serve as a starting point for DBHDD and DCH to use when determining final rates. The actual rates implemented by the State may differ from the rates developed based on the methodology described here due to various considerations, including but not limited to State priorities, budgetary factors, or CMS feedback.

Compared to the established CBHRS rates, the target rates, if approved and implemented, would result in a rate increase ranging from 16% to 51% (excluding some services for which special methodological adjustments were applied). These rate changes vary by service, practitioner level delivering the service, and place of service (i.e., in clinic, out of clinic, telehealth). These rate changes are summarized in Exhibit 1: Rate Comparison. Additional exhibits supporting and demonstrating rate assumptions and the rate build up are included in the Appendix.

5 Appendix

- Exhibit 1: Rate Comparison
- Exhibit 2: BLS Wage Mapping
- Exhibit 3: Wage Trend
- Exhibit 4: Employee Related Expenses
- Exhibit 5: Productivity Factors
- Exhibit 6: Minute-Based Rate Development
- Exhibit 7: ACT Rate Development
- Exhibit 8: IC3 Rate Development
- Exhibit 9: CSU Rate Development
- Exhibit 10: Public Comments Related to CBHRS Rate Study Methodology

More detail on the corre	esponding ra	te build can be fou	ind by looking	at Exhibit 6: 'Mir	Health Rate Con nute-Based Rate	Development' for	the appropriat	e facility type, p	practitioner level, and productivity.
The cor				Units used for	Provider	er of minutes divi			wise in the notes).
Service	Procedure Code	Facility Type	Practitioner Level	Rate Development	Manual Fee Schedule	Target Rate	Percent Change	Productivity Type	Notes
Diagnostic Assessment (No Medical Services)	90791	In Clinic	Level 2	45 Minutes	Rate	\$ 159.17	36%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
Diagnostic Assessment (No Medical		Out of Clinic	Level 2	45 Minutes	\$ 140.28	\$ 188.12		Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
iagnostic Assessment (No Medical									This is an encounter-based code that is priced
ervices) iagnostic Assessment (No Medical		Telehealth	Level 2	45 Minutes	\$ 116.90	\$ 159.17		Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
ervices) iagnostic Assessment (No Medical		In Clinic	Level 3	45 Minutes	\$ 90.03	\$ 108.72		Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
ervices) iagnostic Assessment (No Medical	90791	Out of Clinic	Level 3	45 Minutes	\$ 110.04	\$ 130.47	19%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
ervices) iagnostic Assessment (with Medical	90791	Telehealth	Level 3	45 Minutes	\$ 90.03	\$ 108.72	21%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
ervices)	90792	In Clinic	Level 1	45 Minutes	\$ 174.63	\$ 221.88	27%	Baseline	assuming a 45 minute unit.
iagnostic Assessment (with Medical ervices)	90792	Out of Clinic	Level 1	45 Minutes	\$ 222.26	\$ 258.83	16%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
iagnostic Assessment (with Medical ervices)	90792	Telehealth	Level 1	45 Minutes	\$ 174.63	\$ 221.88	27%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
iagnostic Assessment (with Medical ervices)		In Clinic	Level 2	45 Minutes	\$ 116.90	\$ 159.17	2604	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
iagnostic Assessment (with Medical									This is an encounter-based code that is priced
ervices) iagnostic Assessment (with Medical	90792	Out of Clinic	Level 2	45 Minutes	\$ 140.28	\$ 188.12	34%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
ervices)	90792	Telehealth	Level 2	45 Minutes	\$ 116.90	\$ 159.17	36%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
dividual Counseling (~30 minutes)	90832	In Clinic	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	assuming a 25 minute unit.
dividual Counseling (~30 minutes)	90832	Out of Clinic	Level 2	25 Minutes	\$ 77.93	\$ 104.51	34%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
dividual Counseling (~30 minutes)	90832	Telehealth	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
									This is an encounter-based code that is priced
dividual Counseling (~30 minutes)		In Clinic	Level 3	25 Minutes	\$ 50.02			Baseline	assuming a 25 minute unit. This is an encounter-based code that is priced
dividual Counseling (~30 minutes)	90832	Out of Clinic	Level 3	25 Minutes	\$ 61.13	\$ 72.48	19%	Baseline	assuming a 25 minute unit. This is an encounter-based code that is priced
dividual Counseling (~30 minutes)	90832	Telehealth	Level 3	25 Minutes	\$ 50.02	\$ 60.40	21%	Baseline	assuming a 25 minute unit.
dividual Counseling (~30 minutes)	90832	In Clinic	Level 4	25 Minutes	\$ 33.83	\$ 42.69	26%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
dividual Counseling (~30 minutes)	90832	Out of Clinic	Level 4	25 Minutes	\$ 40.59	\$ 50.45	24%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
								Baseline	This is an encounter-based code that is priced
dividual Counseling (~30 minutes)		Telehealth	Level 4	25 Minutes	\$ 33.83				assuming a 25 minute unit. This is an encounter-based code that is priced
dividual Counseling (~30 minutes)	90832	In Clinic	Level 5	25 Minutes	\$ 25.21	\$ 37.58	49%	Baseline	assuming a 25 minute unit. This is an encounter-based code that is priced
dividual Counseling (~30 minutes)	90832	Out of Clinic	Level 5	25 Minutes	\$ 30.25	\$ 44.41	47%	Baseline	assuming a 25 minute unit.
dividual Counseling (~30 minutes)	90832	Telehealth	Level 5	25 Minutes	\$ 25.21	\$ 37.58	49%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
dividual Counseling- Psycho-therapy Id-on (~30 minutes)	90833	In Clinic	Level 1	25 Minutes	\$ 97.02	\$ 123.27	27%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
dividual Counseling- Psycho-therapy									This is an encounter-based code that is priced
ld-on (~30 minutes) dividual Counseling- Psycho-therapy		Out of Clinic	Level 1	25 Minutes		\$ 143.79		Baseline	assuming a 25 minute unit. This is an encounter-based code that is priced
ld-on (~30 minutes) dividual Counseling- Psycho-therapy	90833	Telehealth	Level 1	25 Minutes	\$ 97.02	\$ 123.27	27%	Baseline	assuming a 25 minute unit. This is an encounter-based code that is priced
dd-on (~30 minutes)	90833	In Clinic	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	assuming a 25 minute unit.
dividual Counseling- Psycho-therapy dd-on (~30 minutes)	90833	Out of Clinic	Level 2	25 Minutes	\$ 77.93	\$ 104.51	34%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
dividual Counseling- Psycho-therapy Id-on (~30 minutes)	90833	Telehealth	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	This is an encounter-based code that is priced assuming a 25 minute unit.
		In Clinic	Level 2	45 Minutes		\$ 159.17		Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
dividual Counseling (~45 minutes)									This is an encounter-based code that is priced
dividual Counseling (~45 minutes)	90834	Out of Clinic	Level 2	45 Minutes	\$ 140.28	\$ 188.12	34%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
dividual Counseling (~45 minutes)	90834	Telehealth	Level 2	45 Minutes	\$ 116.90	\$ 159.17	36%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
dividual Counseling (~45 minutes)	90834	In Clinic	Level 3	45 Minutes	\$ 90.03	\$ 108.72	21%	Baseline	assuming a 45 minute unit.
dividual Counseling (~45 minutes)	90834	Out of Clinic	Level 3	45 Minutes	\$ 110.04	\$ 130.47	19%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
dividual Counseling (~45 minutes)	00834	Telehealth	Level 3	45 Minutes	\$ 90.03	\$ 108.72	21%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
									This is an encounter-based code that is priced
dividual Counseling (~45 minutes)		In Clinic	Level 4	45 Minutes		\$ 76.84		Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
dividual Counseling (~45 minutes)	90834	Out of Clinic	Level 4	45 Minutes	\$ 73.07	\$ 90.80	24%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
dividual Counseling (~45 minutes)	90834	Telehealth	Level 4	45 Minutes	\$ 60.89	\$ 76.84	26%	Baseline	assuming a 45 minute unit.
dividual Counseling (~45 minutes)	90834	In Clinic	Level 5	45 Minutes	\$ 45.38	\$ 67.64	49%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
dividual Counseling (~45 minutes)	90834	Out of Clinic	Level 5	45 Minutes	\$ 54.46	\$ 79.94	47%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
									This is an encounter-based code that is priced
dividual Counseling (~45 minutes) dividual Counseling- Psycho-therapy		Telehealth	Level 5	45 Minutes	\$ 45.38			Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
ld-on (~45 minutes) dividual Counseling- Psycho-therapy	90836	In Clinic	Level 1	45 Minutes	\$ 174.63	\$ 221.88	27%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
ld-on (~45 minutes)	90836	Out of Clinic	Level 1	45 Minutes	\$ 222.26	\$ 258.83	16%	Baseline	assuming a 45 minute unit.
dividual Counseling- Psycho-therapy Id-on (~45 minutes)	90836	Telehealth	Level 1	45 Minutes	\$ 174.63	\$ 221.88	27%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
dividual Counseling- Psycho-therapy Id-on (~45 minutes)	90836	In Clinic	Level 2	45 Minutes	\$ 116.90		36%	Baseline	This is an encounter-based code that is priced assuming a 45 minute unit.
dividual Counseling- Psycho-therapy									This is an encounter-based code that is priced
d-on (~45 minutes) dividual Counseling- Psycho-therapy		Out of Clinic	Level 2	45 Minutes	\$ 140.28			Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
d-on (~45 minutes)	90836	Telehealth	Level 2	45 Minutes	\$ 116.90	\$ 159.17	36%	Baseline	assuming a 45 minute unit. This is an encounter-based code that is priced
dividual Counseling (~60 minutes)	90837	In Clinic	Level 2	60 Minutes	\$ 155.87	\$ 212.22	36%	Baseline	assuming a 60 minute unit.
dividual Counseling (~60 minutes)	90837	Out of Clinic	Level 2	60 Minutes	\$ 187.04	\$ 250.82	34%	Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
dividual Counseling (~60 minutes)	90837	Telehealth	Level 2	60 Minutes	\$ 155.87	\$ 212.22	36%	Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
									This is an encounter-based code that is priced
dividual Counseling (~60 minutes)		In Clinic	Level 3	60 Minutes	\$ 120.04			Baseline	assuming a 60 minute unit. This is an encounter-based code that is priced
dividual Counseling (~60 minutes)	90837	Out of Clinic	Level 3	60 Minutes	\$ 146.71	\$ 173.96	19%	Baseline	assuming a 60 minute unit. This is an encounter-based code that is priced
dividual Counseling (~60 minutes)	90837	Telehealth	Level 3	60 Minutes	\$ 120.04	\$ 144.96	21%	Baseline	assuming a 60 minute unit.
dividual Counseling (~60 minutes)	90837	In Clinic	Level 4	60 Minutes	\$ 81.18	\$ 102.45	26%	Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
dividual Counseling (~60 minutes)		Out of Clinic	Level 4	60 Minutes	\$ 97.42			Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
									This is an encounter-based code that is priced
dividual Counseling (~60 minutes)	90837	Telehealth	Level 4	60 Minutes	\$ 81.18	\$ 102.45	26%	Baseline	assuming a 60 minute unit. This is an encounter-based code that is priced
dividual Counseling (~60 minutes)	00837	In Clinic	Level 5	60 Minutes	\$ 60.51	\$ 90.18	49%	Baseline	assuming a 60 minute unit.

				at Exhibit 6: 'Min		Development' for			ractitioner level, and productivity. wise in the notes).
Service	Procedure Code	Facility Type	Practitioner Level	Units used for	Provider Manual Fee Schedule Rate	Target Rate	Percent Change	Productivity Type	Notes
Individual Counseling (~60 minutes)	90837	Out of Clinic	Level 5	60 Minutes	\$ 72.61	\$ 106.58	47%	Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Individual Counseling (~60 minutes)		Telehealth	Level 5	60 Minutes	\$ 60.51	\$ 90.18		Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		In Clinic	Level 1	60 Minutes	\$ 232.84			Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		Out of Clinic	Level 1	60 Minutes	\$ 296.34	\$ 345.10		Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		Telehealth	Level 1	60 Minutes	\$ 232.84	\$ 295.84		Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		In Clinic	Level 2	60 Minutes	\$ 155.87	\$ 212.22		Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		Out of Clinic	Level 2	60 Minutes	\$ 187.04			Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		Telehealth	Level 2	60 Minutes	\$ 155.87	\$ 212.22		Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		In Clinic	Level 3	60 Minutes	\$ 120.04			Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		Out of Clinic	Level 3	60 Minutes	\$ 146.71	\$ 173.96		Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		Telehealth	Level 3	60 Minutes	\$ 120.04			Baseline	This is an encounter-based code that is priced assuming a 60 minute unit.
Crisis Intervention Psychotherapy for Crisis		In Clinic	Level 1	30 Minutes		\$ 147.92		Baseline	This is an encounter-based code that is priced assuming a 30 minute unit.
Crisis Intervention Psychotherapy for Crisis		Out of Clinic	Level 1	30 Minutes	\$ 148.17	\$ 172.55		Baseline	This is an encounter-based code that is priced assuming a 30 minute unit.
Crisis Intervention Psychotherapy for Crisis		Telehealth	Level 1	30 Minutes	\$ 116.42	\$ 147.92		Baseline	This is an encounter-based code that is priced assuming a 30 minute unit.
Crisis Intervention Psychotherapy for Crisis		In Clinic	Level 2	30 Minutes	\$ 77.93	\$ 106.11		Baseline	This is an encounter-based code that is priced assuming a 30 minute unit.
Crisis Intervention Psychotherapy for Crisis		Out of Clinic		30 Minutes				Baseline	This is an encounter-based code that is priced assuming a 30 minute unit.
Crisis Crisis Intervention Psychotherapy for Crisis			Level 2		\$ 93.52			Baseline	This is an encounter-based code that is priced assuming a 30 minute unit.
Crisis Crisis Intervention Psychotherapy for Crisis		Telehealth	Level 2	30 Minutes	\$ 77.93	\$ 106.11		Baseline	This is an encounter-based code that is priced
Crisis Intervention Psychotherapy for		In Clinic	Level 3	30 Minutes	\$ 60.02	\$ 72.48			assuming a 30 minute unit. This is an encounter-based code that is priced
Crisis Crisis Intervention Psychotherapy for		Out of Clinic	Level 3	30 Minutes	\$ 73.36	\$ 86.98		Baseline	assuming a 30 minute unit. This is an encounter-based code that is priced
Crisis Family Outpatient Services (Counseling -		Telehealth	Level 3	30 Minutes	\$ 60.02	\$ 72.48		Baseline	assuming a 30 minute unit.
w/o Patient) Family Outpatient Services (Counseling -		In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06		Baseline	
w/o Patient) Family Outpatient Services (Counseling -		Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71		Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
w/o Patient) Family Outpatient Services (Counseling -	90846	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Conjoing Family) Family Outpatient Services (Counseling -	90847	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Conjoing Family)	90847	Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71	34%	Baseline	
Family Outpatient Services (Counseling - Conjoing Family)	90847	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Family Outpatient Services (Counseling - Conjoing Family)	90847	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Family Outpatient Services (Counseling - Conjoing Family)	90847	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
Family Outpatient Services (Counseling - Conjoing Family)	90847	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Family Outpatient Services (Counseling - Conjoing Family)	90847	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Family Outpatient Services (Counseling - Conjoing Family)		Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Family Outpatient Services (Counseling - Conjoing Family)		Telehealth	Level 4	15 Minutes		\$ 25.61		Baseline	
Family Outpatient Services (Counseling - Conjoing Family)		In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55		Baseline	
Family Outpatient Services (Counseling - Conjoing Family)		Out of Clinic	Level 5	15 Minutes	\$ 18.15			Baseline	
Family Outpatient Services (Counseling - Conjoing Family)		Telehealth	Level 5	15 Minutes	\$ 15.13			Baseline	
Group Outpatient (Counseling with multiple family group)		In Clinic	Level 2	15 Minutes		\$ 11.49		Programmatic/ Group	
Group Outpatient (Counseling with multiple family group)		Out of Clinic	Level 2	15 Minutes	\$ 10.39	\$ 13.79		Programmatic/ Group	
Group Outpatient (Counseling with				15 Minutes				Programmatic/	
multiple family group) Group Outpatient (Counseling with multiple family group)		In Clinic Out of Clinic	Level 3		\$ 6.60	\$ 7.91		Group Programmatic/ Group	
multiple family group) Group Outpatient (Counseling with			Level 3	15 Minutes		\$ 9.66		Group Programmatic/	
multiple family group) Group Outpatient (Counseling with		In Clinic	Level 4	15 Minutes	\$ 4.43	\$ 5.55		Group Programmatic/	
multiple family group) Group Outpatient (Counseling with		Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66		Group Programmatic/	
multiple family group) Group Outpatient (Counseling with		In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88		Group Programmatic/	
multiple family group) Psychological Testing- Psychological	90853	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86	45%	Group	
testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member/of a complexical version for the standard sector.									
member(s) or caregiver(s), when performed; first hour	96130	In Clinic	Level 2	60 Minutes	\$ 155.87	\$ 212.22	36%	Baseline	

