SECTION 404 (2) (d) Part 3
TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP
FY 2004

Children with Mental Illness
(Child MI)

Overview

The data that are presented in this section was provided by CMHSPs as required by the FY 2004 MDCH/CMHSP contract. Cost data was collected from October 1, 2003 to September 30, 2004 and submitted to MDCH by January 3, 2005. The data in this section represents the total costs associated with providing mental health services to children with mental illness (child MI) by service category for each of the 46 CMHSPs within the State of Michigan.

Definitions for terms found in this section are presented in Section 404(3).

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	245	352	$57,372	5.37%	$234	$163	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	11	22	$3,669	0.34%	$334	$167	2
Behavior Management Review	H2000	Encounter	9	9	$352	0.03%	$39	$39	1
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	4	26	$15,577	1.46%	$3,894	$599	7
Community Living Supports	H2015	15 Minutes	1	4,638	$19,773	1.85%	$19,773	$4	4,638
Community Living Supports	H2016	Days	4	364	$89,290	8.36%	$22,323	$245	91
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	18	124	$4,505	0.42%	$250	$36	7
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	16	35	$4,126	0.39%	$258	$118	2
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	51	7,170	$261,078	24.44%	$5,119	$36	141
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	26	246	$167,854	15.71%	$6,456	$682	9
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	126	465	$44,874	4.20%	$356	$97	4
MH Therapy & Counseling	90804- 90857	Encounter	176	2,046	$238,887	22.36%	$1,357	$117	12
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	4	364	$25,469	2.38%	$6,367	$70	91
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	36	97	$9,727	0.91%	$270	$100	3
Respite Care	T1005, S5150	15 Minutes	40	52,446	$63,180	5.91%	$1,580	$1	1,311
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	3	50	$4,619	0.43%	$1,540	$92	17
Targeted Case Mangement	T1017	15 Minutes	21	637	$18,443	1.73%	$878	$29	30
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	181	384	$33,558	3.14%	$185	$87	2
Wraparound	H2022	Days	4	59	$5,981	0.56%	$1,495	$101	15
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,068,334	100.00%	$1,095		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		347			$1,068,334	100.00%			

AuSable Valley

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	592	750	$56,663	4.31%	$96	$76	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	1	$186	0.01%	$186	$186	1
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$206,037	15.68%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	103	745	$25,673	1.95%	$249	$34	7
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	16	28	$5,695	0.43%	$356	$203	2
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	17	2,039	$120,000	9.13%	$7,059	$59	120
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	1	44	$9,724	0.74%	$9,724	$221	44
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	177	478	$77,071	5.87%	$435	$161	3
MH Therapy & Counseling	90804- 90857	Encounter	385	1,887	$194,060	14.77%	$504	$103	5
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

AuSable Valley

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	0	0	$0	0.00%	$0	$0	0
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	91	5,729	$291,332	22.18%	$3,201	$51	63
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	422	656	$99,241	7.55%	$235	$151	2
Wraparound	H2022	Days	36	154	$228,098	17.36%	$6,336	$1,481	4
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,313,780	100.00%	$714		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		786			$1,313,780	100.00%			

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	34	45	$9,577	1.81%	$282	$213	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	4	7	$1,186	0.22%	$297	$169	2
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	3	9	$6,013	1.14%	$2,004	$668	3
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	2	241	$21,319	4.03%	$10,660	$88	121
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	21	108	$4,811	0.91%	$229	$45	5
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	2	2	$49	0.01%	$25	$25	1
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	19	2,335	$139,644	26.39%	$7,350	$60	123
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	13	90	$60,133	11.36%	$4,626	$668	7
Intensive Crisis Stabilization	S9484	Hour	24	43	$20,960	3.96%	$873	$487	2
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	21	70	$3,602	0.68%	$172	$51	3
MH Therapy & Counseling	90804- 90857	Encounter	258	2,691	$217,159	41.03%	$842	$81	10
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	1	7	$5,641	1.07%	$5,641	$806	7
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	2	241	$9,137	1.73%	$4,569	$38	121
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	21	10,808	$9,420	1.78%	$449	$1	515
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	10	209	$20,106	3.80%	$2,011	$96	21
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	8	8	$458	0.09%	$57	$57	1
Wraparound	H2022	Days	17	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$529,215	100.00%	$1,150		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		278			$529,215	100.00%			

Bay-Arenac

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	1	3	$264	0.01%	$264	$88	3
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	479	722	$101,965	4.71%	$213	$141	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	15	102	$16,245	0.75%	$1,083	$159	7
Behavior Management Review	H2000	Encounter	1	1	$174	0.01%	$174	$174	1
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	38	259	$138,027	6.38%	$3,632	$533	7
Community Living Supports	H2015	15 Minutes	5	4,933	$16,864	0.78%	$3,373	$3	987
Community Living Supports	H2016	Days	1	8	$1,165	0.05%	$1,165	$146	8
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	95	572	$38,281	1.77%	$403	$67	6
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	51	178	$9,096	0.42%	$178	$51	3
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	217	20,799	$1,136,254	52.52%	$5,236	$55	96
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	2	145	$36,432	1.68%	$18,216	$251	73
Inpatient Psychiatric Services in Private IMD	0100	Days	6	19	$7,315	0.34%	$1,219	$385	3
Intensive Crisis Stabilization	S9484	Hour	2	68	$832	0.04%	$416	$12	34
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	416	1,730	$75,756	3.50%	$182	$44	4
MH Therapy & Counseling	90804- 90857	Encounter	540	4,723	$353,505	16.34%	$655	$75	9
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Bay-Arenac

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	1	8	$293	0.01%	$293	$37	8
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	2	14	$2,172	0.10%	$1,086	$155	7
Respite Care	T1005, S5150	15 Minutes	7	2,274	$2,673	0.12%	$382	$1	325
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	142	2,440	$209,039	9.66%	$1,472	$86	17
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	25	25	$1,212	0.06%	$48	$48	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$2,147,564	99.27%	$1,050		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	1	87	$15,856	0.73%	$15,856	$182	87
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$15,856	0.73%	$15,856		
Total Population and Cost		870			$2,163,420	100.00%			

Berrien

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	488	587	$123,528	7.83%	$253	$210	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	5	8	$1,978	0.13%	$396	$247	2
Behavior Management Review	H2000	Encounter	1	1	$96	0.01%	$96	$96	1
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	4	13	$10,221	0.65%	$2,555	$786	3
Community Living Supports	H2015	15 Minutes	2	2,014	$11,493	0.73%	$5,747	$6	1,007
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	9	35	$1,135	0.07%	$126	$32	4
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	17	24	$1,161	0.07%	$68	$48	1
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	63	6,032	$358,815	22.75%	$5,695	$59	96
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	36	352	$216,474	13.72%	$6,013	$615	10
Intensive Crisis Stabilization	S9484	Hour	36	71	$6,496	0.41%	$180	$91	2
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	227	620	$49,868	3.16%	$220	$80	3
MH Therapy & Counseling	90804- 90857	Encounter	548	2,694	$356,411	22.59%	$650	$132	5
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Berrien

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	53	8,427	$41,426	2.63%	$782	$5	159
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	9	323	$20,813	1.32%	$2,313	$64	36
Targeted Case Mangement	T1017	15 Minutes	112	5,518	$332,671	21.09%	$2,970	$60	49
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	1	1	$120	0.01%	$120	$120	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,532,708	97.17%	$951		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	1	117	$44,700	2.83%	$44,700	$382	117
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$44,700	2.83%	$44,700		
Total Population and Cost		827			$1,577,408	100.00%			

Clinton Eaton Ingham

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	685	945	$240,869	4.42%	$352	$255	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	1	$720	0.01%	$720	$720	1
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	54	469	$153,100	2.81%	$2,835	$326	9
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	3	694	$48,707	0.89%	$16,236	$70	231
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	69	368	$21,267	0.39%	$308	$58	5
Crisis Residential	H0018	Days	48	943	$245,001	4.50%	$5,104	$260	20
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	1	4	$241	0.00%	$241	$60	4
Health Services	97802, 97803, H0034, T1002	15 Minutes	102	179	$8,236	0.15%	$81	$46	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	9,228	38,450	$2,063,385	37.89%	$224	$54	4
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	2	362	$192,414	3.53%	$96,207	$532	181
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	220	391	$212,512	3.90%	$966	$544	2
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	199	916	$122,095	2.24%	$614	$133	5
MH Therapy & Counseling	90804- 90857	Encounter	573	4,839	$940,948	17.28%	$1,642	$194	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	1	4	$113	0.00%	$113	$28	4

Clinton Eaton Ingham

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	3	693	$6,239	0.11%	$2,080	$9	231
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	227	2,650	$545,741	10.02%	$2,404	$206	12
Respite Care	T1005, S5150	15 Minutes	167	38,509	$241,451	4.43%	$1,446	$6	231
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	1	1	$112	0.00%	$112	$112	1
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	5	54	$2,082	0.04%	$416	$39	11
Targeted Case Mangement	T1017	15 Minutes	217	7,080	$317,892	5.84%	$1,465	$45	33
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	45	46	$8,458	0.16%	$188	$184	1
Wraparound	H2022	Days	3	10	$450	0.01%	$150	$45	3
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$5,372,033	98.64%	$453		
Day Program Setting	S5100	15 Minutes	1	895	$3,562	0.07%	$3,562	$4	895
Specialized Residential Setting	S5140, S5145	Days	35	395	$70,559	1.30%	$2,016	$179	11
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$74,121	1.36%	$2,059		
Total Population and Cost		1,289			$5,446,154	100.00%			