More detail on the corro	esponding rat	e build can be fou	ind by looking	at Exhibit 6: 'Mii	Health Rate Cor nute-Based Rate	Development' foi	r the appropriat	e facility type, p	practitioner level, and productivity. wise in the notes).
	Procedure		Practitioner	Units used for	Provider Manual Fee		Percent	Productivity	
Service	Code	Facility Type	Level	Rate Development	Schedule	Target Rate	Change	Туре	Notes
Psychological Testing- Psychological					Rate				
testing evaluation services by physician or other qualified health care professional,									
including integration of patient data, interpretation of standardized test results									
and clinical data, clinical decision making,									
treatment planning and report and interactive feedback to the patient, family									
member(s) or caregiver(s), when	06120	Out of Clinic	Level 2	CO Minutes	¢ 197.04	¢ 250.92	240/	Deceline	
performed; first hour Psychological Testing- Psychological	96130	Out of Clinic	Level 2	60 Minutes	\$ 187.04	\$ 250.82	34%	Baseline	
testing evaluation services by physician or other qualified health care professional,									
including integration of patient data,									
interpretation of standardized test results and clinical data, clinical decision making,									
treatment planning and report and									
interactive feedback to the patient, family member(s) or caregiver(s), when									
performed; first hour Psychological Testing (each additional	96130	Telehealth	Level 2	60 Minutes	\$ 155.87	\$ 212.22	36%	Baseline	
hour) Psychological Testing (each additional	96131	In Clinic	Level 2	60 Minutes	\$ 155.87	\$ 212.22	36%	Baseline	
hour)	96131	Out of Clinic	Level 2	60 Minutes	\$ 187.04	\$ 250.82	34%	Baseline	
Psychological Testing (each additional hour)	96131	Telehealth	Level 2	60 Minutes	\$ 155.87	\$ 212.22	36%	Baseline	
Psychological Testing- Psychological or									
neuropsychological test administration and scoring by physician or other qualified									
health care professional, two or more									
tests, any method, first 30 minutes	96136	In Clinic	Level 2	30 Minutes	\$ 77.93	\$ 106.11	36%	Baseline	
Psychological Testing- Psychological or neuropsychological test administration									
and scoring by physician or other qualified									
health care professional, two or more tests, any method, first 30 minutes	96136	Out of Clinic	Level 2	30 Minutes	\$ 93.52	\$ 125.41	34%	Baseline	
Psychological Testing- Psychological or									
neuropsychological test administration and scoring by physician or other qualified									
health care professional, two or more									
tests, any method, first 30 minutes Psychological Testing (each additional 30	96136	Telehealth	Level 2	30 Minutes	\$ 77.93	\$ 106.11	36%	Baseline	
minutes) Psychological Testing (each additional 30	96137	In Clinic	Level 2	30 Minutes	\$ 77.93	\$ 106.11	36%	Baseline	
minutes)	96137	Out of Clinic	Level 2	30 Minutes	\$ 93.52	\$ 125.41	34%	Baseline	
Psychological Testing (each additional 30 minutes)	96137	Telehealth	Level 2	30 Minutes	\$ 77.93	\$ 106.11	36%	Baseline	
Psychological Testing- Psychological or neuropsychological test administration									
and scoring by technician Psychological Testing- Psychological or	96138	In Clinic	Level 3	30 Minutes	\$ 60.02	\$ 72.48	21%	Baseline	
neuropsychological test administration									
and scoring by technician Psychological Testing- Psychological or	96138	Out of Clinic	Level 3	30 Minutes	\$ 73.36	\$ 86.98	19%	Baseline	
neuropsychological test administration and scoring by technician	06120	Telehealth	Level 2	20 Minutes	¢ 60.02	¢ 72.49	210/	Baseline	
Psychological Testing- Psychological or	90130	Telefieatti	Level 3	30 Minutes	\$ 60.02	\$ 72.48	21%	Daseinie	
neuropsychological test administration and scoring by technician	96138	In Clinic	Level 4	30 Minutes	\$ 40.59	\$ 51.23	26%	Baseline	
Psychological Lesting- Psychological or neuropsychological test administration									
and scoring by technician Psychological Testing- Psychological or	96138	Out of Clinic	Level 4	30 Minutes	\$ 48.71	\$ 60.54	24%	Baseline	
neuropsychological test administration									
and scoring by technician Psychological Testing (each additional 30	96138	Telehealth	Level 4	30 Minutes	\$ 40.59	\$ 51.23	26%	Baseline	
minutes) Psychological Testing (each additional 30	96139	In Clinic	Level 3	30 Minutes	\$ 60.02	\$ 72.48	21%	Baseline	
minutes)	96139	Out of Clinic	Level 3	30 Minutes	\$ 73.36	\$ 86.98	19%	Baseline	
Psychological Testing (each additional 30 minutes)	96139	Telehealth	Level 3	30 Minutes	\$ 60.02	\$ 72.48	21%	Baseline	
Psychological Testing (each additional 30 minutes)	96139	In Clinic	Level 4	30 Minutes	\$ 40.59	\$ 51.23	26%	Baseline	
Psychological Testing (each additional 30				30 Minutes				Baseline	
minutes) Psychological Testing (each additional 30		Out of Clinic	Level 4						
minutes) Nursing Assessment & Health Services-	96139	Telehealth	Level 4	30 Minutes	\$ 40.59	\$ 51.23	26%	Baseline	This is an encounter-based code that is priced
Health Behavior Assessment	96156	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	assuming a 15 minute unit.
									Out of Clinic rate was previously priced using a 20 minute unit factor but is now priced using a 15
Nursing Assessment & Health Services- Health Behavior Assessment	96156	Out of Clinic	Level 2	15 Minutes	\$ 62.35	\$ 62.71	104	Baseline	minute rate. The "percent change" value should be interpreted with this in consideration.
Nursing Assessment & Health Services-									This is an encounter-based code that is priced
Health Behavior Assessment Nursing Assessment & Health Services-		Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06		Baseline	assuming a 15 minute unit. This is an encounter-based code that is priced
Health Behavior Assessment	96156	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	assuming a 15 minute unit. Out of Clinic rate was previously priced using a 20
									minute unit factor but is now priced using a 15
Nursing Assessment & Health Services- Health Behavior Assessment	96156	Out of Clinic	Level 3	15 Minutes	\$ 48.91	\$ 43.49	-11%	Baseline	minute rate. The "percent change" value should be interpreted with this in consideration.
Nursing Assessment & Health Services- Health Behavior Assessment								Baseline	This is an encounter-based code that is priced
Nursing Assessment & Health Services-		Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24			assuming a 15 minute unit. This is an encounter-based code that is priced
Health Behavior Assessment	96156	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	assuming a 15 minute unit. Out of Clinic rate was previously priced using a 20
Nursing Accecement & Health Carrier									minute unit factor but is now priced using a 15
Nursing Assessment & Health Services- Health Behavior Assessment	96156	Out of Clinic	Level 4	15 Minutes	\$ 32.48	\$ 30.27	-7%	Baseline	minute rate. The "percent change" value should be interpreted with this in consideration.
Nursing Assessment & Health Services- Health Behavior Assessment		Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61		Baseline	This is an encounter-based code that is priced
Medication Administration - Therapeutic,								Medication	assuming a 15 minute unit.
prophylactic or diagnostic injection Medication Administration - Therapeutic,		In Clinic	Level 2	15 Minutes	\$ 33.40	\$ 45.98		Administration Medication	
prophylactic or diagnostic injection Medication Administration - Therapeutic,	96372	Out of Clinic	Level 2	15 Minutes	\$ 42.51	\$ 57.47	35%	Administration Medication	
prophylactic or diagnostic injection	96372	In Clinic	Level 3	15 Minutes	\$ 25.39	\$ 31.07	22%	Administration	
Medication Administration - Therapeutic, prophylactic or diagnostic injection	96372	Out of Clinic	Level 3	15 Minutes	\$ 33.01	\$ 39.54	20%	Medication Administration	
Medication Administration - Therapeutic, prophylactic or diagnostic injection	96372	In Clinic	Level 4	15 Minutes	\$ 17.40	\$ 22.20	28%	Medication Administration	
Medication Administration - Therapeutic,								Medication	
prophylactic or diagnostic injection Psychiatric Treatment New Patient (15-29		Out of Clinic	Level 4	15 Minutes	\$ 22.14	\$ 27.75		Administration	
minutes) Psychiatric Treatment New Patient (15-29	99202	In Clinic	Level 1	25 Minutes	\$ 97.00	\$ 123.27	27%	Baseline	
minutes)	99202	Out of Clinic	Level 1	25 Minutes	\$ 123.50	\$ 143.79	16%	Baseline	
Psychiatric Treatment New Patient (15-29 minutes)	00202	Telehealth	Level 1	25 Minutes	\$ 97.00	\$ 123.27	270/-	Baseline	
	59202	- cremedium	COVEL 1	25 minutes	φ 97.00	4 123.2/	21%	2000010	

				at Exhibit 6: 'Min		Development' for			practitioner level, and productivity.
Service	Procedure	Facility Type	Practitioner	Units used for	Provider Manual Fee	Target Rate	Percent	Productivity	wise in the notes). Notes
Psychiatric Treatment New Patient (15-29	Code		Level	Development	Schedule Rate	,	Change	Туре	
minutes) Psychiatric Treatment New Patient (15-29	99202	In Clinic	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	
minutes)	99202	Out of Clinic	Level 2	25 Minutes	\$ 77.95	\$ 104.51	34%	Baseline	
Psychiatric Treatment New Patient (15-29 minutes)	99202	Telehealth	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	
Psychiatric Treatment New Patient (30-44 minutes)	99203	In Clinic	Level 1	40 Minutes	\$ 155.20	\$ 197.23	27%	Baseline	
Psychiatric Treatment New Patient (30-44 minutes)	99203	Out of Clinic	Level 1	40 Minutes	\$ 197.60	\$ 230.07	16%	Baseline	
Psychiatric Treatment New Patient (30-44 minutes)	99203	Telehealth	Level 1	40 Minutes	\$ 155.20	\$ 197.23	27%	Baseline	
Psychiatric Treatment New Patient (30-44 minutes)	99203	In Clinic	Level 2	40 Minutes	\$ 103.92	\$ 141.48	36%	Baseline	
Psychiatric Treatment New Patient (30-44 minutes)	99203	Out of Clinic	Level 2	40 Minutes	\$ 124.72	\$ 167.21	34%	Baseline	
Psychiatric Treatment New Patient (30-44 minutes)		Telehealth	Level 2	40 Minutes	\$ 103.92		36%	Baseline	
Psychiatric Treatment New Patient (45-59 minutes)		In Clinic	Level 1	55 Minutes		\$ 271.19		Baseline	
Psychiatric Treatment New Patient (45-59 minutes)		Out of Clinic	Level 1	55 Minutes				Baseline	
Psychiatric Treatment New Patient (45-59 minutes)								Baseline	
Psychiatric Treatment New Patient (45-59		Telehealth	Level 1	55 Minutes	\$ 213.40				
minutes) Psychiatric Treatment New Patient (45-59		In Clinic	Level 2	55 Minutes	\$ 142.89	\$ 194.54		Baseline	
minutes) Psychiatric Treatment New Patient (45-59	99204	Out of Clinic	Level 2	55 Minutes	\$ 171.49	\$ 229.92		Baseline	
minutes) Psychiatric Treatment New Patient (60-74	99204	Telehealth	Level 2	55 Minutes	\$ 142.89	\$ 194.54		Baseline	
minutes) Psychiatric Treatment New Patient (60-74	99205	In Clinic	Level 1	70 Minutes	\$ 271.60	\$ 345.15	27%	Baseline	
minutes) Psychiatric Treatment New Patient (60-74	99205	Out of Clinic	Level 1	70 Minutes	\$ 345.70	\$ 402.62	16%	Baseline	
minutes) Psychiatric Treatment New Patient (60-74	99205	Telehealth	Level 1	70 Minutes	\$ 271.60	\$ 345.15	27%	Baseline	
minutes) Psychiatric Treatment New Patient (60-74	99205	In Clinic	Level 2	70 Minutes	\$ 181.86	\$ 247.59	36%	Baseline	
minutes) Psychiatric Treatment New Patient (60-74	99205	Out of Clinic	Level 2	70 Minutes	\$ 218.26	\$ 292.62	34%	Baseline	
minutes)	99205	Telehealth	Level 2	70 Minutes	\$ 181.86	\$ 247.59	36%	Baseline	
Psychiatric Treatment Established Patient (~5 minutes)	99211	In Clinic	Level 1	5 Minutes	\$ 19.40	\$ 24.65	27%	Baseline	
Psychiatric Treatment Established Patient (~5 minutes)	99211	Out of Clinic	Level 1	5 Minutes	\$ 24.70	\$ 28.76	16%	Baseline	
Psychiatric Treatment Established Patient (~5 minutes)	99211	Telehealth	Level 1	5 Minutes	\$ 19.40	\$ 24.65	27%	Baseline	
Psychiatric Treatment Established Patient (~5 minutes)	99211	In Clinic	Level 2	5 Minutes	\$ 12.99	\$ 17.69	36%	Baseline	
Psychiatric Treatment Established Patient (~5 minutes)	99211	Out of Clinic	Level 2	5 Minutes	\$ 15.59	\$ 20.90	34%	Baseline	
Psychiatric Treatment Established Patient (~5 minutes)		Telehealth	Level 2	5 Minutes	\$ 12.99	\$ 17.69	36%	Baseline	
Psychiatric Treatment Established Patient (10-19 minutes)		In Clinic	Level 1	15 Minutes		\$ 73.96		Baseline	
Psychiatric Treatment Established Patient (10-19 minutes)		Out of Clinic	Level 1	15 Minutes	\$ 74.10			Baseline	
Psychiatric Treatment Established Patient				15 Minutes				Baseline	
(10-19 minutes) Psychiatric Treatment Established Patient		Telehealth	Level 1			\$ 73.96			
(10-19 minutes) Psychiatric Treatment Established Patient		In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06		Baseline	
(10-19 minutes) Psychiatric Treatment Established Patient		Out of Clinic	Level 2	15 Minutes	\$ 46.77	\$ 62.71		Baseline	
(10-19 minutes) Psychiatric Treatment Established Patient		Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06		Baseline	
(20-29 minutes) Psychiatric Treatment Established Patient	99213	In Clinic	Level 1	25 Minutes	\$ 97.00	\$ 123.27	27%	Baseline	
(20-29 minutes) Psychiatric Treatment Established Patient	99213	Out of Clinic	Level 1	25 Minutes	\$ 123.50	\$ 143.79	16%	Baseline	
(20-29 minutes) Psychiatric Treatment Established Patient	99213	Telehealth	Level 1	25 Minutes	\$ 97.00	\$ 123.27	27%	Baseline	
(20-29 minutes) Psychiatric Treatment Established Patient	99213	In Clinic	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	
(20-29 minutes) Psychiatric Treatment Established Patient	99213	Out of Clinic	Level 2	25 Minutes	\$ 77.95	\$ 104.51	34%	Baseline	
(20-29 minutes)	99213	Telehealth	Level 2	25 Minutes	\$ 64.95	\$ 88.43	36%	Baseline	
Psychiatric Treatment Established Patient (30-39 minutes)	99214	In Clinic	Level 1	35 Minutes	\$ 135.80	\$ 172.57	27%	Baseline	
Psychiatric Treatment Established Patient (30-39 minutes)	99214	Out of Clinic	Level 1	35 Minutes	\$ 172.90	\$ 201.31	16%	Baseline	
Psychiatric Treatment Established Patient (30-39 minutes)	99214	Telehealth	Level 1	35 Minutes	\$ 135.80	\$ 172.57	27%	Baseline	
Psychiatric Treatment Established Patient (30-39 minutes)	99214	In Clinic	Level 2	35 Minutes	\$ 90.93	\$ 123.80	36%	Baseline	
Psychiatric Treatment Established Patient (30-39 minutes)		Out of Clinic	Level 2	35 Minutes	\$ 109.13		34%	Baseline	
Psychiatric Treatment Established Patient (30-39 minutes)		Telehealth	Level 2	35 Minutes	\$ 90.93			Baseline	
Psychiatric Treatment Established Patient (40-54 minutes)		In Clinic	Level 1	50 Minutes	\$ 194.00	\$ 246.53		Baseline	
Psychiatric Treatment Established Patient (40-54 minutes)		Out of Clinic	Level 1	50 Minutes				Baseline	
Psychiatric Treatment Established Patient (40-54 minutes)								Baseline	
Psychiatric Treatment Established Patient		Telehealth	Level 1	50 Minutes	\$ 194.00				
(40-54 minutes) Psychiatric Treatment Established Patient		In Clinic	Level 2	50 Minutes	\$ 129.90			Baseline	
(40-54 minutes) Psychiatric Treatment Established Patient		Out of Clinic	Level 2	50 Minutes	\$ 155.90			Baseline	
(40-54 minutes)	99215	Telehealth	Level 2	50 Minutes	\$ 129.90	\$ 176.85	36%	Baseline	This service is administered over the phone. DBHDD
Behavioral Health Clinical Consultation	99446	In Clinic	Level 1	10 Minutes	\$ 38.81	\$ 49.31	27%	Baseline	confirmed this service should be priced at 10 minute utilizing the in clinic rate build methodology.
		-							This service is administered over the phone. DBHDD confirmed this service should be priced at 10 minute
Behavioral Health Clinical Consultation	99446	In Clinic	Level 2	10 Minutes	\$ 25.98	\$ 35.37	36%	Baseline	utilizing the in clinic rate build methodology.
		In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Family Outpatient Services (Counseling - Without Client Present) Family Outpatient Services (Counseling -	H0004								
Without Client Present) Family Outpatient Services (Counseling - Without Client Present)		Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71	34%	Baseline	
Without Client Present) Family Outpatient Services (Counseling -	H0004	Out of Clinic Telehealth	Level 2 Level 2	15 Minutes 15 Minutes	\$ 46.76 \$ 38.97			Baseline Baseline	

				at Exhibit 6: 'Mir		Development' for			practitioner level, and productivity. wise in the notes).
Service	Procedure Code	Facility Type	Practitioner Level	Units used for Rate	Provider Manual Fee Schedule	Target Rate	Percent Change	Productivity Type	Notes
Family Outpatient Services (Counseling -	coue		Level	Development	Rate		change	Type	
Without Client Present) Family Outpatient Services (Counseling -	H0004	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
Without Client Present)	H0004	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Family Outpatient Services (Counseling - Without Client Present)	H0004	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Family Outpatient Services (Counseling - Without Client Present)	H0004	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Family Outpatient Services (Counseling - Without Client Present)	H0004	Telehealth	Level 4	15 Minutes	\$ 20.30			Baseline	
Family Outpatient Services (Counseling -									
Without Client Present) Family Outpatient Services (Counseling -	H0004	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Without Client Present) Family Outpatient Services (Counseling -	H0004	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Without Client Present)	H0004	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Family Outpatient Services (Counseling - With Client Present)	H0004	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Family Outpatient Services (Counseling - With Client Present)	H0004	Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71	34%	Baseline	
Family Outpatient Services (Counseling -									
Nith Client Present) Family Outpatient Services (Counseling -	H0004	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06		Baseline	
Nith Client Present) Family Outpatient Services (Counseling -	H0004	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
With Client Present)	H0004	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
amily Outpatient Services (Counseling - With Client Present)	H0004	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
amily Outpatient Services (Counseling - With Client Present)	H0004	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Family Outpatient Services (Counseling - With Client Present)	H0004							Baseline	
amily Outpatient Services (Counseling -		Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27			
With Client Present) Family Outpatient Services (Counseling -	H0004	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
With Client Present) Family Outpatient Services (Counseling -	H0004	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
With Client Present)	H0004	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Family Outpatient Services (Counseling - With Client Present)	H0004	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Group Outpatient (Counseling)	H0004	In Clinic	Level 2	15 Minutes	\$ 8.50	\$ 11.49		Programmatic/ Group	
Group Outpatient (Counseling)	H0004	Out of Clinic	Level 2	15 Minutes	\$ 10.39			Programmatic/ Group	
								Programmatic/	
Group Outpatient (Counseling)	H0004	In Clinic	Level 3	15 Minutes	\$ 6.60	\$ 7.91		Group Programmatic/	
Group Outpatient (Counseling)	H0004	Out of Clinic	Level 3	15 Minutes	\$ 8.25	\$ 9.66	17%	Group Programmatic/	
Group Outpatient (Counseling)	H0004	In Clinic	Level 4	15 Minutes	\$ 4.43	\$ 5.55		Group Programmatic/	
Group Outpatient (Counseling)	H0004	Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66	23%	Group Programmatic/	
Group Outpatient (Counseling)	H0004	In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88	48%	Group	
Group Outpatient (Counseling)	H0004	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86	45%	Programmatic/ Group	
Group Outpatient (Counseling - without Client Present)	H0004	In Clinic	Level 2	15 Minutes	\$ 8.50	\$ 11.49		Programmatic/ Group	
Group Outpatient (Counseling - without Client Present)	H0004			15 Minutes				Programmatic/ Group	
Group Outpatient (Counseling - without		Out of Clinic	Level 2			\$ 13.79		Programmatic/	
Client Present) Group Outpatient (Counseling - without	H0004	In Clinic	Level 3	15 Minutes	\$ 6.60	\$ 7.91		Group Programmatic/	
Client Present) Group Outpatient (Counseling - without	H0004	Out of Clinic	Level 3	15 Minutes	\$ 8.25	\$ 9.66		Group Programmatic/	
Client Present)	H0004	In Clinic	Level 4	15 Minutes	\$ 4.43	\$ 5.55	25%	Group	
Group Outpatient (Counseling - without Client Present)	H0004	Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66		Programmatic/ Group	
Group Outpatient (Counseling - without Client Present)	H0004	In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88		Programmatic/ Group	
Group Outpatient (Counseling - without								Programmatic/	
Client Present) Group Outpatient (Counseling - with Client	H0004	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86		Group Programmatic/	
Present) Group Outpatient (Counseling - with Client	H0004	In Clinic	Level 2	15 Minutes	\$ 8.50	\$ 11.49		Group Programmatic/	
resent)	H0004	Out of Clinic	Level 2	15 Minutes	\$ 10.39	\$ 13.79	33%	Group	
Group Outpatient (Counseling - with Client Present)	H0004	In Clinic	Level 3	15 Minutes	\$ 6.60	\$ 7.91		Programmatic/ Group	
Group Outpatient (Counseling - with Client Present)		Out of Clinic	Level 3	15 Minutes	\$ 8.25			Programmatic/ Group	
Group Outpatient (Counseling - with Client								Programmatic/	
Present) Group Outpatient (Counseling - with Client		In Clinic	Level 4	15 Minutes	\$ 4.43			Group Programmatic/	
Present) Group Outpatient (Counseling - with Client	H0004	Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66	23%	Group Programmatic/	
Present)	H0004	In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88	48%	Group	
Group Outpatient (Counseling - with Client Present)	H0004	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86		Programmatic/ Group	
Ambulatory Substance Abuse Detoxification	H0014	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
mbulatory Substance Abuse Detoxification	H0014	In Clinic	Level 3	15 Minutes	\$ 30.01			Baseline	
Ambulatory Substance Abuse	H0014	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61		Baseline	
ubstance Abuse Intensive Outpatient rogram								Programmatic/ Group	
ubstance Abuse Intensive Outpatient	H0015	In Clinic	Level 3	60 Minutes	\$ 26.41			Programmatic/	
rogram ubstance Abuse Intensive Outpatient	H0015	Out of Clinic	Level 3	60 Minutes	\$ 33.01	\$ 38.66		Group Programmatic/	
rogram ubstance Abuse Intensive Outpatient	H0015	In Clinic	Level 4	60 Minutes	\$ 17.71	\$ 22.20		Group Programmatic/	
Program Substance Abuse Intensive Outpatient	H0015	Out of Clinic	Level 4	60 Minutes	\$ 21.65	\$ 26.64	23%	Group Programmatic/	
rogram	H0015	In Clinic	Level 5	60 Minutes	\$ 13.20	\$ 19.54	48%	Group	
Substance Abuse Intensive Outpatient	H0015	Out of Clinic	Level 5	60 Minutes	\$ 16.14	\$ 23.45		Programmatic/ Group	
Medication Administration- Alcohol, and/or drug services, methadone administration								Medication	This is an encounter-based code that is priced
and/or service Medication Administration- Alcohol, and/or	H0020	In Clinic	Level 2	15 Minutes	\$ 33.40	\$ 45.98			assuming a 15 minute unit.
drug services, methadone administration								Medication	This is an encounter-based code that is priced
and/or service Medication Administration- Alcohol, and/or	H0020	In Clinic	Level 3	15 Minutes	\$ 25.39	\$ 31.07	22%	Administration	assuming a 15 minute unit.
drug services, methadone administration and/or service	H0020	In Clinic	Level 4	15 Minutes	\$ 17.40	\$ 22.20		Medication Administration	This is an encounter-based code that is priced assuming a 15 minute unit.
Peer Support, Whole Health & Wellness								Programmatic/	
Group	H0025	In Clinic	Level 4	15 Minutes	\$ 4.43	\$ 5.55	25%	Group	

		te build can be fou unit rate can be fo		at Exhibit 6: 'Min		Development' for			ractitioner level, and productivity. wise in the notes).
Service	Procedure Code	Facility Type	Practitioner Level	Units used for Rate	Provider Manual Fee Schedule	Target Rate	Percent Change	Productivity Type	Notes
Peer Support, Whole Health & Wellness				Development	Rate			Programmatic/	
Group Peer Support, Whole Health & Wellness	H0025	Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66	23%	Group Programmatic/	
Group Peer Support, Whole Health & Wellness	H0025	In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88		Group Programmatic/	
Group Peer Support, Whole Health & Wellness	H0025	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86		Group	
Individual Peer Support, Whole Health & Wellness	H0025	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24		Baseline	
Individual Peer Support, Whole Health & Wellness	H0025	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
Individual Peer Support, Whole Health & Wellness	H0025	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Individual Peer Support, Whole Health & Wellness	H0025	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Individual Peer Support, Whole Health & Wellness	H0025	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Individual Peer Support, Whole Health & Wellness	H0025	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Individual Peer Support, Whole Health & Wellness	H0025	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Individual Peer Support, Whole Health & Wellness	H0025	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Individual	H0025	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Behavioral Health Assessment	H0031	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Behavioral Health Assessment	H0031	Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71		Baseline	
Behavioral Health Assessment	H0031	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Behavioral Health Assessment	H0031	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Behavioral Health Assessment	H0031	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
Behavioral Health Assessment	H0031	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Behavioral Health Assessment	H0031	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Behavioral Health Assessment	H0031	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Behavioral Health Assessment	H0031	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Behavioral Health Assessment	H0031	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Behavioral Health Assessment	H0031	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Behavioral Health Assessment	H0031	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Service Plan Development	H0032	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Service Plan Development	H0032	Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71	34%	Baseline	
Service Plan Development	H0032	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Service Plan Development	H0032	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Service Plan Development	H0032	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
Service Plan Development	H0032	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Service Plan Development	H0032	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Service Plan Development	H0032	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Service Plan Development	H0032	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Service Plan Development	H0032	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Service Plan Development	H0032	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Service Plan Development	H0032	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	from 2009 accumptions due to teaming
Intensive Family Intervention	H0036	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 39.54	32%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	Out of Clinic	Level 3	15 Minutes	\$ 41.26	\$ 48.32	17%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 39.54	32%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	In Clinic	Level 4	15 Minutes	\$ 22.14	\$ 27.75	25%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	Out of Clinic	Level 4	15 Minutes	\$ 27.06	\$ 33.30	23%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	Telehealth	Level 4	15 Minutes	\$ 22.14	\$ 27.75	25%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	In Clinic	Level 5	15 Minutes	\$ 16.50	\$ 24.42	48%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	Out of Clinic	Level 5	15 Minutes	\$ 20.17	\$ 29.31	45%	Group	from 2008 assumptions due to teaming requirements.
Intensive Family Intervention	H0036	Telehealth	Level 5	15 Minutes	\$ 16.50	\$ 24.42	48%	Group	from 2008 assumptions due to teaming requirements.
MH Peer Support Program	H0038	In Clinic	Level 4	60 Minutes	\$ 17.71	\$ 22.20	25%	Programmatic/ Group	
MH Peer Support Program	H0038	Out of Clinic	Level 4	60 Minutes	\$ 21.65	\$ 26.64	23%	Programmatic/ Group	
MH Peer Support Program	H0038	In Clinic	Level 5	60 Minutes	\$ 13.20	\$ 19.54	48%	Programmatic/ Group	
MH Peer Support Program	H0038	Out of Clinic	Level 5	60 Minutes	\$ 16.14	\$ 23.45	45%	Programmatic/ Group	
MH Peer Support Individual	H0038	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
MH Peer Support Individual	H0038	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
MH Peer Support Individual	H0038	Telehealth	Level 4	15 Minutes		\$ 25.61	26%	Baseline	
MH Peer Support Individual	H0038	In Clinic	Level 5	15 Minutes	\$ 15.13			Baseline	
MH Peer Support Individual	H0038	Out of Clinic	Level 5	15 Minutes	\$ 18.15		47%	Baseline	
MH Peer Support Individual	H0038	Telehealth	Level 5	15 Minutes	\$ 15.13			Baseline	
Parent Peer Support Group	H0038	In Clinic	Level 4	60 Minutes	\$ 17.71			Programmatic/ Group	
Parent Peer Support Group	H0038	Out of Clinic	Level 4	60 Minutes		\$ 26.64		Programmatic/ Group	
		In Clinic	Level 5	60 Minutes	\$ 13.20			Programmatic/ Group	