CMH for Central Michigan

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	1,474	1,947	$211,405	5.06%	$143	$109	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	23	30	$3,824	0.09%	$166	$127	1
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	3	18	$9,660	0.23%	$3,220	$537	6
Community Living Supports	H2015	15 Minutes	50	25,886	$90,860	2.17%	$1,817	$4	518
Community Living Supports	H2016	Days	4	272	$16,048	0.38%	$4,012	$59	68
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	193	968	$53,075	1.27%	$275	$55	5
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	4	5	$366	0.01%	$92	$73	1
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	2	7	$870	0.02%	$435	$124	4
Health Services	S9445, S9446, S9470	Encounter	3	3	$95	0.00%	$32	$32	1
Health Services	97802, 97803, H0034, T1002	15 Minutes	105	158	$4,889	0.12%	$47	$31	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	342	34,839	$1,612,349	38.56%	$4,714	$46	102
Housing Assistance	T2038	Month	1	1	$163	0.00%	$163	$163	1
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	2	433	$197,171	4.72%	$98,586	$455	217
Inpatient Psychiatric Services in Private IMD	0100	Days	62	420	$225,401	5.39%	$3,636	$537	7
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	425	1,671	$110,587	2.65%	$260	$66	4
MH Therapy & Counseling	90804- 90857	Encounter	1,759	13,253	$1,040,228	24.88%	$591	$78	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	1	3	$63	0.00%	$63	$21	3
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	3	3	$251	0.01%	$84	$84	1
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

CMH for Central Michigan

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	7	254	$14,293	0.34%	$2,042	$56	36
Personal Emergency Response (PERS)	S5161	Month	1	10	$5,923	0.14%	$5,923	$592	10
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	102	427	$31,496	0.75%	$309	$74	4
Respite Care	T1005, S5150	15 Minutes	105	89,707	$139,046	3.33%	$1,324	$2	854
Respite Care	S5151, H0045	Days	41	53	$19,911	0.48%	$486	$376	1
Skill-building Assistance	H2014	15 Minutes	12	356	$975	0.02%	$81	$3	30
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	1	1	$67	0.00%	$67	$67	1
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	18	150	$10,326	0.25%	$574	$69	8
Targeted Case Mangement	T1017	15 Minutes	94	1,951	$134,307	3.21%	$1,429	$69	21
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	11	362	$5,944	0.14%	$540	$16	33
Treatment (Person-centered) Planning	H0032	Encounter	1,048	1,158	$130,043	3.11%	$124	$112	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	32	1,408	$89,324	2.14%	$2,791	$63	44
Setting Total:					$4,158,960	99.48%	$702		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	1	183	$21,940	0.52%	$21,940	$120	183
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$21,940	0.52%	$21,940		
Total Population and Cost		2,306			$4,180,900	100.00%			

CMHSA Network of West MI

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	1	13	$433	0.01%	$433	$33	13
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	947	1,257	$238,322	5.04%	$252	$190	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	2	2	$160	0.00%	$80	$80	1
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	3	22	$12,307	0.26%	$4,102	$559	7
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	8	690	$191,033	4.04%	$23,879	$277	86
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	317	2,057	$140,307	2.97%	$443	$68	6
Crisis Residential	H0018	Days	33	215	$69,363	1.47%	$2,102	$323	7
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	646	8,899	$1,149,819	24.30%	$1,780	$129	14
Health Services	S9445, S9446, S9470	Encounter	1	1	$90	0.00%	$90	$90	1
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	205	7,692	$295,112	6.24%	$1,440	$38	38
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	2	695	$156,264	3.30%	$78,132	$225	348
Inpatient Psychiatric Services in Private IMD	0100	Days	152	984	$565,824	11.96%	$3,723	$575	6
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	251	594	$128,278	2.71%	$511	$216	2
MH Therapy & Counseling	90804- 90857	Encounter	644	3,882	$1,080,186	22.83%	$1,677	$278	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	74	311	$66,607	1.41%	$900	$214	4
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

CMHSA Network of West MI

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	359	3,787	$625,997	13.23%	$1,744	$165	11
Respite Care	T1005, S5150	15 Minutes	0	0	$0	0.00%	$0	$0	0
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	7	139	$10,703	0.23%	$1,529	$77	20
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	1	1	$100	0.00%	$100	$100	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$4,730,905	100.00%	$1,295		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		2,139			$4,730,905	100.00%			

Copper Country

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	1	143	$6,631	0.65%	$6,631	$46	143
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	181	573	$80,873	7.97%	$447	$141	3
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	2	$282	0.03%	$282	$141	2
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	12	142	$83,737	8.25%	$6,978	$590	12
Community Living Supports	H2015	15 Minutes	4	107	$867	0.09%	$217	$8	27
Community Living Supports	H2016	Days	2	453	$10,741	1.06%	$5,371	$24	227
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	54	719	$55,981	5.52%	$1,037	$78	13
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	1	1	$34	0.00%	$34	$34	1
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	27	2,797	$78,316	7.72%	$2,901	$28	104
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	1	97	$42,195	4.16%	$42,195	$435	97
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	68	362	$32,334	3.19%	$476	$89	5
MH Therapy & Counseling	90804- 90857	Encounter	190	2,389	$448,106	44.17%	$2,358	$188	13
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	1	7	$298	0.03%	$298	$43	7
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Copper Country

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	2	453	$2,768	0.27%	$1,384	$6	227
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$78,422	7.73%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	7	3,368	$44,740	4.41%	$6,391	$13	481
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	12	192	$13,494	1.33%	$1,125	$70	16
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	120	164	$34,624	3.41%	$289	$211	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,014,443	100.00%	$1,483		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		262			$1,014,443	100.00%			

Detroit-Wayne

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	27	561	$30,300	0.12%	$1,122	$54	21
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	5,285	11,568	$1,161,287	4.61%	$220	$100	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	177	877	$166,719	0.66%	$942	$190	5
Behavior Management Review	H2000	Encounter	23	84	$10,363	0.04%	$451	$123	4
Clubhouse Program	H2030	15 Minutes	1	44	$160	0.00%	$160	$4	44
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	249	2,301	$1,333,420	5.29%	$5,355	$579	9
Community Living Supports	H2015	15 Minutes	22	2,333	$8,445	0.03%	$384	$4	106
Community Living Supports	H2016	Days	45	3,819	$230,203	0.91%	$5,116	$60	85
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	244	2,457	$157,813	0.63%	$647	$64	10
Crisis Residential	H0018	Days	143	2,914	$737,504	2.93%	$5,157	$253	20
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	820	3,694	$535,298	2.12%	$653	$145	5
Health Services	S9445, S9446, S9470	Encounter	475	1,061	$30,609	0.12%	$64	$29	2
Health Services	97802, 97803, H0034, T1002	15 Minutes	133	247	$7,349	0.03%	$55	$30	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	867	77,399	$3,869,176	15.35%	$4,463	$50	89
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	230	15,441	$4,019,472	15.95%	$17,476	$260	67
Inpatient Psychiatric Services in Private IMD	0100	Days	190	1,484	$845,880	3.36%	$4,452	$570	8
Intensive Crisis Stabilization	S9484	Hour	623	3,626	$212,148	0.84%	$341	$59	6
Medication Administration	90782, 90788, 99506	Encounter	71	163	$10,640	0.04%	$150	$65	2
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	3,091	12,402	$706,046	2.80%	$228	$57	4
MH Therapy & Counseling	90804- 90857	Encounter	4,100	38,734	$4,678,258	18.56%	$1,141	$121	9
Nursing Home MH Monitoring	T1017	15 Minutes	2,127	53,665	$3,399,678	13.49%	$1,598	$63	25
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	2	58	$1,789	0.01%	$895	$31	29
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	6	21	$3,331	0.01%	$555	$159	4
Partial Hospitalization	Rev 0912, 0913	Days	72	415	$111,519	0.44%	$1,549	$269	6
Peer-directed/operated Svs	H0038	15 Minutes	2	9	$47	0.00%	$23	$5	5

Detroit-Wayne

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	45	3,814	$249,339	0.99%	$5,541	$65	85
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	74	3,463	$327,184	1.30%	$4,421	$94	47
Respite Care	T1005, S5150	15 Minutes	52	98,533	$360,631	1.43%	$6,935	$4	1,895
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	2	43	$2,558	0.01%	$1,279	$59	22
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	4	24	$82	0.00%	$20	$3	6
Supports Coordination	T1016	15 Minutes	28	344	$25,487	0.10%	$910	$74	12
Targeted Case Mangement	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Transportation	T2003, T2004, T 2005	Encounter/Trip	181	214	$25,113	0.10%	$139	$117	1
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	182	4,980	$18,924	0.08%	$104	$4	27
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	2,551	5,240	$285,947	1.13%	$112	$55	2
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$23,562,718	93.49%	$1,064		
Day Program Setting	S5100	15 Minutes	7	52	$191	0.00%	$27	$4	7
Specialized Residential Setting	S5140, S5145	Days	92	9,247	$1,628,103	6.46%	$17,697	$176	101
Supported Independent Housing Setting	H0043	Days	2	140	$9,311	0.04%	$4,656	$67	70
Setting Total:					$1,637,605	6.50%	$16,214		
Total Population and Cost		6,793			$25,202,469	100.00%			