Community Support Team H0039 In Clinic Level 3 15 Minutes \$ 30.01 \$ 39.54 322% Group requirements. Community Support Team H0039 Out of Clinic Level 3 15 Minutes \$ 30.01 \$ 39.54 32% Group Reduced productivity 5% from baseline produc Community Support Team H0039 Out of Clinic Level 3 15 Minutes \$ 30.01 \$ 39.54 32.2% Group requirements. Community Support Team H0039 Telehealth Level 3 15 Minutes \$ 30.01 \$ 39.54 32.2% Group requirements. Community Support Team H0039 Telehealth Level 3 15 Minutes \$ 30.01 \$ 39.54 32.2% Group requirements. Community Support Team H0039 In Clinic Level 4 15 Minutes \$ 20.30 \$ 27.75 32% Group requirements. Community Support Team H0039 Out of Clinic Level 4 15 Minutes \$ 20.30 \$ 27.75 37% Group requirements. Community Support Team H0039 Out of Clinic Level 4 15 Minutes \$ 33.30 37% Group requirements. Reduced productivity 5% from baseline produc	More detail on the corr	esponding ra	ite build can be fou	ind by looking	at Exhibit 6: 'Mir	Health Rate Con	Development' fo	r the appropriat	e facility type, p	practitioner level, and productivity.
Data Description Partial Sector Partial Sector Partial Sector Partial Sector Partial Sector Number Namer Sector Simple Name					Units used for	Provider				
Pert Pert Spect StartNote: <t< th=""><th>Service</th><th></th><th>Facility Type</th><th></th><th></th><th>Schedule</th><th>Target Rate</th><th></th><th>Туре</th><th></th></t<>	Service		Facility Type			Schedule	Target Rate		Туре	
non-startingModel<	Parent Peer Support Group	H0038	Out of Clinic	Level 5	60 Minutes	\$ 16.14	\$ 23.45	45%		
network(mode)(mo	Parent Peer Support Individual	H0038	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Network<	Parent Peer Support Individual	H0038	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Name how show show show show show show show	Parent Peer Support Individual	H0038	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
hends <th< td=""><td>Parent Peer Support Individual</td><td>H0038</td><td>In Clinic</td><td>Level 5</td><td>15 Minutes</td><td>\$ 15.13</td><td>\$ 22.55</td><td>49%</td><td>Baseline</td><td></td></th<>	Parent Peer Support Individual	H0038	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
NameN	Parent Peer Support Individual	H0038	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Yank Postger functionalNortherNorther SequenceNorther	Parent Peer Support Individual	H0038	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%		
Thin Price Speet OnesNotaCol of CarlLundCol of CarlCol of CarlCol of CarlCol of CarlSolutionSolu	Youth Peer Support Group	H0038	In Clinic	Level 4	60 Minutes	\$ 17.71	\$ 22.20	25%	Group	
NameModel NoModel No </td <td>Youth Peer Support Group</td> <td>H0038</td> <td>Out of Clinic</td> <td>Level 4</td> <td>60 Minutes</td> <td>\$ 21.65</td> <td>\$ 26.64</td> <td>23%</td> <td>Group</td> <td></td>	Youth Peer Support Group	H0038	Out of Clinic	Level 4	60 Minutes	\$ 21.65	\$ 26.64	23%	Group	
Tools ProceedingsHallaAud CurLook 5Markade6Li111<	Youth Peer Support Group	H0038	In Clinic	Level 5	60 Minutes	\$ 13.20	\$ 19.54	48%	Group	
Non-Resigner fields Mailes	Youth Peer Support Group	H0038	Out of Clinic	Level 5	60 Minutes	\$ 16.14	\$ 23.45	45%		
Name	Youth Peer Support Individual	H0038	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Train Pres Support IndividualMG200In CluicLoad SI S HanakaSI S HanakaI S Hanak	Youth Peer Support Individual	H0038	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Trant here Support Individual Monta C Non al	Youth Peer Support Individual	H0038	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Nahl New Support IndividualNorderTechnologyNorder <td>Youth Peer Support Individual</td> <td>H0038</td> <td>In Clinic</td> <td>Level 5</td> <td>15 Minutes</td> <td>\$ 15.13</td> <td>\$ 22.55</td> <td>49%</td> <td>Baseline</td> <td></td>	Youth Peer Support Individual	H0038	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Day are suggent Paggam you y	Youth Peer Support Individual	H0038	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Ab Per Sugcont Program HODS In race Level 4 60 Minutes 5 17.7 5 2.20 25% Group Happing Ab Per Sugcont Program HODS In cline Level 4 60 Minutes 5 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64 3 1.64	Youth Peer Support Individual	H0038	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%		
AD Poer Support Program POIDS Out of Cinc Verd 5 60 Private 5 2 2.6.5 5 2.6.6 2.7.0 Program AD Peer Support Program POIDS Out of Cinc Verd 5 60 Private 5 1.2.0 2.2.0 2.2	AD Peer Support Program	H0038	In Clinic	Level 4	60 Minutes	\$ 17.71	\$ 22.20	25%	Group	
Ab Pare Support Program H030 In Clinic Level 5 69 Minutes 5 1.5.20 6.9.1 49.9.4 49.000 AD Peer Support Individual H0303 In Clinic Level 4 5 Minutes 6 30.2.7 2.4.4 Baseline - - 2.4.1 2.4.4 Baseline - - 3.5.2 2.5.4 2.5.4 2.4.4 Baseline - - 3.5.8 2.5.4 2.5.4 4.5.5.0 4	AD Peer Support Program	H0038	Out of Clinic	Level 4	60 Minutes	\$ 21.65	\$ 26.64	23%	Group	
Ab Pree Support Find/wale Notice Lee 4 15 Minutes 2 21.45 42.75 42.76	AD Peer Support Program	H0038	In Clinic	Level 5	60 Minutes	\$ 13.20	\$ 19.54	48%	Group	
A Ders Support Indivial Monta Kand Kand	AD Peer Support Program	H0038	Out of Clinic	Level 5	60 Minutes	\$ 16.14	\$ 23.45	45%		
Deer Support Individual MO28 Teshnactin Level S S Munces S D 20.00 S J. 25.01 D 20.00 Bearline AD Peer Support Individual MO28 Out of Clinic Level S I S Munces S 15.13 S 2.25.5 C49% Bearline AD Peer Support Individual MO28 Teshneeth Level S I S Munces S 3.5.13 S 2.25.5 C49% Bearline AD Peer Support Individual MO28 Teshneeth Level S I S Munces S 3.5.13 S 2.25.6 GFM ACT Individual is bundled and net teerd Assertive Community Treatment MO29 Ord Clinic Level S I S Munces S 3.6.26 S 5.0.70 SGM ACT Individual is bundled and net teerd Assertive Community Treatment MO29 To Clinic Level S I S Munces S 3.6.6 S 5.0.70 SGM ACT ACT Individual is bundled and net teerd Assertive Community Treatment MO29 To Clinic Level S I S Munces S 3.6.70 SGM ACT ACT Individual is bundled and net teerd Assertive Community Treatment MO29 To Clinic Level S	AD Peer Support Individual	H0038	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
AD Peer Support Individual H0030 O. Cur of Cinic Level 5 15 Minules 5 15.11 5 2.255 4494 Reseline AD Peer Support Individual H0030 O. cur of Cinic Level 5 15 Minules 5 15.11 5 2.255 4494 Reseline ACT Individual is bundled and next terror AD Peer Support Individual H0030 O. cur of Cinic Level 1 15 Minuse 5 2.46 5 50.70 5546 ACT ACT Individual is bundled and next terror Assertive Community Treatment H0030 O. cur of Cinic Level 1 15 Minuse 5 3.2.46 5 50.70 5546 ACT ACT Individual is bundled and next terror Assertive Community Treatment H0030 O. cur of Cinic Level 2 15 Minuse 5 3.2.46 5 50.70 5546 ACT ACT Individual is bundled and next terror Assertive Community Treatment H0030 Cur of Cinic Level 3 15 Minuse 5 3.2.46 5 50.70 5546 ACT ACT Individual is bundled and next terror <td>AD Peer Support Individual</td> <td>H0038</td> <td>Out of Clinic</td> <td>Level 4</td> <td>15 Minutes</td> <td>\$ 24.36</td> <td>\$ 30.27</td> <td>24%</td> <td>Baseline</td> <td></td>	AD Peer Support Individual	H0038	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
AD Peer Support Individual H0030 Out of Clinic Level 5 15 Mindes 5 16.10 5 26.85 4470 Issentive AD Peer Support Individual H0039 In Clinic Level 1 15 Mindes \$ 2.15.13 \$ 2.25.55 4496 Issentive Additional issentive Community Treatment H0039 In Clinic Level 1 15 Mindes \$ 3.24.6 \$ 5.07.0 ASSentive Community Treatment H0039 In Clinic Level 1 15 Mindes \$ 3.24.6 \$ 5.07.0 ASSentive Community Treatment H0039 In Clinic Level 2 15 Mindes \$ 3.24.6 \$ 5.07.0 ASSentive Community Treatment H0039 In Clinic Level 2 15 Mindes \$ 3.24.6 \$ 5.07.0 ASSentive Community Treatment H0039 In Clinic Level 3 15 Mindes \$ 3.24.6 \$ 5.07.0 ASSentive Community Treatment H0039 In Clinic Level 3 15 Mindes \$ 3.24.6 \$ 5.07.0 ASSentive Community Treatment H0039 In Clinic Level 3 15 Mindes \$ 3.24.	AD Peer Support Individual	H0038	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
AD Peer Support Individual House Tesheath Level 5 I S Murkes S 15.10 S 22.55 44%, Baeline Assertive Community Treatment H0039 In Clinic Level 1 15 Murkes S 32.46 S 50.70 56%, ACT ACT - Individual is bundled and not tiered Assertive Community Treatment H0039 Teleheath Level 1 15 Murkes S 32.46 S 50.70 56%, ACT ACT - Individual is bundled and not tiered Assertive Community Treatment H0039 Out of Clinic Level 2 15 Murkes S 32.46 S 50.70 56%, ACT ACT - Individual is bundled and not tiered Assertive Community Treatment H0039 Teleheath Level 2 15 Murkes S 32.46 S 50.70 56%, ACT ACT - Individual is bundled and not tiered Assertive Community Treatment H0039 Teleheath Level 2 15 Murkes S 32.46 S 50.70 56%, ACT ACT - Individual is bundled and not tiered Assertive Community Treatment H00	AD Peer Support Individual	H0038	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Assertive Community Treatment Hollow In Clinic Level 1 15 Minutes \$ 32.46 \$ 5.0.70 Softs ACT ACT. Individual is bundled and not tiered Assertive Community Treatment H0039 Teleheath Level 1 15 Minutes \$ 32.46 \$ 5.0.70 Softs ACT ACT. Individual is bundled and not tiered Assertive Community Treatment H0039 In Clinic Level 1 15 Minutes \$ 32.46 \$ 5.0.70 Softs ACT ACT. Individual is bundled and not tiered Assertive Community Treatment H0039 Teleheath Level 3 15 Minutes \$ 32.46 \$ 5.0.70 Softs ACT ACT. Individual is bundled and not tiered Assertive Community Treatment H0039 In Clinic Level 3 15 Minutes \$ 32.46 \$ 5.0.70 Softs ACT ACT. Individual is bundled and not tiered Assertive Community Treatment H0039 Out of Clinic Level 3 15 Minutes \$ 32.46 \$ 5.0.70 Softs ACT ACT. Individual is bundled and not tiered Assertive Community Treatment H0039 Out of Clinic Level 3 15 Minutes \$ 32.46 \$ 5.0.70	AD Peer Support Individual	H0038	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Assertive Community Treatment 4039 Out of Clinic Level 1 15 Mnutes \$ 3.2.46 \$ 5.0.70 5.64 ACT ACT Individual is bundled and not tiered Assertive Community Treatment 4039 Telebasth Level 2 15 Mnutes \$ 3.2.46 \$ 5.0.70 5.64 ACT Individual is bundled and not tiered Assertive Community Treatment 40039 Oct of Clinic Level 2 15 Mnutes \$ 3.2.46 \$ 5.0.70 5.64 ACT ACT Individual is bundled and not tiered Assertive Community Treatment 40039 To Clinic Level 3 15 Mnutes \$ 3.2.46 \$ 5.0.70 5.64 ACT ACT Individual is bundled and not tiered Assertive Community Treatment 40039 To Clinic Level 3 15 Mnutes \$ 3.2.46 \$ 5.0.70 5.64 ACT ACT Individual is bundled and not tiered Assertive Community Treatment 40039 To Clinic Level 4 15 Mnutes \$ 3.2.46 <td>AD Peer Support Individual</td> <td>H0038</td> <td>Telehealth</td> <td>Level 5</td> <td>15 Minutes</td> <td>\$ 15.13</td> <td>\$ 22.55</td> <td>49%</td> <td>Baseline</td> <td></td>	AD Peer Support Individual	H0038	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Assertive Community Treatment 9039 Telehealth Level 1 15 Minutes \$ 3.24.6 \$ 5.0.7 5.66 ACT ACT- Individual is bundled and not liered Assertive Community Treatment 4039 0.01 of Clinic Level 2 15 Minutes \$ 3.24.6 \$ 50.70 55.66 ACT ACT- Individual is bundled and not liered Assertive Community Treatment 4039 Telehealth Level 3 15 Minutes \$ 3.24.6 \$ 50.70 55.66 ACT ACT- Individual is bundled and not liered Assertive Community Treatment 4039 Out of Clinic Level 3 15 Minutes \$ 3.24.6 \$ 50.70 55.66 ACT ACT- Individual is bundled and not liered Assertive Community Treatment 4039 Telehealth Level 3 15 Minutes \$ 3.24.6 \$ 50.70 55.66 ACT ACT- Individual is bundled and not liered Assertive Community Treatment 4039 Out of Clinic Level 4 15 Minutes \$ 3.24.6 \$ 50.70 55.66 ACT ACT- Individual is bundled and not liered Assertive Community Treatment 4039 Out of Clinic Level 4 15 Minutes \$ 3.24.6 \$ 50.70 55.66 ACT ACT- Individual is bundled and not liered Assertive Community Treatment 4039 Out	Assertive Community Treatment	H0039	In Clinic	Level 1	15 Minutes	\$ 32.46	\$ 50.70	56%	ACT	ACT- Individual is bundled and not tiered
Assertive Community Treatment Mo39 In Clinic Level 2 15 Minutes \$ 3.2.4 \$ 5.0.70 5.0% ACT ACT - Individual is bundled and not tiered Assertive Community Treatment M039 Out of Clinic Level 2 15 Minutes \$ 3.2.4 \$ 5.0.70 5.0% ACT ACT - Individual is bundled and not tiered Assertive Community Treatment M039 Out of Clinic Level 3 15 Minutes \$ 3.2.46 \$ 5.0.70 5.0% ACT ACT - Individual is bundled and not tiered Assertive Community Treatment M039 Out of Clinic Level 3 15 Minutes \$ 3.2.46 \$ 5.0.70 5.0% ACT ACT - Individual is bundled and not tiered Assertive Community Treatment M039 Out of Clinic Level 4 15 Minutes \$ 3.2.46 \$ 5.0.70 5.6% ACT ACT - Individual is bundled and not tiered Assertive Community Treatment M039 Out of Clinic Level 4 15 Minutes \$ 3.2.46 \$ 5.0.70 5.6% ACT ACT - Individual is bundled and not tiered Assertive Community Treatment M039 Out of Clinic Level 4 15 Minutes \$ 3.2.46 \$ 5.0.70 5.6% ACT ACT - Individual is bundled and not tiered Assertive Community Treatment - Group M03	Assertive Community Treatment	H0039	Out of Clinic	Level 1	15 Minutes	\$ 32.46	\$ 50.70	56%	ACT	ACT- Individual is bundled and not tiered
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Community Support Team H0039 In Clinic Level 5 15 Minutes \$ 15.13 \$ 24.42 61% Group requirements.	Community Support Team	H0039	In Clinic	Level 5	15 Minutes	\$ 15.12	\$ 24.42	61%		from 2008 assumptions due to increased teaming

More detail on the corro	esponding ra	ite build can be fou unit rate can be fo	ind by looking	at Exhibit 6: 'Mir	Health Rate Cor oute-Based Rate	Development' for	r the appropriat	e facility type, p	practitioner level, and productivity.
	Procedure		Practitioner	Units used for	Provider Manual Fee		Percent	Productivity	
Service	Code	Facility Type	Level	Rate Development	Schedule	Target Rate	Change	Туре	Notes
									Reduced productivity 5% from baseline productivity from 2008 assumptions due to increased teaming
Community Support Team	H0039	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 29.31	61%	Group	requirements. Reduced productivity 5% from baseline productivity
Community Support Team	H0039	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 24.42	61%	Programmatic/ Group	requirements.
Medication Administration - Comprehensive Medication Services	H2010	In Clinic	Level 2	15 Minutes	\$ 33.40	\$ 45.98	38%	Medication Administration	
Medication Administration - Comprehensive Medication Services	H2010	Out of Clinic	Level 2	15 Minutes	\$ 42.51	\$ 57.47	35%	Medication Administration	
Medication Administration - Comprehensive Medication Services	H2010	In Clinic	Level 3	15 Minutes	\$ 25.39	\$ 31.07	22%	Medication Administration	This is an encounter-based code that is priced assuming a 15 minute unit.
Medication Administration - Comprehensive Medication Services	H2010	Out of Clinic	Level 3	15 Minutes	\$ 33.01		20%	Medication Administration	This is an encounter-based code that is priced assuming a 15 minute unit.
Medication Administration - Comprehensive Medication Services	H2010	In Clinic	Level 4	15 Minutes	\$ 17.40	\$ 22.20		Medication Administration	This is an encounter-based code that is priced
Medication Administration -								Medication Administration	This is an encounter-based code that is priced
Comprehensive Medication Services Medication Administration -	H2010	Out of Clinic	Level 4	15 Minutes	\$ 22.14			Medication	This is an encounter-based code that is priced
Comprehensive Medication Services	H2010	In Clinic	Level 5	15 Minutes	\$ 12.97	\$ 19.54			assuming a 15 minute unit.
Crisis Intervention	H2011	In Clinic	Level 1	15 Minutes	\$ 58.21	\$ 73.96		Baseline	
Crisis Intervention	H2011	Out of Clinic	Level 1	15 Minutes	\$ 74.09	\$ 86.28	16%	Baseline	
Crisis Intervention	H2011	Telehealth	Level 1	15 Minutes	\$ 58.21	\$ 73.96	27%	Baseline	
Crisis Intervention	H2011	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Crisis Intervention	H2011	Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71	34%	Baseline	
Crisis Intervention	H2011	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Crisis Intervention	H2011	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Crisis Intervention	H2011	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
Crisis Intervention	H2011	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Crisis Intervention	H2011	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Crisis Intervention	H2011	Out of Clinic	Level 4	15 Minutes		\$ 30.27		Baseline	
Crisis Intervention	H2011	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61		Baseline	
Crisis Intervention	H2011	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55		Baseline	
Crisis Intervention	H2011	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65		Baseline	
Crisis Intervention Famiy Outpatient Services (Training - w/o	H2011	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Client) Famiy Outpatient Services (Training - w/o	H2014	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Client) Famiy Outpatient Services (Training - w/o	H2014	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Client) Famiy Outpatient Services (Training - w/o	H2014	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Client) Famiy Outpatient Services (Training - w/o	H2014	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Client) Famiy Outpatient Services (Training - w/o	H2014	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Client) Famiy Outpatient Services (Training - w/	H2014	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Client)	H2014	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Famiy Outpatient Services (Training - w/ Client)	H2014	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Famiy Outpatient Services (Training - w/ Client)	H2014	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Famiy Outpatient Services (Training - w/ Client)	H2014	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Famiy Outpatient Services (Training - w/ Client)	H2014	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Famiy Outpatient Services (Training - w/ Client)	H2014	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55		Baseline	
Group Outpatient (Training)	H2014	In Clinic	Level 4	15 Minutes	\$ 4.43	\$ 5.55		Programmatic/ Group	
								Programmatic/	
Group Outpatient (Training)	H2014	Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66		Group Programmatic/	
Group Outpatient (Training)	H2014	In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88		Group Programmatic/	
Group Outpatient (Training) Group Outpatient (Training - w/out Client	H2014	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86		Group Programmatic/	
Present) Group Outpatient (Training - w/out Client	H2014	In Clinic	Level 4	15 Minutes	\$ 4.43	\$ 5.55	25%	Group Programmatic/	
Present) Group Outpatient (Training - w/out Client	H2014	Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66	23%	Group Programmatic/	
Present) Group Outpatient (Training - w/out Client	H2014	In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88	48%	Group Programmatic/	
Present) Group Outpatient (Training - w/ Client	H2014	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86	45%	Group Programmatic/	
Present) Group Outpatient (Training - w/ Client	H2014	In Clinic	Level 4	15 Minutes	\$ 4.43	\$ 5.55	25%	Group Programmatic/	
Present)	H2014	Out of Clinic	Level 4	15 Minutes	\$ 5.41	\$ 6.66	23%	Group	
Group Outpatient (Training - w/ Client Present)	H2014	In Clinic	Level 5	15 Minutes	\$ 3.30	\$ 4.88	48%	Programmatic/ Group	
Group Outpatient (Training - w/ Client Present)	H2014	Out of Clinic	Level 5	15 Minutes	\$ 4.03	\$ 5.86	45%	Programmatic/ Group	
Addictive Diseases Support Services	H2015	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Addictive Diseases Support Services	H2015	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Addictive Diseases Support Services	H2015	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61		Baseline	
Addictive Diseases Support Services	H2015	In Clinic	Level 5	15 Minutes	\$ 15.13			Baseline	
								Baseline	
Addictive Diseases Support Services	H2015	Out of Clinic	Level 5	15 Minutes	\$ 18.15				
Addictive Diseases Support Services	H2015	Telehealth	Level 5	15 Minutes	\$ 15.13			Baseline	
Community Support	H2015	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Community Support	H2015	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Community Support	H2015	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	