Genesee

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	714	1,188	$143,114	5.19%	$200	$120	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	151	928	$427,408	15.51%	$2,831	$461	6
Community Living Supports	H2015	15 Minutes	3	102	$966	0.04%	$322	$9	34
Community Living Supports	H2016	Days	8	683	$75,710	2.75%	$9,464	$111	85
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	78	342	$22,055	0.80%	$283	$64	4
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	14	38	$7,339	0.27%	$524	$193	3
Health Services	S9445, S9446, S9470	Encounter	1	1	$199	0.01%	$199	$199	1
Health Services	97802, 97803, H0034, T1002	15 Minutes	3	41	$8,181	0.30%	$2,727	$200	14
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	118	12,189	$844,819	30.65%	$7,159	$69	103
Housing Assistance	T2038	Month	9	17	$627	0.02%	$70	$37	2
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	8	247	$90,157	3.27%	$11,270	$365	31
Intensive Crisis Stabilization	S9484	Hour	6	31	$3,115	0.11%	$519	$100	5
Medication Administration	90782, 90788, 99506	Encounter	1	1	$54	0.00%	$54	$54	1
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	321	976	$158,424	5.75%	$494	$162	3
MH Therapy & Counseling	90804- 90857	Encounter	425	2,639	$206,563	7.49%	$486	$78	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	2	12	$2,394	0.09%	$1,197	$200	6
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	15	42	$8,380	0.30%	$559	$200	3
Partial Hospitalization	Rev 0912, 0913	Days	89	1,000	$140,080	5.08%	$1,574	$140	11
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Genesee

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	34	14,137	$62,344	2.26%	$1,834	$4	416
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	14	107	$10,237	0.37%	$731	$96	8
Targeted Case Mangement	T1017	15 Minutes	279	6,121	$469,419	17.03%	$1,683	$77	22
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	102	149	$11,985	0.43%	$118	$80	1
Wraparound	H2022	Days	23	171	$6,316	0.23%	$275	$37	7
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$2,699,886	97.96%	$1,117		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	9	431	$56,199	2.04%	$6,244	$130	48
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$56,199	2.04%	$6,244		
Total Population and Cost		893			$2,756,085	100.00%			

Gogebic

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	56	93	$41,109	8.41%	$734	$442	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	12	63	$14,742	3.02%	$1,229	$234	5
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	7	40	$25,123	5.14%	$3,589	$628	6
Community Living Supports	H2015	15 Minutes	14	196	$4,296	0.88%	$307	$22	14
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	30	178	$10,413	2.13%	$347	$58	6
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	3	3	$717	0.15%	$239	$239	1
Health Services	97802, 97803, H0034, T1002	15 Minutes	29	128	$7,648	1.57%	$264	$60	4
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	41	4,415	$143,488	29.36%	$3,500	$33	108
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	37	206	$41,714	8.54%	$1,127	$202	6
MH Therapy & Counseling	90804- 90857	Encounter	64	282	$47,915	9.80%	$749	$170	4
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Gogebic

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	15	140	$21,700	4.44%	$1,447	$155	9
Respite Care	T1005, S5150	15 Minutes	5	1,703	$7,654	1.57%	$1,531	$4	341
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	60	3,069	$118,924	24.34%	$1,982	$39	51
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	13	17	$3,243	0.66%	$249	$191	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$488,685	100.00%	$1,266		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		142			$488,685	100.00%			

Gratiot

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	38	38	$6,772	0.63%	$178	$178	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	2	11	$2,492	0.23%	$1,246	$227	6
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	10	103	$91,394	8.54%	$9,139	$887	10
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	45	334	$14,235	1.33%	$316	$43	7
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	20	57	$4,218	0.39%	$211	$74	3
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	86	8,506	$411,350	38.42%	$4,783	$48	99
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	1	168	$42,270	3.95%	$42,270	$252	168
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	71	242	$21,562	2.01%	$304	$89	3
MH Therapy & Counseling	90804- 90857	Encounter	257	1,935	$228,198	21.31%	$888	$118	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Gratiot

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	1	3	$219	0.02%	$219	$73	3
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	63	13,466	$165,766	15.48%	$2,631	$12	214
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	15	348	$16,600	1.55%	$1,107	$48	23
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	0	0	$0	0.00%	$0	$0	0
Wraparound	H2022	Days	11	23	$1,433	0.13%	$130	$62	2
Wraparound	T1016	15 Minutes	23	1,201	$64,193	6.00%	$2,791	$53	52
Setting Total:					$1,070,702	100.00%	$1,665		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		324			$1,070,702	100.00%			

Hiawatha

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	267	587	$96,911	14.30%	$363	$165	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	3	$301	0.04%	$301	$100	3
Behavior Management Review	H2000	Encounter	11	37	$4,725	0.70%	$430	$128	3
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	20	169	$118,769	17.53%	$5,938	$703	8
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	78	136	$9,075	1.34%	$116	$67	2
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	36	527	$16,127	2.38%	$448	$31	15
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	77	6,890	$143,656	21.20%	$1,866	$21	89
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	2	119	$31,035	4.58%	$15,517	$261	60
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	86	252	$42,560	6.28%	$495	$169	3
MH Therapy & Counseling	90804- 90857	Encounter	368	847	$74,398	10.98%	$202	$88	2
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Hiawatha

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	33	16,532	$118,697	17.52%	$3,597	$7	501
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	6	18	$3,353	0.49%	$559	$186	3
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	26	461	$7,715	1.14%	$297	$17	18
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	51	73	$10,221	1.51%	$200	$140	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$677,543	100.00%	$638		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		301			$677,543	100.00%			

Huron

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	57	104	$24,185	6.10%	$424	$233	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	6	22	$1,385	0.35%	$231	$63	4
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	6	40	$19,993	5.04%	$3,332	$500	7
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	76	681	$49,635	12.51%	$653	$73	9
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	30	3,937	$147,291	37.13%	$4,910	$37	131
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	2	13	$3,692	0.93%	$1,846	$284	7
Intensive Crisis Stabilization	S9484	Hour	1	6	$60	0.02%	$60	$10	6
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	47	278	$23,908	6.03%	$509	$86	6
MH Therapy & Counseling	90804- 90857	Encounter	59	610	$79,502	20.04%	$1,347	$130	10
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Huron

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	11	4,923	$4,929	1.24%	$448	$1	448
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	22	2,416	$19,306	4.87%	$878	$8	110
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	1	3	$39	0.01%	$39	$13	3
Targeted Case Mangement	T1017	15 Minutes	32	1,500	$22,720	5.73%	$710	$15	47
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	0	0	$0	0.00%	$0	$0	0
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$396,645	100.00%	$1,133		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		175			$396,645	100.00%			

Ionia

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	169	175	$46,872	4.06%	$277	$268	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	8	24	$2,142	0.19%	$268	$89	3
Behavior Management Review	H2000	Encounter	2	4	$244	0.02%	$122	$61	2
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	10	49	$34,436	2.98%	$3,444	$703	5
Community Living Supports	H2015	15 Minutes	35	14,075	$69,949	6.06%	$1,999	$5	402
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	32	135	$6,436	0.56%	$201	$48	4
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	39	112	$27,125	2.35%	$696	$242	3
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	148	11,406	$684,313	59.28%	$4,624	$60	77
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	104	476	$70,537	6.11%	$678	$148	5
MH Therapy & Counseling	90804- 90857	Encounter	296	1,574	$94,941	8.22%	$321	$60	5
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	12	26	$8,134	0.70%	$678	$313	2
Respite Care	T1005, S5150	15 Minutes	11	3,024	$23,278	2.02%	$2,116	$8	275
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	1	1	$55	0.00%	$55	$55	1
Targeted Case Mangement	T1017	15 Minutes	24	696	$40,971	3.55%	$1,707	$59	29
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	39	41	$14,127	1.22%	$362	$345	1
Wraparound	H2022	Days	10	13	$22,655	1.96%	$2,266	$1,743	1
Wraparound	T1016	15 Minutes	6	71	$8,178	0.71%	$1,363	$115	12
Setting Total:					$1,154,393	100.00%	$1,220		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		460			$1,154,393	100.00%			

Kalamazoo

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	1	65	$14,443	0.32%	$14,443	$222	65
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	432	613	$277,869	6.10%	$643	$453	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	29	237	$51,794	1.14%	$1,786	$219	8
Behavior Management Review	H2000	Encounter	3	6	$28	0.00%	$9	$5	2
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	35	183	$175,792	3.86%	$5,023	$961	5
Community Living Supports	H2015	15 Minutes	202	74,095	$554,087	12.16%	$2,743	$7	367
Community Living Supports	H2016	Days	19	764	$161,897	3.55%	$8,521	$212	40
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	394	3,519	$198,492	4.36%	$504	$56	9
Crisis Residential	H0018	Days	9	53	$18,172	0.40%	$2,019	$343	6
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	6	17	$1,050	0.02%	$175	$62	3
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	283	1,010	$70,516	1.55%	$249	$70	4
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	298	20,671	$1,406,303	30.87%	$4,719	$68	69
Housing Assistance	T2038	Month	3	9	$0	0.00%	$0	$0	3
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	4	322	$82,982	1.82%	$20,746	$258	81
Inpatient Psychiatric Services in Private IMD	0100	Days	4	25	$36,741	0.81%	$9,185	$1,470	6
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	1	1	$7,051	0.15%	$7,051	$7,051	1
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	355	1,135	$52,657	1.16%	$148	$46	3
MH Therapy & Counseling	90804- 90857	Encounter	377	3,446	$252,950	5.55%	$671	$73	9
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	8	38	$20,306	0.45%	$2,538	$534	5
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Kalamazoo

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	66	1,383	$13,233	0.29%	$201	$10	21
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	345	404,967	$586,807	12.88%	$1,701	$1	1,174
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	77	411	$1,377	0.03%	$18	$3	5
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	64	2,084	$124,524	2.73%	$1,946	$60	33
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	0	0	$0	0.00%	$0	$0	0
Wraparound	H2022	Days	95	566	$13,284	0.29%	$140	$23	6
Wraparound	T1016	15 Minutes	89	13,163	$433,070	9.51%	$4,866	$33	148
Setting Total:					$4,555,425	100.00%	$1,424		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		1,576			$4,555,425	100.00%			

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	163	214	$43,162	7.19%	$265	$202	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	2	2	$93	0.02%	$47	$47	1
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	14	104	$67,456	11.24%	$4,818	$649	7
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	1	8	$908	0.15%	$908	$114	8
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	3	47	$2,250	0.37%	$750	$48	16
Crisis Residential	H0018	Days	2	55	$10,229	1.70%	$5,115	$186	28
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	1	2	$93	0.02%	$93	$47	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	25	3,116	$124,258	20.70%	$4,970	$40	125
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	66	285	$25,970	4.33%	$393	$91	4
MH Therapy & Counseling	90804- 90857	Encounter	120	956	$160,123	26.67%	$1,334	$167	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	1	1	$186	0.03%	$186	$186	1
Partial Hospitalization	Rev 0912, 0913	Days	1	14	$2,100	0.35%	$2,100	$150	14
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	1	8	$65	0.01%	$65	$8	8
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	6	5,300	$22,615	3.77%	$3,769	$4	883
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	3	171	$12,383	2.06%	$4,128	$72	57
Targeted Case Mangement	T1017	15 Minutes	27	1,575	$117,533	19.58%	$4,353	$75	58
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	66	77	$10,970	1.83%	$166	$142	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$600,394	100.00%	$1,196		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		204			$600,394	100.00%			

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	154	217	$95,729	10.46%	$622	$441	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	17	97	$72,750	7.95%	$4,279	$750	6
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	35	53	$24,046	2.63%	$687	$454	2
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	0	0	$0	0.00%	$0	$0	0
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$35,377	3.87%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	194	1,061	$154,325	16.87%	$795	$145	5
MH Therapy & Counseling	90804- 90857	Encounter	34	462	$49,337	5.39%	$1,451	$107	14
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Lenawee

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	0	0	$0	0.00%	$0	$0	0
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	211	1,708	$427,573	46.74%	$2,026	$250	8
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	19	151	$40,351	4.41%	$2,124	$267	8
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$899,488	98.32%	$1,355		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	1	$15,390	1.68%	$0	$15,390	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$15,390	1.68%			
Total Population and Cost		258			$914,878	100.00%			

Lifeways

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	1,488	2,402	$276,147	11.51%	$186	$115	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	1	4	$133	0.01%	$133	$33	4
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	34	67	$5,805	0.24%	$171	$87	2
Behavior Management Review	H2000	Encounter	11	19	$1,060	0.04%	$96	$56	2
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	43	354	$274,713	11.45%	$6,389	$776	8
Community Living Supports	H2015	15 Minutes	83	8,962	$130,085	5.42%	$1,567	$15	108
Community Living Supports	H2016	Days	4	282	$82,997	3.46%	$20,749	$294	71
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	4	277	$488	0.02%	$122	$2	69
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	22	7,628	$35,104	1.46%	$1,596	$5	347
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	1	8	$456	0.02%	$456	$57	8
Health Services	97802, 97803, H0034, T1002	15 Minutes	1	27	$897	0.04%	$897	$33	27
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	87	6,601	$281,156	11.72%	$3,232	$43	76
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	8	785	$173,485	7.23%	$21,686	$221	98
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	119	179	$32,441	1.35%	$273	$181	2
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	248	815	$94,271	3.93%	$380	$116	3
MH Therapy & Counseling	90804- 90857	Encounter	835	6,495	$521,831	21.76%	$625	$80	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Lifeways

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	16	434	$9,548	0.40%	$597	$22	27
Respite Care	T1005, S5150	15 Minutes	36	10,421	$26,118	1.09%	$726	$3	289
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	122	52,986	$151,684	6.32%	$1,243	$3	434
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	8	$1,638	0.07%	$0	$205	0
Targeted Case Mangement	T1017	15 Minutes	114	3,557	$286,025	11.93%	$2,509	$80	31
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	28	506	$12,351	0.51%	$441	$24	18
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$2,398,432	100.00%	$726		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		1,851			$2,398,432	100.00%			

Livingston

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	196	224	$101,076	5.85%	$516	$451	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	3	11	$4,421	0.26%	$1,474	$402	4
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	9	59	$36,774	2.13%	$4,086	$623	7
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	7	292	$48,814	2.82%	$6,973	$167	42
Community Living Supports	T2036, T2037	Session	15	120	$4,553	0.26%	$304	$38	8
Crisis Intervention	H2011	15 Minutes	20	176	$7,633	0.44%	$382	$43	9
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	117	14,657	$717,801	41.54%	$6,135	$49	125
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	3	142	$35,042	2.03%	$11,681	$247	47
Inpatient Psychiatric Services in Private IMD	0100	Days	1	1	$623	0.04%	$623	$623	1
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	142	612	$84,070	4.86%	$592	$137	4
MH Therapy & Counseling	90804- 90857	Encounter	216	1,087	$128,679	7.45%	$596	$118	5
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Livingston

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	54	27,846	$88,773	5.14%	$1,644	$3	516
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	28	486	$44,926	2.60%	$1,604	$92	17
Targeted Case Mangement	T1017	15 Minutes	68	3,742	$316,424	18.31%	$4,653	$85	55
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	78	84	$10,905	0.63%	$140	$130	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	36	500	$46,220	2.67%	$1,284	$92	14
Setting Total:					$1,676,734	97.03%	$1,689		
Day Program Setting	S5100	15 Minutes	7	917	$51,367	2.97%	$7,338	$56	131
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$51,367	2.97%	$7,338		
Total Population and Cost		337			$1,728,101	100.00%			

Macomb

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	820	1,349	$496,754	7.43%	$606	$368	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	2	21	$9,360	0.14%	$4,680	$446	11
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	59	3,463	$284,256	4.25%	$4,818	$82	59
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	48	230	$16,502	0.25%	$344	$72	5
Crisis Residential	H0018	Days	21	884	$231,863	3.47%	$11,041	$262	42
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	1	1	$122	0.00%	$122	$122	1
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	50	172	$14,153	0.21%	$283	$82	3
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	126	19,077	$693,640	10.38%	$5,505	$36	151
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	19	1,899	$862,442	12.91%	$45,392	$454	100
Inpatient Psychiatric Services in Private IMD	0100	Days	232	2,144	$955,645	14.30%	$4,119	$446	9
Intensive Crisis Stabilization	S9484	Hour	22	170	$20,953	0.31%	$952	$123	8
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	636	3,378	$433,644	6.49%	$682	$128	5
MH Therapy & Counseling	90804- 90857	Encounter	752	4,335	$751,582	11.25%	$999	$173	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	1	4	$168	0.00%	$168	$42	4
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	151	772	$186,616	2.79%	$1,236	$242	5
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Macomb

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	58	3,389	$198,176	2.97%	$3,417	$58	58
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	108	61,283	$113,373	1.70%	$1,050	$2	567
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	229	2,112	$171,913	2.57%	$751	$81	9
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	657	1,025	$296,776	4.44%	$452	$290	2
Wraparound	H2022	Days	31	146	$63,200	0.95%	$2,039	$433	5
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$5,801,138	86.82%	$1,442		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	64	3,728	$880,799	13.18%	$13,762	$236	58
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$880,799	13.18%	$13,762		
Total Population and Cost		1,273			$6,681,937	100.00%			

Manistee-Benzie

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	244	287	$106,456	4.74%	$436	$371	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	4	$488	0.02%	$488	$122	4
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	15	130	$735,968	32.77%	$49,065	$5,661	9
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	21	60	$5,792	0.26%	$276	$97	3
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	82	5,429	$327,392	14.58%	$3,993	$60	66
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	1	70	$17,664	0.79%	$17,664	$252	70
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	31	34	$20,561	0.92%	$663	$605	1
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	94	328	$75,587	3.37%	$804	$230	3
MH Therapy & Counseling	90804- 90857	Encounter	313	2,131	$278,748	12.41%	$891	$131	7
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Manistee-Benzie

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	181	8,040	$438,856	19.54%	$2,425	$55	44
Respite Care	T1005, S5150	15 Minutes	5	3,836	$30,210	1.35%	$6,042	$8	767
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	2	187	$1,353	0.06%	$677	$7	94
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	33	11,310	$125,456	5.59%	$3,802	$11	343
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	30	651	$43,304	1.93%	$1,443	$67	22
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	296	496	$9,037	0.40%	$31	$18	2
Wraparound	H2022	Days	16	235	$29,110	1.30%	$1,819	$124	15
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$2,245,982	100.00%	$1,645		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		551			$2,245,982	100.00%			

Monroe

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	241	391	$79,253	5.89%	$329	$203	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	2	4	$612	0.05%	$306	$153	2
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	18	65	$31,407	2.34%	$1,745	$483	4
Community Living Supports	H2015	15 Minutes	1	5,216	$15,240	1.13%	$15,240	$3	5,216
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	35	107	$6,836	0.51%	$195	$64	3
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	57	16,446	$483,697	35.97%	$8,486	$29	289
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	2	49	$11,285	0.84%	$5,643	$230	25
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	164	976	$136,487	10.15%	$832	$140	6
MH Therapy & Counseling	90804- 90857	Encounter	56	309	$35,598	2.65%	$636	$115	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	13	21	$4,852	0.36%	$373	$231	2
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Monroe

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	19	1,235	$66,409	4.94%	$3,495	$54	65
Respite Care	T1005, S5150	15 Minutes	30	18,879	$81,875	6.09%	$2,729	$4	629
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	1	1	$245	0.02%	$245	$245	1
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	119	5,458	$216,086	16.07%	$1,816	$40	46
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	28	31	$4,793	0.36%	$171	$155	1
Wraparound	H2022	Days	57	750	$170,215	12.66%	$2,986	$227	13
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,344,889	100.00%	$1,595		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		365			$1,344,889	100.00%			