				at Exhibit 6: 'Min	ate by the number	Development' for			vractitioner level, and productivity.
Service	Procedure Code	Facility Type	Practitioner Level	Units used for Rate Development	Provider Manual Fee Schedule Rate	Target Rate	Percent Change	Productivity Type	Notes
Community Support	H2015	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Community Support	H2015	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Community Support	H2015	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Addictive Diseases Support Services - Collateral Contact	H2015	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Addictive Diseases Support Services - Collateral Contact	H2015	Out of Clinic						Baseline	
Addictive Diseases Support Services -			Level 4	15 Minutes					
Collateral Contact Addictive Diseases Support Services -	H2015	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Collateral Contact	H2015	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Psychosocial Rehabilitation (Individual)	H2017	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Psychosocial Rehabilitation (Individual)	H2017	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Psychosocial Rehabilitation (Individual)	H2017	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Psychosocial Rehabilitation (Individual)	H2017	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55		Baseline	
Psychosocial Rehabilitation (Individual)	H2017	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Psychosocial Rehabilitation (Individual)	H2017	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline Programmatic/	
Psychosocial Rehabilitation Program	H2017	In Clinic	Level 4	60 Minutes	\$ 17.71	\$ 22.20	25%	Group	
Psychosocial Rehabilitation Program	H2017	Out of Clinic	Level 4	60 Minutes	\$ 21.64	\$ 26.64	23%	Programmatic/ Group	
Psychosocial Rehabilitation Program	H2017			60 Minutes				Programmatic/ Group	
		In Clinic	Level 5		\$ 13.20			Programmatic/	
Psychosocial Rehabilitation Program	H2017	Out of Clinic	Level 5	60 Minutes	\$ 16.12	\$ 23.45	45%	Group	
Task-Oriented Rehabilitation Services	H2025	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Task-Oriented Rehabilitation Services	H2025	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Task-Oriented Rehabilitation Services	H2025	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Fools Oriented Dehabilitation Convises									
Task-Oriented Rehabilitation Services Nursing Assessment & Health Services-	H2025	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65		Baseline	
Nursing Assessment/Evaluation Nursing Assessment & Health Services-	T1001	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Nursing Assessment/Evaluation Nursing Assessment & Health Services-	T1001	Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71	34%	Baseline	
Nursing Assessment/Evaluation	T1001	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
Nursing Assessment & Health Services- Nursing Assessment/Evaluation	T1001	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Nursing Assessment & Health Services- Nursing Assessment/Evaluation	T1001	Out of Clinic	Level 3	15 Minutes			1094	Baseline	
Nursing Assessment & Health Services-		Out of Chine	Lever 5						
Nursing Assessment/Evaluation Nursing Assessment & Health Services-	T1001	Telehealth	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Nursing Assessment/Evaluation Nursing Assessment & Health Services-	T1001	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Nursing Assessment/Evaluation	T1001	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Nursing Assessment & Health Services- Nursing Assessment/Evaluation	T1001	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Nursing Assessment & Health Services- RN Services	T1002	In Clinic	Level 2	15 Minutes	\$ 38.97	\$ 53.06	260/-	Baseline	
Nursing Assessment & Health Services-									
RN Services Nursing Assessment & Health Services-	T1002	Out of Clinic	Level 2	15 Minutes	\$ 46.76	\$ 62.71	34%	Baseline	
RN Services Nursing Assessment & Health Services-	T1002	Telehealth	Level 2	15 Minutes	\$ 38.97	\$ 53.06	36%	Baseline	
RN Services	T1002	In Clinic	Level 3	15 Minutes	\$ 30.01	\$ 36.24	21%	Baseline	
Nursing Assessment & Health Services- RN Services	T1002	Out of Clinic	Level 3	15 Minutes	\$ 36.68	\$ 43.49	19%	Baseline	
Nursing Assessment & Health Services- RN Services	T1002	Telehealth	Level 3	15 Minutes	\$ 30.01			Baseline	
Nursing Assessment & Health Services-									
_PN Services Nursing Assessment & Health Services-	T1003	In Clinic	Level 4	15 Minutes	\$ 20.30			Baseline	
PN Services Nursing Assessment & Health Services-	T1003	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
LPN Services	T1003	Telehealth	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Case Management	T1016	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Case Management	T1016	Out of Clinic	Level 4	15 Minutes	\$ 24.36	\$ 30.27	24%	Baseline	
Case Management	T1016	Telehealth	Level 4	15 Minutes	\$ 20.30			Baseline	
Case Management	T1016	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
Case Management	T1016	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	
Case Management	T1016	Telehealth	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
intensive Case Management	T1016	In Clinic	Level 4	15 Minutes	\$ 20.30	\$ 25.61	26%	Baseline	
Intensive Case Management								Baseline	
	T1016	Out of Clinic	Level 4	15 Minutes	\$ 24.36				
ntensive Case Management	T1016	In Clinic	Level 5	15 Minutes	\$ 15.13	\$ 22.55	49%	Baseline	
ntensive Case Management	T1016	Out of Clinic	Level 5	15 Minutes	\$ 18.15	\$ 26.65	47%	Baseline	Rate build up is based on the methodology detailed
Crisis Stabilization Unit	H0018	N/A	N/A	Daily Rate	\$ 209.22	\$ 884.44	323%	N/A	in the Exhibit 9: CSU Rate Development.
Intensive Customized Care Coordination	H2022	N/A	N/A	Monthly Rate	\$ 916.00	\$ 1,249.60	36%	N/A	Rate build up based on the methodology detailed in the Exhibit 8: IC3 Rate Development. Note that the provider manual does not have a fee associated with this procedure code.

GA CBHRS Services Exhibit 2: BLS Wage Mapping

					BLS May	2021 Annual	Salaries ¹	
Level	BLS Code	BLS Occupation Title	Weighting⁴	25 th Percentile	50 th Percentile	75 th Percentile	90 th Percentile	Mean
	29-1223	Psychiatrists ³	80%	\$86,630	\$132,060	#	#	\$170,220
	29-1215	Family Medicine Physicians ³	10%	\$146,450	#	#	#	\$220,070
Level 1 ²	29-1216	General Internal Medicine Physicians ³	10%	\$62,260	#	#	#	\$223,830
				\$90,175	\$170,033	\$204,356	\$251,505	\$180,566
	19-3033	Clinical and Counseling Psychologists	15%	\$37,320	\$62,460	\$81,620	\$149,070	\$73,350
1	29-1071	Physician Assistants	10%	\$75,970	\$101,040	\$135,120	\$163,350	\$108,290
Level 2	29-1171	Nurse Practitioners	75%	\$96,600	\$101,690	\$121,070	\$141,880	\$109,560
				\$85,645	\$95,741	\$116,558	\$145,106	\$104,002
	21-1013	Marriage and Family Therapists	67%	\$36,910	\$46,910	\$58,910	\$61,710	\$48,280
Level 3	29-1141	Registered Nurses	33%	\$61,140	\$75,040	\$81,210	\$98,410	\$75,380
				\$44,987	\$56,287	\$66,343	\$73,943	\$57,313
	21-1023	Mental Health and Substance Abuse Social Workers	33%	\$33,900	\$39,010	\$49,980	\$78,280	\$46,720
	29-2061	Licensed Practical and Licensed Vocational Nurses	33%	\$40,210	\$46,910	\$50,970	\$59,470	\$47,370
Level 4	21-1018	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	33%	\$36,910	\$44,080	\$49,590	\$63,310	\$45,740
				\$36,637	\$42,900	\$49,678	\$66,350	\$46,144
Level 5	21-1093	Social and Human Service Assistants	100%	\$23,930	\$29,580	\$37,110	\$45,850	\$31,660
Level 5				\$23,930	\$29,580	\$37,110	\$45,850	\$31,660
Pharmacists	29-1051	Pharmacists	100%	\$104,330	\$128,020	\$131,560	\$160,990	\$119,660
Plidillideises				\$104,330	\$128,020	\$131,560	\$160,990	\$119,660
Health Service	11-9111	Medical and Health Services Managers	100%	\$72,910	\$98,320	\$127,810	\$190,060	\$109,840
Managers				\$72,910	\$98,320	\$127,810	\$190,060	\$109,840
Administrative	43-9199	Office and Administrative Support Workers, All Other	100%	\$28,650	\$37,080	\$46,960	\$61,400	\$39,580
Support				\$28,650	\$37,080	\$46,960	\$61,400	\$39,580
Security County	33-9032	Security Guards	100%	\$23,260	\$29,330	\$36,620	\$51,310	\$32,270
Security Guards				\$23,260	\$29,330	\$36,620	\$51,310	\$32,270
Transporters	53-3011	Ambulance Drivers and Attendants, Except Emergency Medical Technicians	100%	\$29,520	\$46,600	\$46,950	\$46,950	\$39,350
				\$29,520	\$46,600	\$46,950	\$46,950	\$39,350

Notes:

1. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics, on the Internet at https://www.bls.gov/oes/current/oessrcst.htm But and or Labor Statistics, 0.5. Department of Labor, Occupational Employment Statistics, on the Internet at https://www.bis.gov/des/current/dessit (visited November 2022).
 A 50th, 75th, and 90th Percentile BLS salary was not available for Level 1. The estimated value was calculated by calculating the ratio the respective percentiles to mean across for practitioner levels 2-5 and applying the average ratio to the Level 1 mean to arrive at an interpolated value.
 BLS Data was not available for BLS Occupation Codes 29-1223, 29-1215, 29-1216 for certain percentiles.

4. Occupations' salaries were weighted using data from CBHRS Provider cost reports related to the reported number of full time employees in each practitioner level.

Note: The salaries used in rate development are bolded in the table above.

GA CBHRS Services Exhibit 3: Wage Trend

	Wage Trend	
Date Range	Wage Trend	Months
2021-2022	1.30%	7
2022-2023	5.90%	12
2023-2024	8.70%	12
Total Wage Trend	15.98%	31

Notes:

1. Wage trend is based on the Social Security Cost-of-Living Adjustments. Cost-Of-Living Adjustments. SSA.gov. Retrieved December 2022,

from https://www.ssa.gov/oact/cola/colaseries.html

GA CBHRS Services Exhibit 4: Employee Related Expenses

		-	Employee	Related Expense	Assumptions				
				Industry Benchm	arks				
Level	Salary (BLS 21 Trended to 2023)	Mandatory Benefits ^{1,2,3}	Insurance - Health ⁴	Insurance - Workers Compensation ⁵	Insurance - Other ^{6,7}	Retirement ⁸	Total ⁹	Provider Reported Median ERE ¹⁰	Rate Assumption ¹¹
1	\$ 237,012	7.78%	2.90%	3.59%	0.40%	7.50%	22.17%	32%	30.00%
2	\$ 135,184	7.87%	5.09%	3.59%	0.40%	7.50%	24.45%	37%	33.00%
3	\$ 76,945	8.04%	8.95%	3.59%	0.40%	7.50%	28.48%	39%	36.00%
4	\$ 53,518	8.21%	12.86%	3.59%	0.40%	7.50%	32.56%	41%	39.00%
5	\$ 43,040	8.34%	16.00%	3.59%	0.40%	7.50%	35.83%	40%	42.00%

1. Mandatory benefits include Federal Insurance Contribution Act (FICA). Benchmark assumption comes from SSA:

https://www.ssa.gov/OACT/ProgData/taxRates.html

2. Mandatory benefits include Federal Unemployment Tax. Benchmark assumption comes from https://www.irs.gov/instructions/i940

3. Mandatory benefits include State Unemployment Tax. Benchmark assumption comes from: https://dol.georgia.gov/learn-about-unemployment-taxes-and-benefits

4. Health insurance assumption comes from BLS healthcare costs for healthcare employees: https://www.bls.gov/news.release/pdf/ecec.pdf

- 5. Worker's compensation benchmark assumption comes from an average of silver, bronze, gold, and platinum plans from: https://classcodes.net/workers-compensation-rates-by-state/
- 6. Life insurance benchmark assumption comes from BLS:
 - https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf
- 7. Disability insurance benchmark assumption comes from:
 - https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf
- 8. Retirement Benchmark assumption comes from: https://www.ers.ga.gov/post/gdcp-handbook
- 9. Industry standard assumptions are calculated by summing each of the assumptions outlined in notes 1-8.
- 10. Based on cost report responses from CBHRS providers.
- 11. The following assumptions were used to develop target rates.

Paid Time	Off Assumption	า
Item	Time (Days)	Proportion of Billable Time (Based on 2080 Hours)
Paid Time Off ¹	16	6.15%
Holidays	14	5.38%
Total Time Adjustment	30	11.54%

1. Paid Time Off includes vacation time and sick time

		Productivit	у				Pr	oductivity after	PTO Adjustmen	t1		
	Level 1	Level 2	Level 3	Level 4	Level 5		Level 1	Level 2	Level 3	Level 4	Level 5	
		Baseline				Baseline						
In Clinic ²	70.00%	65.00%	60.00%	65.00%	65.00%	In Clinic	61.92%	57.50%	53.08%	57.50%	57.50%	
Out of Clinic ³	60.00%	55.00%	50.00%	55.00%	55.00%	Out of Clinic	53.08%	48.65%	44.23%	48.65%	48.65%	
Telehealth ⁴	70.00%	65.00%	60.00%	65.00%	65.00%	Telehealth	61.92%	57.50%	53.08%	57.50%	57.50%	
High Fidelity/Programmatic Services/Group Services ⁵							High Fide	lity/Programmati	c Services/Group	Services		
In Clinic	65.00%	60.00%	55.00%	60.00%	60.00%	In Clinic	57.50%	53.08%	48.65%	53.08%	53.08%	
Out of Clinic	55.00%	50.00%	45.00%	50.00%	50.00%	Out of Clinic	48.65%	44.23%	39.81%	44.23%	44.23%	
Telehealth	65.00%	60.00%	55.00%	60.00%	60.00%	Telehealth	57.50%	53.08%	48.65%	53.08%	53.08%	
	Medication /	Administration &	Opioid Treatment ⁶			Medication Administration & Opioid Treatment						
In Clinic	80.00%	75.00%	70.00%	75.00%	75.00%	In Clinic	70.77%	66.35%	61.92%	66.35%	66.35%	
Out of Clinic	65.00%	60.00%	55.00%	60.00%	60.00%	Out of Clinic	57.50%	53.08%	48.65%	53.08%	53.08%	
Telehealth	80.00%	75.00%	70.00%	75.00%	75.00%	Telehealth	70.77%	66.35%	61.92%	66.35%	66.35%	
		ACT Productivi	ty ⁷					ACT Proc	luctivity			
In Clinic	60.00%	55.00%	50.00%	55.00%	55.00%	In Clinic	53.08%	48.65%	44.23%	48.65%	48.65%	
Out of Clinic	50.00%	45.00%	40.00%	45.00%	45.00%	Out of Clinic	44.23%	39.81%	35.38%	39.81%	39.81%	
Telehealth	60.00%	55.00%	50.00%	55.00%	55.00%	Telehealth	53.08%	48.65%	44.23%	48.65%	48.65%	

1. The number of paid time off hours lowers the productivity rate for practitioners. This is calculated by the corresponding productivity multiplied by (1 minus Total Time Adjustment).

2. For baseline productivity, In Clinic productivity is at 65% for levels 2, 3 and 5. Level 1 has +5% adjustment to account for increased efficiency and Level 3 has a -5% adjustment to account for supervision time.

3. For baseline productivity, Out of Clinic productivity is 10% less than In Clinic productivity to account for travel time.

4. Telehealth productivity is set to equal In Clinic productivity.

5. Services categorized as Programmatic or Group based received a 5% reduction from the baseline productivity for both In Clinic and Out of Clinic service delivery to account for increased teaming and non-billable activities.

6. Services categorized as Medication Administration or Opioid Treatment received a 10% increase from the baseline for In Clinic and 5% increase for Out of Clinic productivity to reflect increased efficiency for these services.

7. Assertive Community Treatment received a 10% reduction from the baseline productivity for both In Clinic and Out of Clinic service delivery to account for significant requirements in teaming and non-billable activities.

Level 1 - In Clinic and Telehealth, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
-		2021 BLS Annual Salary ¹	\$	204,356	А
Related		Annual Trend (May 2021 to May 2023) ²		15.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	237,012	$C = A^{*}(1+B)$
9 2	Worker	2023 Hourly Wage	\$	113.95	D = C / 2080
					_
olo nse		Employee Related Expenses as a Percent of Salary ³		30.00%	E
l Employe Expenses		Total ERE Cost per Hour	\$	34.19	F = D * E
and Employe Expenses		Total Direct Care Worker Hourly Compensation	\$	148.14	G = D + F
an		Program & Program Support			
Salary	Supervision	Supervision & Personnel Program Support Percent		6.48%	Н
ala	and Program			0.46%	п
S	Support ⁵	Total Supervision & Personnel Program Support Cost	\$	9.60	I = (G * H)
		Total Salary And ERE	\$	157.74	J = I + G
			-		
		Productivity Factor with PTO Adjustment	(61.92%	К
	Productivity	Total Salary And ERE	\$	157.74	J
		Total Hourly Compensation after Productivity	\$	254.75	L = J / K
	Program	Other Program Costs Factor		8.00%	Μ
	Costs ⁵	Program Cost Expense per Hour of Wage	\$	20.38	N = L * M
		Administrative Cost Factor		7.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	20.71	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	295.84	O = L + N + P

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- 5. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 2 - In Clinic and Telehealth, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
-		2021 BLS Annual Salary ¹	\$	116,558	Α
Related		Annual Trend (May 2021 to May 2023) ²		15.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	135,184	$C = A^*(1+B)$
e R	Worker	2023 Hourly Wage	\$	64.99	D = C / 2080
					_
olo nse		Employee Related Expenses as a Percent of Salary ³	_	33.00%	E
l Employe Expenses		Total ERE Cost per Hour	\$	21.45	F = D * E
and Employe Expenses		Total Direct Care Worker Hourly Compensation	\$	86.44	G = D + F
ano		Program & Program Support			
Salary	Supervision	Supervision & Personnel Program Support Percent		11.11%	Н
ala	and Program			11.1170	П
S	Support ⁵	Total Supervision & Personnel Program Support Cost	\$	9.60	I = (G * H)
		Total Salary And ERE	\$	96.04	J = I + G
			1		
		Productivity Factor with PTO Adjustment		57.50%	К
	Productivity	Total Salary And ERE	\$	96.04	J
		Total Hourly Compensation after Productivity	\$	167.03	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs ⁵	Program Cost Expense per Hour of Wage	\$	13.36	N = L * M
		Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	31.83	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	212.22	O = L + N + P