Montcalm

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	414	331	$140,664	12.96%	$340	$425	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	10	24	$4,691	0.43%	$469	$195	2
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	3	8	$5,081	0.47%	$1,694	$635	3
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	136	604	$25,289	2.33%	$186	$42	4
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	89	34,298	$507,610	46.77%	$5,703	$15	385
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	12	76	$37,202	3.43%	$3,100	$490	6
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	73	332	$34,747	3.20%	$476	$105	5
MH Therapy & Counseling	90804- 90857	Encounter	200	864	$110,125	10.15%	$551	$127	4
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Montcalm

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	6	23	$3,769	0.35%	$628	$164	4
Respite Care	T1005, S5150	15 Minutes	0	0	$0	0.00%	$0	$0	0
Respite Care	S5151, H0045	Days	35	64,789	$125,043	11.52%	$3,573	$2	1,851
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	46	820	$84,608	7.80%	$1,839	$103	18
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	162	188	$6,571	0.61%	$41	$35	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,085,400	100.00%	$915		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		414			$1,085,400	100.00%			

Muskegon

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	153	684	$34,405	2.09%	$225	$50	4
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	381	405	$143,686	8.72%	$377	$355	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	11	16	$3,235	0.20%	$294	$202	1
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	2	10	$35	0.00%	$17	$3	5
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	1	4	$45	0.00%	$45	$11	4
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	75	371	$21,600	1.31%	$288	$58	5
Crisis Residential	H0018	Days	1	3	$728	0.04%	$728	$243	3
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	16	26	$3,277	0.20%	$205	$126	2
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	260	1,723	$126,658	7.69%	$487	$74	7
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	41	3,373	$307,854	18.68%	$7,509	$91	82
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	3	312	$94,602	5.74%	$31,534	$303	104
Inpatient Psychiatric Services in Private IMD	0100	Days	21	325	$121,456	7.37%	$5,784	$374	15
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	226	621	$77,383	4.70%	$342	$125	3
MH Therapy & Counseling	90804- 90857	Encounter	660	3,648	$463,321	28.12%	$702	$127	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	6	106	$1,736	0.11%	$289	$16	18
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	1	1	$166	0.01%	$166	$166	1
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Muskegon

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	52	403	$12,545	0.76%	$241	$31	8
Respite Care	T1005, S5150	15 Minutes	95	32,797	$30,501	1.85%	$321	$1	345
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	15	64	$5,314	0.32%	$354	$83	4
Targeted Case Mangement	T1017	15 Minutes	116	2,160	$194,443	11.80%	$1,676	$90	19
Transportation	T2003, T2004, T 2005	Encounter/Trip	1	1	$261	0.02%	$261	$261	1
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	16	53	$4,428	0.27%	$277	$84	3
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,647,678	100.00%	$765		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		564			$1,647,678	100.00%			

Newaygo

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	273	617	$78,384	7.30%	$287	$127	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	7	32	$4,570	0.43%	$653	$143	5
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	1	3	$2,722	0.25%	$2,722	$907	3
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	18	121	$5,039	0.47%	$280	$42	7
Crisis Intervention	H2011	15 Minutes	22	57	$5,963	0.56%	$271	$105	3
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	45	227	$28,999	2.70%	$644	$128	5
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	101	485	$19,219	1.79%	$190	$40	5
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	85	6,940	$358,781	33.41%	$4,221	$52	82
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	21	99	$71,496	6.66%	$3,405	$722	5
Intensive Crisis Stabilization	S9484	Hour	14	23	$7,018	0.65%	$501	$305	2
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	90	515	$34,816	3.24%	$387	$68	6
MH Therapy & Counseling	90804- 90857	Encounter	147	902	$105,572	9.83%	$718	$117	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Newaygo

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	57	277	$37,635	3.50%	$660	$136	5
Respite Care	T1005, S5150	15 Minutes	32	39,561	$61,711	5.75%	$1,928	$2	1,236
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	81	3,409	$184,953	17.22%	$2,283	$54	42
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	167	207	$32,979	3.07%	$197	$159	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	16	470	$33,915	3.16%	$2,120	$72	29
Setting Total:					$1,073,772	100.00%	$912		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		332			$1,073,772	100.00%			

North Country

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	896	1,252	$229,624	12.04%	$256	$183	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	3	15	$433	0.02%	$144	$29	5
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	4	10	$1,749	0.09%	$437	$175	3
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	21	128	$58,940	3.09%	$2,807	$460	6
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	5	616	$86,347	4.53%	$17,269	$140	123
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	173	880	$27,271	1.43%	$158	$31	5
Crisis Residential	H0018	Days	1	8	$3,706	0.19%	$3,706	$463	8
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	11	19	$2,576	0.14%	$234	$136	2
Health Services	97802, 97803, H0034, T1002	15 Minutes	34	54	$2,178	0.11%	$64	$40	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	47	5,895	$300,409	15.76%	$6,392	$51	125
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	71	597	$305,880	16.04%	$4,308	$512	8
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	1	1	$60	0.00%	$60	$60	1
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	295	1,395	$110,804	5.81%	$376	$79	5
MH Therapy & Counseling	90804- 90857	Encounter	733	4,384	$503,101	26.39%	$686	$115	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

North Country

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	4	594	$4,759	0.25%	$1,190	$8	149
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	30	23,952	$26,467	1.39%	$882	$1	798
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	4	17	$1,311	0.07%	$328	$77	4
Targeted Case Mangement	T1017	15 Minutes	36	2,447	$99,570	5.22%	$2,766	$41	68
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	701	926	$141,363	7.41%	$202	$153	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,906,548	100.00%	$621		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		1,184			$1,906,548	100.00%			

Northeast Michigan

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	384	597	$101,795	12.84%	$265	$171	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	68	74	$8,545	1.08%	$126	$115	1
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2015	15 Minutes	1	73	$12,044	1.52%	$12,044	$165	73
Community Living Supports	H2016	Days	4	598	$108,010	13.63%	$27,003	$181	150
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	74	371	$10,070	1.27%	$136	$27	5
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	1	1	$200	0.03%	$200	$200	1
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	199	347	$9,712	1.23%	$49	$28	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	143	7,456	$367,544	46.37%	$2,570	$49	52
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	287	641	$90,271	11.39%	$315	$141	2
MH Therapy & Counseling	90804- 90857	Encounter	115	568	$54,742	6.91%	$476	$96	5
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Northeast Michigan

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	4	598	$6,295	0.79%	$1,574	$11	150
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	3	1,848	$1,469	0.19%	$490	$1	616
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	1	12	$269	0.03%	$269	$22	12
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	233	300	$21,581	2.72%	$93	$72	1
Wraparound	H2022	Days	1	1	$40	0.01%	$40	$40	1
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$792,586	100.00%	$522		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		507			$792,586	100.00%			

Northern Lakes

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	2	8	$380	0.01%	$190	$48	4
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	857	1,612	$269,687	10.04%	$315	$167	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	14	89	$13,815	0.51%	$987	$155	6
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	76	487	$207,884	7.74%	$2,735	$427	6
Community Living Supports	H2015	15 Minutes	1	6	$30	0.00%	$30	$5	6
Community Living Supports	H2016	Days	27	1,601	$96,591	3.60%	$3,577	$60	59
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	206	2,094	$79,228	2.95%	$385	$38	10
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	81	186	$25,263	0.94%	$312	$136	2
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	91	253	$9,818	0.37%	$108	$39	3
Home-Based Services	H0036	15 Minutes	126	16,790	$732,943	27.29%	$5,817	$44	133
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	1	2	$78	0.00%	$78	$39	2
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	325	1,298	$105,402	3.92%	$324	$81	4
MH Therapy & Counseling	90804- 90857	Encounter	891	5,626	$584,770	21.77%	$656	$104	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	1	3	$160	0.01%	$160	$53	3
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	1	8	$2,639	0.10%	$2,639	$330	8
Peer-directed/operated Svs	H0038	15 Minutes	1	18	$38	0.00%	$38	$2	18

Northern Lakes

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	24	740	$16,776	0.62%	$699	$23	31
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	3	8	$186	0.01%	$62	$23	3
Respite Care	T1005, S5150	15 Minutes	111	98,255	$174,658	6.50%	$1,573	$2	885
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	13	142	$6,888	0.26%	$530	$49	11
Targeted Case Mangement	T1017	15 Minutes	288	4,967	$240,937	8.97%	$837	$49	17
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	373	555	$86,149	3.21%	$231	$155	1
Wraparound	H2022	Days	16	136	$31,666	1.18%	$1,979	$233	9
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$2,685,986	100.00%	$761		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		1,283			$2,685,986	100.00%			

Northpointe

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	194	287	$54,100	6.03%	$279	$189	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	4	15	$281	0.03%	$70	$19	4
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	32	113	$78,711	8.77%	$2,460	$697	4
Community Living Supports	H2015	15 Minutes	7	634	$5,910	0.66%	$844	$9	91
Community Living Supports	H2016	Days	4	505	$85,030	9.48%	$21,258	$168	126
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	35	176	$9,680	1.08%	$277	$55	5
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	6	24	$569	0.06%	$95	$24	4
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	37	2,010	$227,908	25.40%	$6,160	$113	54
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	81	371	$46,375	5.17%	$573	$125	5
MH Therapy & Counseling	90804- 90857	Encounter	115	1,020	$122,400	13.64%	$1,064	$120	9
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Northpointe

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	1	245	$4,491	0.50%	$4,491	$18	245
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	83	85	$25,212	2.81%	$304	$297	1
Respite Care	T1005, S5150	15 Minutes	26	13,801	$28,430	3.17%	$1,093	$2	531
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	2	52	$3,900	0.43%	$1,950	$75	26
Targeted Case Mangement	T1017	15 Minutes	65	1,727	$105,360	11.74%	$1,621	$61	27
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	112	163	$28,291	3.15%	$253	$174	1
Wraparound	H2022	Days	12	36	$4,225	0.47%	$352	$117	3
Wraparound	T1016	15 Minutes	35	1,571	$66,390	7.40%	$1,897	$42	45
Setting Total:					$897,263	100.00%	$1,054		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		346			$897,263	100.00%			

Oakland

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	668	1,051	$503,478	6.97%	$754	$479	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	13	80	$36,520	0.51%	$2,809	$457	6
Behavior Management Review	H2000	Encounter	3	3	$413	0.01%	$138	$138	1
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	11	165	$87,616	1.21%	$7,965	$531	15
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	10	658	$49,049	0.68%	$4,905	$75	66
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	394	6,497	$741,503	10.26%	$1,882	$114	16
Crisis Residential	H0018	Days	1	2	$596	0.01%	$596	$298	2
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	41	329	$63,872	0.88%	$1,558	$194	8
Health Services	S9445, S9446, S9470	Encounter	9	16	$4,119	0.06%	$458	$257	2
Health Services	97802, 97803, H0034, T1002	15 Minutes	9	69	$6,410	0.09%	$712	$93	8
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	239	26,634	$2,025,249	28.02%	$8,474	$76	111
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	7	239	$58,555	0.81%	$8,365	$245	34
Inpatient Psychiatric Services in Private IMD	0100	Days	162	2,093	$767,109	10.61%	$4,735	$367	13
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	499	2,387	$372,480	5.15%	$746	$156	5
MH Therapy & Counseling	90804- 90857	Encounter	665	9,297	$803,148	11.11%	$1,208	$86	14
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	85	909	$111,618	1.54%	$1,313	$123	11
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Oakland

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	10	658	$34,848	0.48%	$3,485	$53	66
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	213	129,827	$406,486	5.62%	$1,908	$3	610
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	32	7,169	$253,854	3.51%	$7,933	$35	224
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	1	216	$1,482	0.02%	$1,482	$7	216
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	133	2,411	$145,432	2.01%	$1,093	$60	18
Transportation	T2003, T2004, T 2005	Encounter/Trip	95	109	$11,149	0.15%	$117	$102	1
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	493	804	$272,588	3.77%	$553	$339	2
Wraparound	H2022	Days	46	680	$462,185	6.39%	$10,048	$680	15
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$7,219,759	99.89%	$1,881		
Day Program Setting	S5100	15 Minutes	4	1,140	$2,975	0.04%	$744	$3	285
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	2	62	$5,224	0.07%	$2,612	$84	31
Setting Total:					$8,199	0.11%	$1,367		
Total Population and Cost		1,209			$7,227,958	100.00%			

Ottawa

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	240	318	$103,898	13.67%	$433	$327	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	1	$535	0.07%	$535	$535	1
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	2	12	$6,229	0.82%	$3,114	$519	6
Community Living Supports	H2015	15 Minutes	1	15	$55	0.01%	$55	$4	15
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	112	904	$75,565	9.95%	$675	$84	8
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	1	1	$130	0.02%	$130	$100	1
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	21	366	$23,713	3.12%	$1,129	$65	17
Housing Assistance	T2038	Month	2	2	$1,041	0.14%	$521	$521	1
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	24	139	$69,565	9.16%	$2,899	$500	6
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	119	440	$78,276	10.30%	$658	$178	4
MH Therapy & Counseling	90804- 90857	Encounter	217	2,029	$221,641	29.17%	$1,021	$109	9
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Ottawa

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	5	22	$4,255	0.56%	$851	$193	4
Respite Care	T1005, S5150	15 Minutes	79	100,965	$88,849	11.69%	$1,125	$1	1,278
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	19	82	$5,902	0.78%	$311	$72	4
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	140	217	$62,034	8.16%	$443	$286	2
Wraparound	H2022	Days	5	160	$17,925	2.36%	$3,585	$112	32
Wraparound	T1016	15 Minutes	4	12	$180	0.02%	$45	$15	3
Setting Total:					$759,793	100.00%	$766		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		449			$759,793	100.00%			

Pathways

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	399	583	$136,729	7.68%	$343	$235	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	4	23	$5,493	0.31%	$1,373	$239	6
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	33	261	$158,688	8.91%	$4,809	$608	8
Community Living Supports	H2015	15 Minutes	23	633	$3,982	0.22%	$173	$6	28
Community Living Supports	H2016	Days	6	945	$151,247	8.49%	$25,208	$160	158
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	167	1,202	$196,491	11.03%	$1,177	$163	7
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	13	159	$6,586	0.37%	$507	$41	12
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	72	303	$7,252	0.41%	$101	$24	4
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	151	10,387	$428,879	24.08%	$2,840	$41	69
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	3	129	$48,023	2.70%	$16,008	$372	43
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	138	578	$64,791	3.64%	$470	$112	4
MH Therapy & Counseling	90804- 90857	Encounter	168	1,726	$211,272	11.86%	$1,258	$122	10
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	8	9	$606	0.03%	$76	$67	1
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	4	3,673	$45,178	2.54%	$11,294	$12	918

Pathways

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	1	1	$7	0.00%	$7	$7	1
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	3	1,366	$74,611	4.19%	$24,870	$55	455
Respite Care	T1005, S5150	15 Minutes	24	6,550	$8,191	0.46%	$341	$1	273
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	15	8,196	$34,751	1.95%	$2,317	$4	546
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	4	13	$1,799	0.10%	$450	$138	3
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	2	360	$1,717	0.10%	$859	$5	180
Supports Coordination	T1016	15 Minutes	5	62	$2,508	0.14%	$502	$40	12
Targeted Case Mangement	T1017	15 Minutes	44	2,501	$88,435	4.96%	$2,010	$35	57
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	222	293	$104,030	5.84%	$469	$355	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,781,266	100.00%	$1,180		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		1,509			$1,781,266	100.00%			

Pines

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	1	4	$134	0.03%	$134	$34	4
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	296	487	$71,005	13.55%	$240	$146	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	3	11	$5,235	1.00%	$1,745	$476	4
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	23	122	$4,394	0.84%	$191	$36	5
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	8	9	$1,194	0.23%	$149	$133	1
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	56	130	$5,232	1.00%	$93	$40	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	10	984	$33,004	6.30%	$3,300	$34	98
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	5	33	$17,974	3.43%	$3,595	$545	7
Intensive Crisis Stabilization	S9484	Hour	26	31	$7,513	1.43%	$289	$242	1
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	75	286	$19,266	3.68%	$257	$67	4
MH Therapy & Counseling	90804- 90857	Encounter	311	2,422	$263,549	50.30%	$847	$109	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Pines

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	125	4,565	$80,765	15.41%	$646	$18	37
Respite Care	T1005, S5150	15 Minutes	20	5,664	$8,500	1.62%	$425	$2	283
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	3	77	$3,099	0.59%	$1,033	$40	26
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	58	62	$3,114	0.59%	$54	$50	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$523,978	100.00%	$514		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		491			$523,978	100.00%			

Saginaw

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	464	795	$140,614	6.83%	$303	$177	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	1	$105	0.01%	$105	$105	1
Behavior Management Review	H2000	Encounter	1	1	$96	0.00%	$96	$96	1
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	86	696	$399,913	19.42%	$4,650	$575	8
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	49	81	$7,102	0.34%	$145	$88	2
Crisis Intervention	H2011	15 Minutes	247	1,931	$106,205	5.16%	$430	$55	8
Crisis Residential	H0018	Days	4	17	$6,997	0.34%	$1,749	$412	4
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	130	2,668	$41,434	2.01%	$319	$16	21
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	149	15,130	$749,540	36.40%	$5,030	$50	102
Housing Assistance	T2038	Month	4	5	$106	0.01%	$27	$21	1
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	11	428	$180,821	8.78%	$16,438	$422	39
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	233	975	$63,277	3.07%	$272	$65	4
MH Therapy & Counseling	90804- 90857	Encounter	227	1,735	$252,703	12.27%	$1,113	$146	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Saginaw

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	22	135	$24,520	1.19%	$1,115	$182	6
Respite Care	T1005, S5150	15 Minutes	8	145	$341	0.02%	$43	$2	18
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	2	17	$1,121	0.05%	$561	$66	9
Targeted Case Mangement	T1017	15 Minutes	65	1,999	$79,060	3.84%	$1,216	$40	31
Transportation	T2003, T2004, T 2005	Encounter/Trip	5	10	$342	0.02%	$68	$34	2
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	7	13	$46	0.00%	$7	$4	2
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	7	7	$315	0.02%	$45	$45	1
Wraparound	H2022	Days	3	330	$4,491	0.22%	$1,497	$14	110
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$2,059,149	100.00%	$1,194		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		694			$2,059,149	100.00%			

Sanilac

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	87	114	$36,241	5.75%	$417	$318	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	3	10	$1,187	0.19%	$396	$119	3
Behavior Management Review	H2000	Encounter	1	3	$81	0.01%	$81	$27	3
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	4	47	$31,528	5.00%	$7,882	$671	12
Community Living Supports	H2015	15 Minutes	2	399	$2,620	0.42%	$1,310	$7	200
Community Living Supports	H2016	Days	2	448	$47,597	7.55%	$23,799	$106	224
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	37	316	$27,195	4.32%	$735	$86	9
Crisis Residential	H0018	Days	3	45	$13,274	2.11%	$4,425	$295	15
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	1	2	$424	0.07%	$424	$212	2
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	87	393	$15,510	2.46%	$178	$39	5
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	19	701	$38,915	6.18%	$2,048	$56	37
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	9	125	$59,791	9.49%	$6,643	$478	14
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	60	242	$22,726	3.61%	$379	$94	4
MH Therapy & Counseling	90804- 90857	Encounter	72	634	$115,704	18.36%	$1,607	$182	9
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	3	3	$994	0.16%	$331	$331	1
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