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 3 - In Clinic and Telehealth, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
_		2021 BLS Annual Salary ¹	\$	66,343	A
Related		Annual Trend (May 2021 to May 2023) ²		15.98%	В
ela		2023 Trended Annual Salary	\$	76,945	$C = A^*(1+B)$
	Direct Care Worker	2023 Hourly Wage	\$	36.99	D = C / 2080
s s	worker		Ŧ	50.75	
l Employe Expenses		Employee Related Expenses as a Percent of Salary ³	36.00%		E
dr Ja		Total ERE Cost per Hour	\$	13.32	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	50.31	G = D + F
and Employee Expenses					
ž		Program & Program Support			
Salary	Supervision and Program	Supervision & Personnel Program Support Percent		20.37%	Н
Š	Support ⁵	Total Supervision & Personnel Program Support Cost	\$	10.25	I = (G * H)
	Support	Total Salary And ERE	\$	60.56	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
			Ŧ	00100	9-110
		Productivity Factor with PTO Adjustment	Į	53.08%	К
	Productivity	Total Salary And ERE	\$	60.56	J
		Total Hourly Compensation after Productivity	\$	114.09	L = J / K
	Program	Other Program Costs Factor		8.00%	M
	Costs ⁵	Program Cost Expense per Hour of Wage	\$	9.13	N = L * M
		Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	21.74	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	144.96	O = L + N + P

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- 5. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 4 - In Clinic and Telehealth, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
8		2021 BLS Annual Salary ¹	\$	46,144	A
Related		Annual Trend (May 2021 to May 2023) ²		15.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	53,518	$C = A^{*}(1+B)$
ð	Worker	2023 Hourly Wage	\$	25.73	D = C / 2080
and Employe Expenses		Employee Related Expenses as a Percent of Salary ³		39.00%	E
en g		Total ERE Cost per Hour	\$	10.03	F = D * E
l Employe Expenses		Total Direct Care Worker Hourly Compensation	\$	35.76	G = D + F
and		Program & Program Support			
Salary	Supervision and Program Support⁵	Supervision & Personnel Program Support Percent		29.63%	Н
Sa		Total Supervision & Personnel Program Support Cost	\$	10.60	I = (G * H)
		Total Salary And ERE	\$	46.36	J = I + G
		Productivity Factor with PTO Adjustment	5	7.50%	К
	Productivity	Total Salary And ERE	\$	46.36]
		Total Hourly Compensation after Productivity	\$	80.63	L = J / K
	Due sue un	Other Program Costs Factor		8.00%	Μ
	Program Costs ⁵	Program Cost Expense per Hour of Wage	\$	6.45	N = L * M
			Ŧ	0110	
	Administrative	Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	15.37	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	102.45	Q = L + N + P

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 5 - In Clinic and Telehealth, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
		2021 BLS Annual Salary ¹	\$	37,110	A
Related				15.98%	B
lat		Annual Trend (May 2021 to May 2023) ²			-
Re	Direct Care	2023 Trended Annual Salary	\$	43,040	$C = A^*(1+B)$
e	Worker	2023 Hourly Wage	\$	20.69	D = C / 2080
i Employe Expenses		Employee Related Expenses as a Percent of Salary ³	4	42.00%	E
en n		Total ERE Cost per Hour	\$	8.69	F = D * E
and Employee Expenses		Total Direct Care Worker Hourly Compensation	\$	29.38	G = D + F
		Program & Program Support			
Salary	Supervision	Supervision & Personnel Program Support Percent	3	38.89%	Н
al	and Program				
0)	Support⁵	Total Supervision & Personnel Program Support Cost	\$	11.43	I = (G * H)
		Total Salary And ERE	\$	40.81	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
		Productivity Factor with PTO Adjustment	5	57.50%	К
	Productivity				
	Productivity	Total Salary And ERE	\$	40.81	J
		Total Hourly Compensation after Productivity	\$	70.97	L = J / K
	Program	Other Program Costs Factor		8.00%	Μ
	Costs ⁵	Program Cost Expense per Hour of Wage	\$	5.68	N = L * M
	Administrative	Administrative Cost Factor	1	15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	13.53	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	90.18	$\mathbf{Q} = \mathbf{L} + \mathbf{N} + \mathbf{P}$

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- 5. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 1 - Out of Clinic, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
σ		2021 BLS Annual Salary ¹	\$	204,356	A
Related		Annual Trend (May 2021 to May 2023) ²		15.98%	В
e	Direct Care	2023 Trended Annual Salary	\$	237,012	$C = A^{*}(1+B)$
9 22	Worker	2023 Hourly Wage	\$	113.95	D = C / 2080
A 1		Employee Deleted Evenence on a Devent of Colory ³	1	30.00%	E
pld sus		Employee Related Expenses as a Percent of Salary ³	\$	34.19	F = D * E
l Employe Expenses		Total ERE Cost per Hour	· ·	148.14	$\mathbf{F} = \mathbf{D} \cdot \mathbf{E}$ $\mathbf{G} = \mathbf{D} + \mathbf{F}$
Ξŵ		Total Direct Care Worker Hourly Compensation	\$	148.14	G = D + F
/ ar		Program & Program Support			
Salary	Supervision	Supervision & Personnel Program Support Percent		6.48%	Н
Sal	and Program		1.		
•.	Support⁵	Total Supervision & Personnel Program Support Cost	\$	9.60	I = (G * H)
		Total Salary And ERE	\$	157.74	J = I + G
		Productivity Factor with PTO Adjustment		53.08%	К
	Productivity				
	Productivity	Total Salary And ERE	\$	157.74]
		Total Hourly Compensation after Productivity	\$	297.17	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs⁵	Program Cost Expense per Hour of Wage	\$	23.77	N = L * M
	Administrative	Administrative Cost Factor		7.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	24.16	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	345.10	$\mathbf{Q} = \mathbf{L} + \mathbf{N} + \mathbf{P}$

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 2 - Out of Clinic, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
5		2021 BLS Annual Salary ¹	\$	116,558	A
Kelated		Annual Trend (May 2021 to May 2023) ²		15.98%	В
	Direct Care	2023 Trended Annual Salary	\$	135,184	$C = A^{*}(1+B)$
.	Worker	2023 Hourly Wage	\$	64.99	D = C / 2080
and Employe Expenses		Employee Related Expenses as a Percent of Salary ³		33.00%	E
en n		Total ERE Cost per Hour	\$	21.45	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	86.44	G = D + F
			1		
Ž		Program & Program Support	_	11.110/	
Salary		Supervision & Personnel Program Support Percent		11.11%	Н
ň		Total Supervision & Personnel Program Support Cost	\$	9.60	I = (G * H)
		Total Salary And ERE	\$	96.04	J = I + G
			1	10.470	
		Productivity Factor with PTO Adjustment		48.65%	К
	Productivity	Total Salary And ERE	\$	96.04	J
		Total Hourly Compensation after Productivity	\$	197.41	L = J / K
	_			0.00%	
	Program	Other Program Costs Factor		8.00%	M
	Costs⁵	Program Cost Expense per Hour of Wage	\$	15.79	N = L * M
	Administrative	Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	37.62	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	250.82	O = L + N + P

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 3 - Out of Clinic, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
τ		2021 BLS Annual Salary ¹	\$	66,343	A
Related		Annual Trend (May 2021 to May 2023) ²		15.98%	В
e	Direct Care	2023 Trended Annual Salary	\$	76,945	$C = A^{*}(1+B)$
	Worker	2023 Hourly Wage	\$	36.99	D = C / 2080
Employee Expenses		Employee Related Expenses as a Percent of Salary ³		36.00%	E
en al		Total ERE Cost per Hour	\$	13.32	F = D * E
l Employe Expenses		Total Direct Care Worker Hourly Compensation	\$	50.31	G = D + F
and			1		
2	Supervision	Program & Program Support		20.37%	
Salary	Supervision and Program Support ⁵	Supervision & Personnel Program Support Percent		20.37%	Н
ŝ		Total Supervision & Personnel Program Support Cost	\$	10.25	I = (G * H)
		Total Salary And ERE	\$	60.56	J = I + G
		Due due tivite. De eter with DTO Adjuster ant	· ·	44.23%	
		Productivity Factor with PTO Adjustment		+4.23%	К
	Productivity	Total Salary And ERE	\$	60.56	J
		Total Hourly Compensation after Productivity	\$	136.92	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs ⁵	Program Cost Expense per Hour of Wage	\$	10.95	N = L * M
		Administrative Cost Factor		15.00%	0
	Costs ⁶				-
	COSTS	Administrative Expense Per Hour of Wage	\$	26.09	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	173.96	Q = L + N + P

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 4 - Out of Clinic, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
		2021 BLS Annual Salary ¹	\$	46,144	A
Kelated		Annual Trend (May 2021 to May 2023) ²		15.98%	В
e	Direct Care	2023 Trended Annual Salary	\$	53,518	$C = A^{*}(1+B)$
e e	Worker	2023 Hourly Wage	\$	25.73	D = C / 2080
and Employe Expenses		Employee Related Expenses as a Percent of Salary ³		39.00%	E
ne		Total ERE Cost per Hour	\$	10.03	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	35.76	G = D + F
anc			1		
2	Currentiaien	Program & Program Support		20.620/	
salary	Supervision and Program Support ⁵	Supervision & Personnel Program Support Percent		29.63%	Н
ñ		Total Supervision & Personnel Program Support Cost	\$	10.60	I = (G * H)
		Total Salary And ERE	\$	46.36	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
		-	-		
		Productivity Factor with PTO Adjustment	4	48.65%	К
	Productivity	Total Salary And ERE	\$	46.36	J
		Total Hourly Compensation after Productivity	\$	95.29	L = J / K
	Program	Other Program Costs Factor		8.00%	M
	Costs⁵	Program Cost Expense per Hour of Wage	\$	7.62	N = L * M
	Administrative	Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	18.16	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	121.07	O = L + N + P

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 5 - Out of Clinic, Baseline Productivity

		Rate Setting Assumption		Target	Formulas
σ		2021 BLS Annual Salary ¹	\$	37,110	A
Related		Annual Trend (May 2021 to May 2023) ²		15.98%	В
e i	Direct Care	2023 Trended Annual Salary	\$	43,040	$C = A^{*}(1+B)$
o	Worker	2023 Hourly Wage	\$	20.69	D = C / 2080
and Employe Expenses		Employee Related Expenses as a Percent of Salary ³		42.00%	E
e n		Total ERE Cost per Hour	\$	8.69	F = D * E
고 C		Total Direct Care Worker Hourly Compensation	\$	29.38	G = D + F
and		Program & Program Support			
Salary	Supervision	Supervision & Personnel Program Support Percent		38.89%	Н
al	and Program				
v	Support⁵	Total Supervision & Personnel Program Support Cost	\$	11.43	I = (G * H)
		Total Salary And ERE	\$	40.81	$\mathbf{J}=\mathbf{I}+\mathbf{G}$
		Productivity Factor with PTO Adjustment	4	18.65%	К
	Productivity	Total Salary And ERE	\$	40.81	J
		Total Hourly Compensation after Productivity	\$	83.88	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs ⁵	Program Cost Expense per Hour of Wage	\$	6.71	N = L * M
	Administrative	Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Cost Factor Administrative Expense Per Hour of Wage	\$	15.00 %	P = [(L + N) / (1 - O)] - N - L
			Ŷ	19:99	
		Total Rate (1 hour)	\$	106.58	$\mathbf{Q} = \mathbf{L} + \mathbf{N} + \mathbf{P}$

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- 5. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 2 - In Clinic & Telehealth, Programmatic Services/Group Services Productivity

		Rate Setting Assumption		Target	Formulas
_		2021 BLS Annual Salary ¹	\$	116,558	A
ted		Annual Trend (May 2021 to May 2023) ²		15.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	135,184	$C = A^*(1+B)$
Ř	Worker	2023 Hourly Wage	\$	64.99	D = C / 2080
Employee Related xpenses		Employee Related Expenses as a Percent of Salary ³		33.00%	E
ens		Total ERE Cost per Hour	\$	21.45	F = D * F
i Employe Expenses		Total Direct Care Worker Hourly Compensation	\$	86.44	G = D + F
and			7		
2 Z		Program & Program Support			
Salary a		Supervision & Personnel Program Support Percent	1	11.11%	Н
Sa	Program Support ⁴	Total Supervision & Personnel Program Support Cost	\$	9.60	I = (G * H)
	cappere	Total Salary And ERE	\$	96.04	J = I + G
		Productivity Factor with PTO Adjustment	5	3.08%	К
	. 5	· · · · ·			
	Productivity ⁵	Total Salary And ERE	\$	96.04	J
		Total Hourly Compensation after Productivity	\$	180.93	L = J / K
		Other Program Costs Factor		8.00%	М
	Program Costs ⁴	Program Cost Expense per Hour of Wage	\$	14.47	N = L * M
	Administrative	Administrative Cost Factor	1	15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	34.48	P = [(L + N) / (1 - O)] - N - L
		Total Rate for Individual Services (1 hour)	\$	229.88	$\mathbf{Q} = \mathbf{L} + \mathbf{N} + \mathbf{P}$
					-
		ICroup Statting Patio (5 members per practitioner)			
	Group Services	Group Staffing Ratio (5 members per practitioner) Total Rate for Group Services (1 hour)	\$	5 45.98	R S = Q / R

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 3 - In Clinic & Telehealth, Programmatic Services/Group Services Productivity

		Rate Setting Assumption		arget	Formulas
		2021 BLS Annual Salary ¹	\$	66,343	A
		Annual Trend (May 2021 to May 2023) ²		5.98%	В
	Direct Care	2023 Trended Annual Salary	\$	76,945	$C = A^*(1+B)$
	Worker	2023 Hourly Wage	\$	36.99	D = C / 2080
Expenses		Employee Related Expenses as a Percent of Salary ³	3	6.00%	E
en -		Total ERE Cost per Hour	\$	13.32	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	50.31	G = D + F
ш		Program & Program Support			
•		Supervision & Personnel Program Support Percent	2	0.37%	Н
	Program Support ⁴	Total Supervision & Personnel Program Support Cost	\$	10.25	I = (G * H)
		Total Salary And ERE	\$	60.56	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
[Productivity Factor with PTO Adjustment	4	8.65%	К
	Productivity ⁵	Total Salary And ERE	\$	60.56]
			Ŧ		
		Total Hourly Compensation after Productivity	\$	124.48	L = J / K
]	Program Costs ⁴	Other Program Costs Factor	۰ ۲	3.00%	 M
 	Program Costs ⁴				
 	Administrative	Other Program Costs Factor	\$	3.00%	M
 		Other Program Costs Factor Program Cost Expense per Hour of Wage	\$	3.00% 9.96	M N = L * M
 	Administrative	Other Program Costs Factor Program Cost Expense per Hour of Wage Administrative Cost Factor	\$ \$	3.00% 9.96 5.00%	M N = L * M O
 	Administrative	Other Program Costs Factor Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage Total Rate for Individual Services (1 hour)	\$ \$ 1 \$	3.00% 9.96 5.00% 23.72 158.16	M N = L * M O P = [(L + N) / (1 - O)] - N - L Q = L + N + P
 	Administrative	Other Program Costs Factor Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage	\$ \$ 1 \$	3.00% 9.96 5.00% 23.72	M N = L * M O P = [(L + N) / (1 - O)] - N - L

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 4 - In Clinic & Telehealth, Programmatic Services/Group Services Productivity

		Rate Setting Assumption	-	Farget	Formulas
		2021 BLS Annual Salary ¹	\$	46,144	A
ne.		Annual Trend (May 2021 to May 2023) ²		5.98%	В
lat	.	2023 Trended Annual Salary	\$	53,518	$C = A^*(1+B)$
cinployee Kelated xpenses	Direct Care Worker	2023 Hourly Wage	\$	25.73	D = C / 2080
yee es	Horner	, , ,			
UNS NO		Employee Related Expenses as a Percent of Salary ³	-	9.00%	E
r cmproye Expenses		Total ERE Cost per Hour	\$	10.03	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	35.76	G = D + F
and		Program & Program Support			
oalary	Supervision and	Supervision & Personnel Program Support Percent	2	9.63%	Н
pale	Program				
"	Support ⁴	Total Supervision & Personnel Program Support Cost	\$	10.60	I = (G * H)
		Total Salary And ERE	\$	46.36	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
		Productivity Factor with PTO Adjustment	5	3.08%	К
	Productivity ⁵	Total Salary And ERE	\$	46.36]
		Total Hourly Compensation after Productivity	\$	87.34	L = J / K
i I			1		
	Program Costs ⁴	Other Program Costs Factor		8.00%	M
		Program Cost Expense per Hour of Wage	\$	6.99	N = L * M
	Administrative	Administrative Cost Factor	1	5.00%	0
	Administrative Costs ⁶	Administrative Cost Factor Administrative Expense Per Hour of Wage	1 \$	5.00% 16.65	O P = [(L + N) / (1 - O)] - N - L
		Administrative Expense Per Hour of Wage	\$	16.65	P = [(L + N) / (1 - O)] - N - L
		Administrative Expense Per Hour of Wage	\$	16.65	P = [(L + N) / (1 - O)] - N - L

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 5 - In Clinic & Telehealth, Programmatic Services/Group Services Productivity

		Rate Setting Assumption	т	arget	Formulas
_		2021 BLS Annual Salary ¹	\$	37,110	A
ted		Annual Trend (May 2021 to May 2023) ²		5.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	43,040	$C = A^*(1+B)$
e R	Worker	2023 Hourly Wage	\$	20.69	D = C / 2080
Employee Related xpenses		Employee Related Expenses as a Percent of Salary ³	4	2.00%	E
ens		Total ERE Cost per Hour	\$	8.69	F = D * E
i Employe Expenses		Total Direct Care Worker Hourly Compensation	\$	29.38	G = D + F
and E					
ŗ	Supervision and	Program & Program Support Supervision & Personnel Program Support Percent	24	8.89%	Н
Salary	Program		50	3.8970	11
S	Support ⁴	Total Supervision & Personnel Program Support Cost	\$	11.43	I = (G * H)
		Total Salary And ERE	\$	40.81	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
		Productivity Factor with PTO Adjustment	53	8.08%	К
	Productivity ⁵	Total Salary And ERE	\$	40.81	J
	,	Total Hourly Compensation after Productivity	-	76.88	L = J / K
		Total hourly compensation after productivity	\$	70.00	L = J / K
			т		
	Program Costs ⁴	Other Program Costs Factor	8	.00%	M
	Program Costs ⁴		т		
	Administrative	Other Program Costs Factor	\$.00%	M
		Other Program Costs Factor Program Cost Expense per Hour of Wage	\$	6.15	M N = L * M
	Administrative	Other Program Costs Factor Program Cost Expense per Hour of Wage Administrative Cost Factor	\$	6.15	M N = L * M O
	Administrative	Other Program Costs Factor Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage Total Rate for Individual Services (1 hour)	\$ \$	6.15 5.00% 14.65 97.68	M N = L * M O P = [(L + N) / (1 - O)] - N - L Q = L + N + P
	Administrative	Other Program Costs Factor Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage	\$ \$	6.00% 6.15 5.00% 14.65	M N = L * M O P = [(L + N) / (1 - O)] - N - L

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 2 - Out of Clinic, Programmatic Services/Group Services Productivity

		Rate Setting Assumption	-	Target	Formulas
_		2021 BLS Annual Salary ¹	\$	116,558	A
ted		Annual Trend (May 2021 to May 2023) ²	1	5.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	135,184	$C = A^*(1+B)$
eR	Worker	2023 Hourly Wage	\$	64.99	D = C / 2080
Employee Related xpenses		Employee Related Expenses as a Percent of Salary ³	3	3.00%	Е
eng		Total ERE Cost per Hour	\$	21.45	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	86.44	G = D + F
Salary and E					
L.A.	Supervision and	Program & Program Support Supervision & Personnel Program Support Percent	1	1.11%	Н
ala	Program	Supervision & reisonner rogram Support reicent	-	1.1170	11
S	Support ⁴	Total Supervision & Personnel Program Support Cost	\$	9.60	I = (G * H)
		Total Salary And ERE	\$	96.04	$\mathbf{J}=\mathbf{I}+\mathbf{G}$
		Productivity Factor with PTO Adjustment	4	4.23%	К
	Productivity ⁵	Total Salary And ERE	\$	96.04	J
		Total Hourly Compensation after Productivity	\$	217.14	L = J / K
		Other Program Costs Factor		8.00%	Μ
				5.00 70	1*1
	Program Costs ⁴		\$	17.37	N = L * M
		Program Cost Expense per Hour of Wage	\$	_	
	Administrative	Program Cost Expense per Hour of Wage Administrative Cost Factor	1	5.00%	0
		Program Cost Expense per Hour of Wage		_	
	Administrative	Program Cost Expense per Hour of Wage Administrative Cost Factor	1	5.00%	0
	Administrative	Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage Total Rate for Individual Services (1 hour)	1 \$	5.00% 41.38 275.89	O P = [(L + N) / (1 - O)] - N - L Q = L + N + P
	Administrative	Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage	1 \$	5.00% 41.38	O P = [(L + N) / (1 - O)] - N - L

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 3 - Out of Clinic, Programmatic Services/Group Services Productivity

		Rate Setting Assumption	-	arget	Formulas
_		2021 BLS Annual Salary ¹	\$	66,343	A
ted		Annual Trend (May 2021 to May 2023) ²		5.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	76,945	$C = A^*(1+B)$
e R	Worker	2023 Hourly Wage	\$	36.99	D = C / 2080
Employee Related xpenses		Employee Related Expenses as a Percent of Salary ³	3	6.00%	E
ens		Total ERE Cost per Hour	\$	13.32	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	50.31	G = D + F
Salary and E					
Ϋ́		Program & Program Support	-		
Iai	Supervision and Program	Supervision & Personnel Program Support Percent	2	0.37%	Н
Š	Support ⁴	Total Supervision & Personnel Program Support Cost	\$	10.25	I = (G * H)
		Total Salary And ERE	\$	60.56	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
		Productivity Factor with PTO Adjustment	3	9.81%	К
	Productivity ⁵	Total Salary And ERE	\$	60.56	1
		Total Hourly Compensation after Productivity	\$	152.12	L = J / K
				0.00%	м
	Program Costs ⁴	Other Program Costs Factor		3.00%	M
	Program Costs ⁴	Other Program Costs Factor Program Cost Expense per Hour of Wage	\$	3.00% 12.17	M N = L * M
			\$		
		Program Cost Expense per Hour of Wage	\$	12.17	N = L * M
	Administrative	Program Cost Expense per Hour of Wage Administrative Cost Factor	\$	12.17 5.00%	N = L * M
	Administrative	Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage Total Rate for Individual Services (1 hour)	\$ 1 \$	12.17 5.00% 28.99 193.28	N = L * M O P = [(L + N) / (1 - O)] - N - L Q = L + N + P
	Administrative	Program Cost Expense per Hour of Wage Administrative Cost Factor Administrative Expense Per Hour of Wage	\$ 1 \$	12.17 5.00% 28.99	N = L * M O P = [(L + N) / (1 - O)] - N - L

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 4 - Out of Clinic, Programmatic Services/Group Services Productivity

		Rate Setting Assumption	-	Target	Formulas
_		2021 BLS Annual Salary ¹	\$	46,144	A
nen		Annual Trend (May 2021 to May 2023) ²		5.98%	В
	Direct Care	2023 Trended Annual Salary	\$	53,518	$C = A^*(1+B)$
2 D	Worker	2023 Hourly Wage	\$	25.73	D = C / 2080
cilipioyee Kelaleu Xpenses		Employee Related Expenses as a Percent of Salary ³	3	39.00%	Е
eng		Total ERE Cost per Hour	\$	10.03	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	35.76	G = D + F
	Supervision and	Program & Program Support Supervision & Personnel Program Support Percent		29.63%	Н
ala	Program		2	19.03%	П
n	Support ⁴	Total Supervision & Personnel Program Support Cost	\$	10.60	I = (G * H)
		Total Salary And ERE	\$	46.36	$\mathbf{J}=\mathbf{I}+\mathbf{G}$
		Productivity Factor with PTO Adjustment	4	4.23%	К
	Productivity ⁵	Total Salary And ERE	\$	46.36	J
		Total Hourly Compensation after Productivity	\$	104.82	L = J / K
		Other Program Costs Factor		8.00%	М
	Program Costs ⁴	Program Cost Expense per Hour of Wage	\$	8.39	N = L * M
		Administrative Cost Factor	1	5.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	19.98	P = [(L + N) / (1 - O)] - N - L
		Total Rate for Individual Services (1 hour)	\$	133.19	Q = L + N + P
		Course Chaffing Daking (European and an and a third and)			R
	Group Services	Group Staffing Ratio (5 members per practitioner) Total Rate for Group Services (1 hour)	\$	5 26.64	S = Q / R

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Level 5 - Out of Clinic, Programmatic Services/Group Services Productivity

		Rate Setting Assumption	-	arget	Formulas
_		2021 BLS Annual Salary ¹	\$	37,110	A
ted		Annual Trend (May 2021 to May 2023) ²		5.98%	В
ela	Direct Care	2023 Trended Annual Salary	\$	43,040	$C = A^*(1+B)$
a N	Worker	2023 Hourly Wage	\$	20.69	D = C / 2080
Employee Related xpenses		Employee Related Expenses as a Percent of Salary ³	4	2.00%	E
ens		Total ERE Cost per Hour	\$	8.69	F = D * E
		Total Direct Care Worker Hourly Compensation	\$	29.38	G = D + F
Salary and E					-
2		Program & Program Support			
lar		Supervision & Personnel Program Support Percent	3	8.89%	Н
Sa	Program Support ⁴	Total Supervision & Personnel Program Support Cost	\$	11.43	I = (G * H)
	Support	Total Salary And ERE	\$	40.81	J = I + G
		Productivity Factor with PTO Adjustment	4	4.23%	К
	Productivity ⁵	Total Salary And ERE	¢.	40.81	1
		Total Hourly Compensation after Productivity	\$ \$	92.27	L = J / K
		Total houry compensation after Productivity	Ţ	92.27	L-J/K
	Program Costs ⁴	Other Program Costs Factor	8	3.00%	М
	Program Costs	Program Cost Expense per Hour of Wage	\$	7.38	N = L * M
	Administrative	Administrative Cost Factor	1	5.00%	0
	Administrative Costs ⁶	Administrative Cost Factor Administrative Expense Per Hour of Wage	1 \$	5.00% 17.59	O P = [(L + N) / (1 - O)] - N - L
		Administrative Expense Per Hour of Wage	\$	17.59	P = [(L + N) / (1 - O)] - N - L
		Administrative Expense Per Hour of Wage	\$	17.59	P = [(L + N) / (1 - O)] - N - L

- 1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.
- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.
- 4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

		Rate Setting Assumption		Target	Formulas
3		2021 BLS Annual Salary ¹	\$	116,558	А
		Annual Trend (May 2021 to May 2023) ²		15.98%	В
;	Direct Care	2023 Trended Annual Salary	\$	135,184	$C = A^{*}(1+B)$
;	Worker	2023 Hourly Wage	\$	64.99	D = C / 2080
Expenses		Employee Related Expenses as a Percent of Salary ³		33.00%	E
- S		Total ERE Cost per Hour	\$	21.45	F = D * E
Ц.		Total Direct Care Worker Hourly Compensation	\$	86.44	G = D + F
з Ш 5		Program & Program Support			
,	Supervision and Program Support ⁵	Supervision & Personnel Program Support Percent		11.11%	Н
3			1.		
-		Total Supervision & Personnel Program Support Cost	\$	9.60	I = (G * H)
		Total Salary And ERE	\$	96.04	J = I + G
		Productivity Factor with PTO Adjustment	(66.35%	К
	Productivity	Total Salary And ERE	\$	96.04	1
		Total Hourly Compensation after Productivity	\$	144.75	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs ⁵	Program Cost Expense per Hour of Wage	\$	11.58	N = L * M
	Administrativo	Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	27.59	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	183.92	O = L + N + P

Level 2 - In Clinic and Telehealth, Medication Administration and Opioid Treatment Productivity

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

		Rate Setting Assumption		Target	Formulas
3		2021 BLS Annual Salary ¹	\$	66,343	А
1		Annual Trend (May 2021 to May 2023) ²	15.98%		В
5	Direct Care	2023 Trended Annual Salary	\$	76,945	$C = A^{*}(1+B)$
t Employee Neialeu Expenses	Worker	2023 Hourly Wage	\$	36.99	D = C / 2080
		Employee Related Expenses as a Percent of Salary ³		36.00%	E
en en		Total ERE Cost per Hour	\$	13.32	F = D * E
, Å		Total Direct Care Worker Hourly Compensation	\$	50.31	G = D + F
, ш		Program & Program Support			
	Supervision	Supervision & Personnel Program Support Percent		20.37%	Н
5	and Program Support ⁵	Total Supervision & Personnel Program Support Cost	\$	10.25	I = (G * H)
	Support	Total Salary And ERE	\$	60.56	J = I + G
		Productivity Factor with PTO Adjustment	6	51.92%	К
	Productivity	Total Salary And ERE	\$	60,56]
		Total Hourly Compensation after Productivity	\$	97.80	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs⁵	Program Cost Expense per Hour of Wage	\$	7.82	N = L * M
	Administrative	Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	18.64	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	124.26	0 = L + N + P

Level 3 - In Clinic and Telehealth, Medication Administration and Opioid Treatment Productivity

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

		Rate Setting Assumption		Target	Formulas
5		2021 BLS Annual Salary ¹	\$	46,144	А
		Annual Trend (May 2021 to May 2023) ²	1	5.98%	В
	Direct Care	2023 Trended Annual Salary	\$	53,518	$C = A^{*}(1+B)$
	Worker	2023 Hourly Wage	\$	25.73	D = C / 2080
r Employee Neialeu Expenses		Employee Related Expenses as a Percent of Salary ³	39.00%		E
		Total ERE Cost per Hour	\$	10.03	F = D * E
EX b		Total Direct Care Worker Hourly Compensation	\$	35.76	G = D + F
Ű		Program & Program Support			
	Supervision	Supervision & Personnel Program Support Percent	ź	29.63%	Н
	and Program	Tatal Currentiaire & Developed Developer Current Cost	*	10.00	
	Support⁵	Total Supervision & Personnel Program Support Cost	\$	10.60	I = (G * H)
		Total Salary And ERE	\$	46.36	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
		Productivity Factor with PTO Adjustment	6	6.35%	К
	Productivity	Total Salary And ERE	\$	46.36]
		Total Hourly Compensation after Productivity	\$	69.87	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs⁵	Program Cost Expense per Hour of Wage	\$	5.59	N = L * M
	Administrative	Administrative Cost Factor		5.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	13.32	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	Ś	88.78	0 = L + N + P

Level 4 - In Clinic and Telehealth, Medication Administration and Opioid Treatment Productivity

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

		Rate Setting Assumption	· ·	Target	Formulas
3		2021 BLS Annual Salary ¹	\$	37,110	А
		Annual Trend (May 2021 to May 2023) ²	15.98%		В
	Direct Care	2023 Trended Annual Salary	\$	43,040	$C = A^{*}(1+B)$
2	Worker	2023 Hourly Wage	\$	20.69	D = C / 2080
Expenses		Employee Related Expenses as a Percent of Salary ³	4	12.00%	E
en en		Total ERE Cost per Hour	\$	8.69	F = D * E
, Å		Total Direct Care Worker Hourly Compensation	\$	29.38	G = D + F
а Ш		Program & Program Support			
	Supervision	Supervision & Personnel Program Support Percent		38.89%	Н
3	and Program Support ⁵	Total Supervision & Personnel Program Support Cost	\$	11.43	I = (G * H)
	Support	Total Salary And ERE	\$	40.81	$\mathbf{J} = \mathbf{I} + \mathbf{G}$
		Productivity Factor with PTO Adjustment	6	6.35%	К
	Productivity	Total Salary And ERE	\$	40.81	J
		Total Hourly Compensation after Productivity	\$	61.51	L = J / K
	Program	Other Program Costs Factor		8.00%	М
	Costs⁵	Program Cost Expense per Hour of Wage	\$	4.92	N = L * M
	Administrative	Administrative Cost Factor	1	15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	11.72	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	78.15	0 = L + N + P

Level 5 - In Clinic and Telehealth, Medication Administration and Opioid Treatment Productivity

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.

3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Rate Setting Assumption Target Formulas 116,558 2021 BLS Annual Salary¹ \$ А Salary and Employee Related Expenses Annual Trend (May 2021 to May 2023) 15.98% В 135,184 2023 Trended Annual Salary \$ $C = A^{*}(1+B)$ **Direct Care** 2023 Hourly Wage \$ 64.99 D = C / 2080Worker Employee Related Expenses as a Percent of Salary³ 33.00% Е Total ERE Cost per Hour \$ 21.45 F = D * E86.44 G = D + FTotal Direct Care Worker Hourly Compensation \$ Program & Program Support 11.11% Supervision Supervision & Personnel Program Support Percent н and Program Total Supervision & Personnel Program Support Cost \$ 9.60 I = (G * H)Support⁵ **Total Salary And ERE** \$ 96.04 J = I + GΚ 53.08% **Productivity Factor with PTO Adjustment** Productivity Total Salary And ERE 96.04 \$ J Total Hourly Compensation after Productivity \$ 180.93 L = J / K Program Other Program Costs Factor 8.00% М **Costs**⁵ Program Cost Expense per Hour of Wage \$ 14.47 N = L * M0 Administrative Cost Factor 15.00% Administrative Costs⁶ Administrative Expense Per Hour of Wage \$ 34.48 P = [(L + N) / (1 - O)] - N - LTotal Rate (1 hour) 229.88 \$ Q = L + N + P

Level 2 - Out of Clinic, Medication Administration and Opioid Treatment Productivity

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

Rate Setting Assumption Target Formulas 66,343 2021 BLS Annual Salary¹ \$ А Salary and Employee Related Expenses Annual Trend (May 2021 to May 2023) 15.98% В 76,945 2023 Trended Annual Salary \$ $C = A^{*}(1+B)$ **Direct Care** 2023 Hourly Wage \$ 36.99 D = C / 2080Worker Employee Related Expenses as a Percent of Salary³ 36.00% Е Total ERE Cost per Hour \$ 13.32 F = D * ETotal Direct Care Worker Hourly Compensation 50.31 G = D + F\$ Program & Program Support Supervision Supervision & Personnel Program Support Percent 20.37% н and Program Total Supervision & Personnel Program Support Cost \$ 10.25 I = (G * H)Support⁵ **Total Salary And ERE** \$ 60.56 J = I + GΚ 48.65% **Productivity Factor with PTO Adjustment** Productivity Total Salary And ERE 60.56 \$ J Total Hourly Compensation after Productivity \$ 124.48 L = J / K Program Other Program Costs Factor 8.00% М **Costs**⁵ Program Cost Expense per Hour of Wage \$ 9.96 N = L * M0 Administrative Cost Factor 15.00% Administrative Costs⁶ Administrative Expense Per Hour of Wage \$ 23.72 P = [(L + N) / (1 - O)] - N - LTotal Rate (1 hour) 158.16 \$ Q = L + N + P

Level 3 - Out of Clinic, Medication Administration and Opioid Treatment Productivity

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- 5. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

		Rate Setting Assumption		Target	Formulas
3		2021 BLS Annual Salary ¹	\$	46,144	A
2		Annual Trend (May 2021 to May 2023) ²		15.98%	В
Expenses	Direct Care	2023 Trended Annual Salary	\$	53,518	$C = A^{*}(1+B)$
	Worker	2023 Hourly Wage	\$	25.73	D = C / 2080
		Employee Related Expenses as a Percent of Salary ³		39.00%	E
en		Total ERE Cost per Hour	\$	10.03	F = D * E
Exp		Total Direct Care Worker Hourly Compensation	\$	35.76	G = D + F
		Program & Program Support	T		
í mmo	Supervision			29.63%	Н
5	and Program Support ⁵	Total Supervision & Personnel Program Support Cost	\$	10.60	I = (G * H)
		Total Salary And ERE	\$	46.36	$\mathbf{J}=\mathbf{I}+\mathbf{G}$
1		Productivity Factor with PTO Adjustment	5	3.08%	К
	Productivity	Total Salary And ERE	\$	46.36	J
		Total Hourly Compensation after Productivity	\$	87.34	L = J / K
	Program	Other Program Costs Factor		8.00%	Μ
	Costs⁵	Program Cost Expense per Hour of Wage	\$	6.99	N = L * M
	Administrative	Administrative Cost Factor		15.00%	0
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	16.65	P = [(L + N) / (1 - O)] - N - L
		Total Rate (1 hour)	\$	110.98	0 = L + N + P

Level 4 - Out of Clinic, Medication Administration and Opioid Treatment Productivity

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

- 2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.
- 3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses.

- Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.
- 7. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

GA CBHRS Services Exhibit 7: ACT Rate Development

Service:	Assertive Community Treatment (ACT)
Unit of Service	15 minutes

	4	Rate Setting Assumption		Level 1		Level 2		Level 3		Level 4		Level 5	Formulas
g		2021 BLS Annual Salary ¹	\$	204,356	\$	116,558	\$	66,343	\$	46,144	\$	37,110	Α
Related		Total Trend (May 2021 to Jan 2024) ²		15.98%		15.98%	<u> </u>	15.98%		15.98%		15.98%	В
le le		2023 Trended Annual Salary	\$	237,012	\$	135,184	\$	76,945	\$	53,518	\$	43,040	$C = A^{*}(1+B)$
U		2023 Hourly Wage	\$	113.95	\$	64.99	\$	36.99	\$	25.73	\$	20.69	D = C / 2080
es es			-	20.00%	-	33.00%		36.00%	-	39.00%		42.000/	-
pld		Employee Related Expenses as a Percent of Salary ³		30.00%	-		-		-		*	42.00%	E F = D * E
Employe xpenses		Total ERE Cost per Hour	\$	34.19	<u> </u>	21.45		13.32		10.03	\$	8.69	
ᇢᄥᆝ		Total Direct Care Worker Hourly Compensation	\$	148.14	\$	86.44	\$	50.31	\$	35.76	\$	29.38	G = D + F
an		Program & Program Support											
Salary		Supervision & Personnel Program Support Percent		6.48%		11.11%		20.37%		29.63%		38.89%	Н
ala	Program			0.60		0.60		10.25		10.00		11.42	
S I	Support ⁴	Total Supervision & Personnel Program Support Cost	\$	9.60	· ·	9.60	· ·	10.25	\$	10.60	\$	11.43	I = H * G
		Total Salary And ERE	\$	157.74	\$	96.04	\$	60.56	\$	46.36	\$	40.81	$\mathbf{J} = \mathbf{G} + \mathbf{I}$
]		Productivity Factor In-Office	1	53.08%		48.65%		44.23%		48.65%		48.65%	К
С		Productivity Factor Out of Office		44.23%		39.81%		35.38%		39.81%		39.81%	L
			-										
		In Office Percentage Allocation		20.00%		20.00%		20.00%		20.00%		20.00%	M
	Productivity ⁵	Out of Office Percentage Allocation		80.00%		80.00%		80.00%		80.00%		80.00%	Ν
		Productivity		46.00%		41.58%		37.15%		41.58%		41.58%	O = (K*M) + (L*N)
		Total Salary And ERE	\$	157.74	\$	96.04	\$	60.56	\$	46.36	\$	40.81]
		Total Salary and ERE after Productivity	\$	342.91	\$	230.98	\$	163.01	\$	111.50	\$	98.15	P = J / O
1		Other Program Costs Factor		8.00%	8.00%		8.00%		8.00%		8.00%		0
	Program Costs ⁴	Program Cost Expense per Hour of Wage	\$	27.43	\$	18.48	\$	13.04	\$	8.92	\$	7.85	R = Q * P
l			Ŧ		Ŧ		т		т		т		
	Administrative	Administrative Cost Factor		7.00%		15.00%		15.00%		15.00%		15.00%	S
	Costs ⁶	Administrative Expense Per Hour of Wage	\$	27.88	\$	44.02	\$	31.07	\$	21.25	\$	18.71	T = [(P + R) / (1 - S)] - P - R
[Total Hourly Rate	\$	398.22	\$	293.48	\$	207.12	\$	141.67	\$	124.71	U = P + R + T
			-		-								·
		Adjustment for Unit Selection		1.00		4.00		4.00		4.00		1.00	
	Adjustments for	Total Hour Conversion (15 Minute Rate)		4.00		4.00		4.00		4.00		4.00	V
	Time and Service	15 Minute Rate	\$	99.56	\$	73.37	\$	51.78	\$	35.42	\$	31.18	W = U / V
		Practitioner Level Utilization		8.50%		7.00%		49.30%		14.10%		21.10%	X
		Total Blended Rate - 15 Minutes ⁷										\$50.70	Y = Weighted Average of W and X

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

2. Development of wage trend assumptions can be found in Exhibit 3: Wage Trend.

3. Development of ERE assumptions can be found in Exhibit 4: Employee Related Expenses.

4. Program Support Costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.

5. Additional detail on Productivity can be found in Exhibit 5: Productivity Factors.

6. Administrative costs were developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.

7. Total blended rate is calculated using a weighted average of each practitioner's 15 minute rate and their respective utilization percentage based on the provider manual staffing.

8. Note on rounding: percentages are rounded to 4 decimal places, hourly values are rounded to 2 decimal places and annual salary is rounded to the whole dollar (0 decimal places).

GA CBHRS Services Exhibit 8: IC3 Rate Development

	Service:		Intensive stomized Care Coordination	
	Unit of Service		Monthly	
	Rate Setting Assumptions		Target	Formulas
	Care Coordinator 2021 BLS Annual Salary ¹	\$	46,144	A
	Total Trend (May 2021 to January 2024) ²		15.98%	В
	2023 Trended Annual Salary	\$	53,518	$C = A^{*}(1+B)$
	Employee Related Expenses ³		39.00%	D
Direct Care	Total Care Coordinator Monthly Cost	\$	6,199.17	E = (C * (1+D)) / 12
Workers	CPS-P 2021 BLS Annual Salary ⁴	\$	37,110	F
	Total Trend (May 2021 to January 2024) ²		15.98%	G
	2023 Trended Annual Salary	\$	43,040	$H = F^{*}(1+G)$
	Employee Related Expenses ³		42.00%	I
	Total CPS-P Monthly	\$	5,093.07	J = (H * (1+I)) / 12
	2021 BLS Annual Salary ⁵	\$	66,343	К
	Total Trend (May 2021 to January 2024) ²	· ·	15.98%	L
	2023 Trended Annual Salary	\$	76,945	$M = K^{*}(1+L)$
	Employee Related Expenses ³		36.00%	N
	Total Care Coordinator Supervisor Monthly	\$	8,720.43	0 = (M * (1+0)) / 12
Supervisors	2021 BLS Annual Salary ⁵	\$	66,343	Р
	Total Trend (May 2021 to January 2024) ²	1.	15.98%	0
	2023 Trended Annual Salary	\$	76,945	$R = P^*(1+Q)$
	Employee Related Expenses ³	1.	36.00%	S
	Total CPS-P Supervisor Monthly	\$	8,720.43	T = (R * (1+S)) / 12
	Caseload per Care Coordinator	1	10.0	U
Case Load	Caseload per CPS-P		30.0	V
(member per	Caseload per Care Coordinator Supervisor		6.0	Х
staff) ⁶	Caseload per CPS-P Supervisor		6.0	Y
	Caseload per Care Coordinator		\$619.92	Z = E / U
Case Load	Caseload per CPS-P		\$169.77	AA = J / V
Adjusted Monthly	Caseload per Care Coordinator Supervisor		\$145.34	AB = O / (U * X)
Cost	Caseload per CPS-P Supervisor		\$48.45	AC = T / (V * Y)
	Monthly Direct Care and Supervisor Cost		\$983.48	AD = Z + AA + AB + AC
Program	Program Support Costs Per Member Per Monthly Percentage of Rate		8.00%	AE
Support ⁷	Program Support Expense Per Member Per Monthly Cost		\$78.68	AF = AD * AE
	Admin Expense Per Member Per Monthly Percentage of Rate		15.00%	AG
Admin ⁸	Admin Expense Per Member Per Monthly Cost		\$187.44	$AH = (AD + AF)^* (1/(1 - AG) - 1)$
	Total Rate Per Member Per Month		\$1,249,60	AI = AD + AF + AH

Notes:

1. The care coordinator staffing role was cross-walked to Georgia practitioner Level 4 and Level 4 wages can be found in Exhibit 2: BLS Wage Mapping.

2. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.

3. Additional detail on ERE can be found in Exhibit 4: Employee Related Expense.

4. The CPC-P staffing role was cross-walked to Georgia practitioner Level 5 and Level 5 wages can be found in Exhibit 2: BLS Wage Mapping.

5. Salaries for supervisors were assumed to correspond to Georgia practitioner Level 3 salaries. Level 3 wage development can be found in

Exhibit 2: BLS Wage Mapping.

6. Case Load information was based on staffing ratios prescribed in the provider manual and with conversation with DBHDD and DCH.

7. Program Support was developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.

8. Admin was developed using reported amounts in the cost reports and discussions with DBHDD/DCH, which was compared to industry standards.

GA CBHRS Services Exhibit 9: CSU Rate Development

	Service:	Cris	is Stabilization	Unit				
	Unit of Service	Р	er Diem (24 hours	5)				
	Staffing Build Up Approach ¹	Number of Full Time Equivalents ²	BLS Salaries May 2021 ¹	Wage Trend ³	Yearly Trended Salaries	ERE ⁴	Total Expense (Salaries and ERE)	Total Employee Cost (FTE * Total Expense)
	Level 1	1	\$204,356	15.98%	\$237,012	\$71,104	\$308,116	\$308,116
	Level 2	2	\$116,558	15.98%	\$135,184	\$44,611	\$179,795	\$359,590
	Level 3	8	\$66,343	15.98%	\$76,945	\$27,700	\$104,645	\$837,160
	Level 4	12	\$46,144	15.98%	\$53,518	\$20,872	\$74,390	\$892,680
Staffing Cost	Level 5	12	\$37,110	15.98%	\$43,040	\$18,077	\$61,117	\$733,404
and Employee Related	Pharmacists	0.25	\$119,660	15.98%	\$138,782	\$45,798	\$184,580	\$46,145
Expenses	Health Services Managers	1	\$109,840	15.98%	\$127,392	\$42,039	\$169,431	\$169,431
Expenses	Administrative Support	1	\$39,580	15.98%	\$45,905	\$19,280	\$65,185	\$65,185
	Security Guards	1	\$32,270	15.98%	\$37,427	\$15,719	\$53,146	\$53,146
	Transporters	0.5	\$39,350	15.98%	\$45,638	\$19,168	\$64,806	\$32,403
	Total Staffing Cost							\$3,497,260

Program	Program Support Percentage	8.00%	
Support ⁶	Program Amount Per Day Per Bed	\$58.96	
Support [®]	Program Amount Per Day Per Bed	\$58.96	
Administrative	Admin Percentage	10.00%	
Cost ⁷	Admin Amount Per Day Per Bed	\$88.44	

Formulas
A
B = A / 365
-
C
D = B / C
E
F = C * E
-
G
H = (D + F) * (1/(1 - G) - 1)
· · · · · · · · · · · · · · · · · · ·
$\mathbf{I} = \mathbf{D} + \mathbf{F} + \mathbf{H}$

Notes:

1. All salaries come from BLS reported salaries, additional detail on salary can be found in Exhibit 2: BLS Wage Mapping.

2. FTE assumptions were derived using information from the supplemental CSU provider cost reports and discussions with DBHDD and DCH.

3. Additional detail on wage trend can be found in Exhibit 3: Wage Trend.

4. Additional detail on ERE can be found in Exhibit 4: Employee Related Expenses. Pharmacists and Health Services Managers leveraged Level 2 ERE assumptions. Administrative Support, Security Guards, and Transporters leveraged Level 5 ERE assumptions.

5. Occupancy assumptions were determined based on discussions with DBHDD/DCH and considerations for facility based occupation metrics/targets.

6. The Program Support assumption was developed using reported amounts in the CSU cost reports and discussions with DBHDD/DCH, which was compared to industry standards.

7. The Admin assumption was developed using reported amounts in the CSU cost reports and discussions with DBHDD/DCH, which was compared to industry standards.

Note: Administrative costs for CSU is lower than for other services since a portion of administrative costs are included in the staff section above.

Appendix 10 - Public Comments Related to CBHRS Rate Study Methodology

On May 25, 2023, DBHDD and DCH released a report describing the approach, methodology, and results of the study to the public, and requested that members of the public wishing to comment on the contents or results of the study do so by June 14, 2023. Below is a summary of the responses to the comments received.

 A number of responses suggested increasing the rate study's salary assumptions used for Level 1 and Level 2 practitioner types to address workforce challenges related to recruiting and retaining practitioners at these levels.

Response: The practitioner wage assumptions used for rate development were primarily based on the May 2021 Bureau of Labor Statistics (BLS) Occupational Employment and Wage Estimates for Georgia. Cost report data from a sample of Georgia's CBHRS providers was also used as a benchmark to assess the reasonability of the BLS data and to inform the wage assumptions used. The wages reported in provider cost reports for Level 1 and Level 2 practitioners had large variation due to a low sample size of reported salaries at these levels, which was a consideration when selecting BLS as the primary source of wage information when selecting rate assumptions.

While comparing BLS wage statistics to average and median wages reported across the cost reports, the provider cost reports were closer to the 75th BLS percentile than 50th BLS percentile for Level 1 and Level 2 practitioners. Thus, the BLS 75th percentile wages – which align more closely to the wage levels reported in the provider cost reports – were used for rate development.

 A number of responses suggested that future salary or other cost inflation in the future may lead to the rates, as currently developed, becoming inadequate as reimbursement for CBHRS services provided on a fee-forservice basis.

Response: While inputs used for rate development assumptions were taken from various dates in the past (e.g., Bureau of Labor Statistics [BLS] data from May 2021, CBHRS provider cost report data from SFY2022) the rate study included a "wage trend" adjustment to project practitioner wage assumptions to January 2024 – an estimated effective date for implementation of new rates. (Note, however that this does not guarantee that rate changes will go into effect during that month). In order for the future rates to capture future market conditions, State officials should monitor market conditions in relation to CBHRS service delivery, and consider applying additional trend factors or conducting new rate studies periodically, as appropriate.

3. One response noted the labor-intensive nature of participation in the rate study as a stakeholder, which was a particular challenge given competing deadlines for other cost and financial reporting activities.

Response: Throughout the rate study, a sample of CBHRS providers was asked to provide data, insights, and feedback related to CBHRS service delivery and costs to the rate study team. This included a detailed cost reporting process through which it was requested that stakeholders provide information about their organization's staff wages, hours, and FTEs that support Medicaid FFS CBHRS service provision, as well as their revenues and expenditures related to CBHRS. We recognize that this was a timeconsuming process, and sincerely appreciate the efforts participants put into participating in these activities. Participation from these stakeholders resulted in invaluable feedback which was used when selecting rate development assumptions used to develop the study's target rates.

4. One response noted that: The rates for intensive services and residential services should take into consideration the need administratively and clinically for these services to be effective. The administrative facet should also be factored into per diem rates if not unbundled.

Response: Residential services were excluded from the rate study.

For the services included in the rate study, intensity was captured in the productivity assumption used for rate development. This assumption captures the amount of non-billable time practitioners spend for certain services, and adjusts the rate to account for this time (with lower productivity resulting in a higher rate). While practitioners spend some amount of time on non-billable activities for all services, there are certain services for which the amount of non-billable time is higher given service-specific activities and requirements. Thus, some productivity adjustments were applied for specific services, based on fidelity requirements, DBHDD/DCH knowledge of service delivery, and other service specific requirements. Two examples of services and substance abuse intensive outpatient program. For Intensive Customized Care Coordination and Crisis

Stabilization Unit services, separate cost reports were collected which informed rate development assumptions including administrative and program costs.

5. Two responses noted that rural providers have difficulty providing services as efficiently as their urban counterparts, and that rural providers often must offer premium salaries in order to competitively recruit and retain skilled practitioners.

Response: Consistent with the current reimbursement methodology, rates developed in the CBHRS rate study do not differentiate between rates paid for services delivered in a rural location versus those delivered in an urban location. This approach is also consistent with the rate development approach used for other services. In addition, the rate of responses to provider cost reports did not give an adequate sample size to allow for a separate CBHRS cost analysis comparing costs for urban and rural providers. Thus, in the absence of data to differentiate urban and rural provider costs, the rate development assumptions reflect costs applicable to a mix of urban and rural providers (i.e., statewide costs of providing CHBRS).