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Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	2	448	$19,624	3.11%	$9,812	$44	224
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	7	5,969	$12,400	1.97%	$1,771	$2	853
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	15	532	$3,118	0.49%	$208	$6	35
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	6	383	$48,007	7.62%	$8,001	$125	64
Targeted Case Mangement	T1017	15 Minutes	57	1,579	$104,246	16.55%	$1,829	$66	28
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	69	88	$28,858	4.58%	$418	$328	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$630,040	100.00%	$1,154		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		124			$630,040	100.00%			

Shiawassee

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	1	44	$3,292	0.53%	$3,292	$75	44
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	102	157	$35,409	5.73%	$347	$226	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	6	45	$18,182	2.94%	$3,030	$404	8
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	39	162	$9,378	1.52%	$240	$58	4
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	69	4,694	$222,102	35.95%	$3,219	$47	68
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	3	63	$11,305	1.83%	$3,768	$179	21
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	74	366	$27,374	4.43%	$370	$75	5
MH Therapy & Counseling	90804- 90857	Encounter	95	857	$117,787	19.07%	$1,240	$137	9
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Shiawassee

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	27	4,649	$18,204	2.95%	$674	$4	172
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	60	1,428	$97,949	15.86%	$1,632	$69	24
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	0	0	$0	0.00%	$0	$0	0
Wraparound	H2022	Days	17	215	$56,772	9.19%	$3,340	$264	13
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$617,754	100.00%	$1,253		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		200			$617,754	100.00%			

St. Clair

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	337	625	$162,813	5.70%	$483	$261	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	5	$1,008	0.04%	$1,008	$202	5
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	1	36	$127	0.00%	$127	$4	36
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	39	214	$98,524	3.45%	$2,526	$460	5
Community Living Supports	H2015	15 Minutes	4	234	$954	0.03%	$239	$4	59
Community Living Supports	H2016	Days	19	1,496	$81,765	2.86%	$4,303	$55	79
Community Living Supports	T2036, T2037	Session	11	55	$4,130	0.14%	$375	$75	5
Crisis Intervention	H2011	15 Minutes	29	157	$6,160	0.22%	$212	$39	5
Crisis Residential	H0018	Days	30	601	$137,822	4.82%	$4,594	$229	20
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	70	426	$56,536	1.98%	$808	$133	6
Health Services	S9445, S9446, S9470	Encounter	1	1	$126	0.00%	$126	$126	1
Health Services	97802, 97803, H0034, T1002	15 Minutes	16	53	$5,175	0.18%	$323	$98	3
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	130	44,383	$1,248,892	43.70%	$9,607	$28	341
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	2	2	$127	0.00%	$64	$64	1
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	174	630	$38,966	1.36%	$224	$62	4
MH Therapy & Counseling	90804- 90857	Encounter	260	4,164	$477,946	16.73%	$1,838	$115	16
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	9	117	$8,448	0.30%	$939	$72	13
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	9	9	$6,710	0.23%	$746	$746	1
Partial Hospitalization	Rev 0912, 0913	Days	8	40	$19,902	0.70%	$2,488	$498	5
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

St. Clair

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	19	1,496	$15,622	0.55%	$822	$10	79
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	60	39,834	$77,968	2.73%	$1,299	$2	664
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	1	98	$230	0.01%	$230	$2	98
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	7	264	$18,226	0.64%	$2,604	$69	38
Targeted Case Mangement	T1017	15 Minutes	205	6,010	$308,532	10.80%	$1,505	$51	29
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	161	358	$80,845	2.83%	$502	$226	2
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$2,857,554	100.00%	$1,783		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		441			$2,857,554	100.00%			

St. Joseph

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	143	176	$37,389	4.52%	$261	$212	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	12	56	$31,725	3.84%	$2,644	$567	5
Community Living Supports	H2015	15 Minutes	19	9,424	$4,837	0.59%	$255	$1	496
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	50	358	$22,412	2.71%	$448	$63	7
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	2	2	$2,436	0.29%	$1,218	$1,218	1
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	99	7,393	$255,058	30.86%	$2,576	$34	75
Housing Assistance	T2038	Month	1	3	$567	0.07%	$567	$189	3
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	172	568	$63,479	7.68%	$369	$112	3
MH Therapy & Counseling	90804- 90857	Encounter	136	1,030	$90,401	10.94%	$665	$88	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	2	13	$5,087	0.62%	$2,544	$391	7
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

St. Joseph

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	58	1,788	$279,886	33.87%	$4,826	$157	31
Respite Care	T1005, S5150	15 Minutes	19	4,802	$14,693	1.78%	$773	$3	253
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	1	5	$309	0.04%	$309	$62	5
Targeted Case Mangement	T1017	15 Minutes	19	464	$13,155	1.59%	$692	$28	24
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	62	63	$4,965	0.60%	$80	$79	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$826,399	100.00%	$1,039		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		321			$826,399	100.00%			

Summit Pointe

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	630	684	$168,041	9.79%	$267	$246	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	2	5	$1,574	0.09%	$787	$315	3
Behavior Management Review	H2000	Encounter	1	36	$7,959	0.46%	$7,959	$221	36
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	25	146	$129,259	7.53%	$5,170	$885	6
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	2	200	$96,118	5.60%	$48,059	$481	100
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	32	224	$15,721	0.92%	$491	$70	7
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	74	7,309	$373,858	21.79%	$5,052	$51	99
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	15	129	$134,027	7.81%	$8,935	$1,039	9
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	1	27	$1,487	0.09%	$1,487	$55	27
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	190	511	$64,155	3.74%	$338	$126	3
MH Therapy & Counseling	90804- 90857	Encounter	579	2,914	$471,108	27.45%	$814	$162	5
Nursing Home MH Monitoring	T1017	15 Minutes	27	247	$20,290	1.18%	$751	$82	9
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Summit Pointe

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	2	200	$8,495	0.50%	$4,247	$42	100
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	2	3,790	$6,629	0.39%	$3,315	$2	1,895
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	1	4	$56	0.00%	$56	$14	4
Supports Coordination	T1016	15 Minutes	3	53	$4,635	0.27%	$1,545	$87	18
Targeted Case Mangement	T1017	15 Minutes	42	1,559	$130,683	7.62%	$3,112	$84	37
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	0	0	$0	0.00%	$0	$0	0
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,634,096	95.22%	$1,004		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	1	144	$81,942	4.78%	$81,942	$569	144
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$81,942	4.78%	$81,942		
Total Population and Cost		942			$1,716,038	100.00%			

Tuscola

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	139	192	$37,114	4.16%	$267	$193	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	2	10	$665	0.07%	$333	$67	5
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	18	137	$55,586	6.24%	$3,088	$406	8
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	2	98	$27,930	3.13%	$13,965	$285	49
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	54	620	$38,481	4.32%	$713	$62	11
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	123	7,360	$505,372	56.71%	$4,109	$69	60
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	1	202	$50,158	5.63%	$50,158	$248	202
Inpatient Psychiatric Services in Private IMD	0100	Days	1	13	$8,645	0.97%	$8,645	$665	13
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	132	623	$62,284	6.99%	$472	$100	5
MH Therapy & Counseling	90804- 90857	Encounter	119	728	$44,413	4.98%	$373	$61	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Tuscola

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	9	10,301	$6,992	0.78%	$777	$1	1,145
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	2	7	$260	0.03%	$130	$37	4
Targeted Case Mangement	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	63	65	$16,444	1.85%	$261	$253	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$854,344	95.86%	$1,285		
Day Program Setting	S5100	15 Minutes	1	22	$102	0.01%	$102	$5	22
Specialized Residential Setting	S5140, S5145	Days	1	129	$36,765	4.13%	$36,765	$285	129
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$36,867	4.14%	$18,434		
Total Population and Cost		292			$891,211	100.00%			

Van Buren

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	156	210	$27,814	1.46%	$178	$132	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	19	82	$7,427	0.39%	$391	$91	4
Behavior Management Review	H2000	Encounter	4	8	$1,159	0.06%	$290	$145	2
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	5	33	$17,546	0.92%	$3,509	$532	7
Community Living Supports	H2015	15 Minutes	74	7,837	$50,729	2.65%	$686	$6	106
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	56	270	$6,374	0.33%	$114	$24	5
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	4	18	$3,166	0.17%	$792	$176	5
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	24	1,897	$170,626	8.93%	$7,109	$90	79
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	16	132	$86,617	4.53%	$5,414	$656	8
Intensive Crisis Stabilization	S9484	Hour	2	3	$276	0.01%	$138	$92	2
Medication Administration	90782, 90788, 99506	Encounter	1	1	$18	0.00%	$18	$18	1
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	110	425	$26,592	1.39%	$242	$63	4
MH Therapy & Counseling	90804- 90857	Encounter	255	1,415	$110,398	5.78%	$433	$78	6
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	1	9	$1,841	0.10%	$1,841	$205	9
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Van Buren

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	4	272	$951	0.05%	$238	$3	68
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	58	9,035	$59,144	3.09%	$1,020	$7	156
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	11	391	$46,891	2.45%	$4,263	$120	36
Targeted Case Mangement	T1017	15 Minutes	139	10,538	$947,840	49.60%	$6,819	$90	76
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	100	117	$10,807	0.57%	$108	$92	1
Wraparound	H2022	Days	37	5,993	$334,746	17.52%	$9,047	$56	162
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,910,962	100.00%	$1,776		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		415			$1,910,962	100.00%			

Washtenaw

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	172	274	$43,648	5.83%	$254	$159	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	0	0	$0	0.00%	$0	$0	0
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	41	250	$177,211	23.68%	$4,322	$709	6
Community Living Supports	H2015	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Living Supports	H2016	Days	0	0	$0	0.00%	$0	$0	0
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	0	0	$0	0.00%	$0	$0	0
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	7	24	$1,248	0.17%	$178	$52	3
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	5	11	$495	0.07%	$99	$45	2
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	21	1,774	$22,175	2.96%	$1,056	$13	84
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	4	311	$68,731	9.18%	$17,183	$221	78
Inpatient Psychiatric Services in Private IMD	0100	Days	2	7	$3,510	0.47%	$1,755	$501	4
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	1	2	$70	0.01%	$70	$35	2
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	151	473	$47,300	6.32%	$313	$100	3
MH Therapy & Counseling	90804- 90857	Encounter	277	2,716	$286,310	38.25%	$1,034	$105	10
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	1	1	$160	0.02%	$160	$160	1
Partial Hospitalization	Rev 0912, 0913	Days	2	21	$3,990	0.53%	$1,995	$190	11
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Washtenaw

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	1	448	$560	0.07%	$560	$1	448
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	0	0	$0	0.00%	$0	$0	0
Supports Coordination	T1016	15 Minutes	5	24	$1,200	0.16%	$240	$50	5
Targeted Case Mangement	T1017	15 Minutes	148	1,661	$83,050	11.10%	$561	$50	11
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	80	88	$8,800	1.18%	$110	$100	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$748,458	100.00%	$815		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		323			$748,458	100.00%			

West Michigan

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	159	351	$63,448	4.65%	$399	$181	2
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	41	215	$37,106	2.72%	$905	$173	5
Behavior Management Review	H2000	Encounter	1	1	$259	0.02%	$259	$259	1
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	8	48	$22,782	1.67%	$2,848	$475	6
Community Living Supports	H2015	15 Minutes	6	137	$768	0.06%	$128	$6	23
Community Living Supports	H2016	Days	1	247	$7,993	0.59%	$7,993	$32	247
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	59	379	$15,944	1.17%	$270	$42	6
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	4	5	$755	0.06%	$189	$151	1
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	0	0	$0	0.00%	$0	$0	0
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	34	11,168	$542,098	39.76%	$15,944	$49	328
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	129	502	$51,404	3.77%	$398	$102	4
MH Therapy & Counseling	90804- 90857	Encounter	171	1,450	$169,799	12.46%	$993	$117	8
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

West Michigan

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	29	14,066	$21,242	1.56%	$732	$2	485
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	62	23,607	$120,955	8.87%	$1,951	$5	381
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	169	5,238	$282,505	20.72%	$1,672	$54	31
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	127	152	$26,233	1.92%	$207	$173	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$1,363,291	100.00%	$1,363		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		455			$1,363,291	100.00%			

Woodlands

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
ACT	H0039	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	T1001, 90801, 90802, 90887, H0002, H0031, T1023, T2010, T2011, 99241-99275	Encounter	200	202	$26,058	5.47%	$130	$129	1
Assessment, Evaluation, and Testing	97802, 97803	15 Minutes	0	0	$0	0.00%	$0	$0	0
Assessment, Evaluation, and Testing	96100, 96115, 96117, 96110, 96111, 96105,	Hour	1	2	$258	0.05%	$258	$129	2
Behavior Management Review	H2000	Encounter	0	0	$0	0.00%	$0	$0	0
Clubhouse Program	H2030	15 Minutes	0	0	$0	0.00%	$0	$0	0
Community Psychiatric Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Days	34	253	$142,138	29.82%	$4,181	$562	7
Community Living Supports	H2015	15 Minutes	1	2,674	$12,702	2.66%	$12,702	$5	2,674
Community Living Supports	H2016	Days	1	152	$9,150	1.92%	$9,150	$60	152
Community Living Supports	T2036, T2037	Session	0	0	$0	0.00%	$0	$0	0
Crisis Intervention	H2011	15 Minutes	34	185	$11,008	2.31%	$324	$60	5
Crisis Residential	H0018	Days	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	90870, 0901 rev	Encounter	0	0	$0	0.00%	$0	$0	0
Electroconvulsive Therapy	00104	Minutes	0	0	$0	0.00%	$0	$0	0
Enhanced Dental		Encounter	0	0	$0	0.00%	$0	$0	0
Enhanced Medical equipment, Assistive Technology, and Children's Waiver Specialized Equipment	E1399, T2029, T2039	Items	0	0	$0	0.00%	$0	$0	0
Enhanced medical/specialized Supplies	T1999, T2028, S5199	Items	0	0	$0	0.00%	$0	$0	0
Enhanced Pharmacy	T1999	Items	0	0	$0	0.00%	$0	$0	0
Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	S5165	Service	0	0	$0	0.00%	$0	$0	0
Extended Observation Beds	Rev 0762	Hour	0	0	$0	0.00%	$0	$0	0
Family Training (including Support and Skills Development)	S5111, G0177	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	S9445, S9446, S9470	Encounter	0	0	$0	0.00%	$0	$0	0
Health Services	97802, 97803, H0034, T1002	15 Minutes	15	85	$2,741	0.57%	$183	$32	6
Health Services	97804	30 Minutes	0	0	$0	0.00%	$0	$0	0
Home-Based Services	H0036	15 Minutes	28	2,696	$113,906	23.89%	$4,068	$42	96
Housing Assistance	T2038	Month	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in State Hospital Facility	0100	Days	0	0	$0	0.00%	$0	$0	0
Inpatient Psychiatric Services in Private IMD	0100	Days	0	0	$0	0.00%	$0	$0	0
Intensive Crisis Stabilization	S9484	Hour	0	0	$0	0.00%	$0	$0	0
Medication Administration	90782, 90788, 99506	Encounter	0	0	$0	0.00%	$0	$0	0
Medication Administration	H2010	15 Minutes	0	0	$0	0.00%	$0	$0	0
Medication Reviews	90862, M0064	Encounter	74	187	$14,773	3.10%	$200	$79	3
MH Therapy & Counseling	90804- 90857	Encounter	230	781	$100,749	21.13%	$438	$129	3
Nursing Home MH Monitoring	T1017	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97504, 97703, 97750, 97755	15 Minutes	0	0	$0	0.00%	$0	$0	0
Occupational Therapy and Physical Therapy	S8990, 97150, 97001, 97002 97003, 97004	Encounter	0	0	$0	0.00%	$0	$0	0
Partial Hospitalization	Rev 0912, 0913	Days	0	0	$0	0.00%	$0	$0	0
Peer-directed/operated Svs	H0038	15 Minutes	0	0	$0	0.00%	$0	$0	0

Woodlands

Service Category	HCPCS/Revenue Code(s):	Unit Measure	Cases	Units	Cost	Percent of Total Cost	Cost/Case	Cost/Unit	Unit/Case
Personal care in Spec Res	T1020	Days	1	152	$7,711	1.62%	$7,711	$51	152
Personal Emergency Response (PERS)	S5161	Month	0	0	$0	0.00%	$0	$0	0
Personal Emergency Response (PERS)	S5160	Install.	0	0	$0	0.00%	$0	$0	0
Prevention-direct Model	H0025	Contact	0	0	$0	0.00%	$0	$0	0
Respite Care	T1005, S5150	15 Minutes	5	1,852	$7,408	1.55%	$1,482	$4	370
Respite Care	S5151, H0045	Days	0	0	$0	0.00%	$0	$0	0
Skill-building Assistance	H2014	15 Minutes	0	0	$0	0.00%	$0	$0	0
Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Encounter	0	0	$0	0.00%	$0	$0	0
SA Access & Referral	H0001, H0002	Encounter	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0004, 90804-90815	15 Minutes	0	0	$0	0.00%	$0	$0	0
SA Outpatient Treatment	H0005, 90847, 90853, 90857	Encounter	0	0	$0	0.00%	$0	$0	0
SA Intensive Outpatient Treatment	H0015	Days	0	0	$0	0.00%	$0	$0	0
SA Methadone Treatment	H0020	Encounter	0	0	$0	0.00%	$0	$0	0
SA LAAM	H0033	Encounter	0	0	$0	0.00%	$0	$0	0
SA Residential SubAcute Detox	H0012	Days	0	0	$0	0.00%	$0	$0	0
SA Residential	H0018, H0019	Days	0	0	$0	0.00%	$0	$0	0
Supported/Integrated Employment	H2023	15 Minutes	1	2	$62	0.01%	$62	$31	2
Supports Coordination	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Targeted Case Mangement	T1017	15 Minutes	21	335	$19,933	4.18%	$949	$60	16
Transportation	T2003, T2004, T 2005	Encounter/Trip	0	0	$0	0.00%	$0	$0	0
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0215	Mile	0	0	$0	0.00%	$0	$0	0
Transportation	T2002	Days	0	0	$0	0.00%	$0	$0	0
Treatment (Person-centered) Planning	H0032	Encounter	62	63	$8,127	1.70%	$131	$129	1
Wraparound	H2022	Days	0	0	$0	0.00%	$0	$0	0
Wraparound	T1016	15 Minutes	0	0	$0	0.00%	$0	$0	0
Setting Total:					$476,724	100.00%	$673		
Day Program Setting	S5100	15 Minutes	0	0	$0	0.00%	$0	$0	0
Specialized Residential Setting	S5140, S5145	Days	0	0	$0	0.00%	$0	$0	0
Supported Independent Housing Setting	H0043	Days	0	0	$0	0.00%	$0	$0	0
Setting Total:					$0				
Total Population and Cost		227			$476,724	100.00%			