SECTION 404 (2) (d) Part 1
TOTAL CMHSP COSTS BY SERVICE CATEGORY
FY 2005

Statewide Summary

Revised Section
8/02/2006

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 for the reporting period October 1, 2004 to September 30, 2005 and submitted to MDCH by January 31, 2006. The data in this section represents the total statewide CMHSP costs for each of the three consumer populations (Adults with Mental Illness, Children with Mental Illness, and Persons with Developmental Disability) by service category. All Department approved services are included.

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

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1,203	171,996	$72,420,595	$60,200	$421	143
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	32	5,715	$2,333,347	$72,917	$408	179
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	3,170	41,727	$20,398,694	$6,435	$489	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	13,223	128,677	$85,373,895	$6,456	$663	10
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	49	115	$0	$0	$0	2
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	5	5	$0	$0	$0	1
ECT Anesthesia	0370			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	2,489	2,238	$1,082,666	$435	$484	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762		Hour	5	5	$1,250	$250	$250	1
Additional Codes-ECT Facility Charge	0901		Encounter	94	1,013	$306,086	$3,256	$302	11
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912		Days	1,252	9,153	$2,078,076	$1,660	$227	7
Outpatient Partial Hospitalization	0913		Days	38	279	$133,971	$3,526	$480	7
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	28	2,577	$54,356	$1,941	$21	92
Medication Administration		90782	Encounter	6,731	56,383	$2,779,390	$413	$49	8
Medication Administration		90788	Encounter	6	6	$247	$41	$41	1
Assessment-Psychiatric Assessment		90801	Encounter	49,590	68,696	$13,903,537	$280	$202	1
Assessment-Psychiatric Assessment		90802	Encounter	53	56	$9,457	$178	$169	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	15,112	56,781	$2,720,185	$180	$48	4
Therapy-Individual Therapy		90805	Encounter 20-30 Min	3,225	8,360	$964,588	$299	$115	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	39,302	249,407	$25,368,052	$645	$102	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	1,806	7,563	$510,534	$283	$68	4
Therapy-Individual Therapy		90808	Encounter 75-80 Min	3,855	19,228	$1,589,687	$412	$83	5
Therapy-Individual Therapy		90809	Encounter 75-80 Min	16	16	$3,074	$192	$192	1

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90810	Encounter 20-30 Min	10	12	$1,112	$111	$93	1
Therapy-Individual Therapy		90811	Encounter 20-30 Min	4	4	$202	$51	$51	1
Therapy-Individual Therapy		90812	Encounter 45-50 Min	62	227	$33,027	$533	$145	4
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	15	25	$4,874	$325	$195	2
Therapy-Individual Therapy		90815	Encounter 75-80 Min	2	2	$449	$224	$224	1
Therapy-Individual Therapy		90816	Encounter 20-30 Min	13	33	$3,270	$252	$99	3
Therapy-Individual Therapy		90817	Encounter 20-30 Min	132	921	$38,837	$294	$42	7
Therapy-Individual Therapy		90818	Encounter 45-50 Min	6	26	$3,480	$580	$134	4
Therapy-Individual Therapy		90819	Encounter 45-50 Min	10	11	$1,166	$117	$106	1
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	1	1	$32	$32	$32	1
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	405	2,767	$366,278	$904	$132	7
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846	Encounter	477	1,212	$124,564	$261	$103	3
Therapy-Family Therapy		90847	Encounter	1,830	5,570	$629,627	$344	$113	3
Therapy-Family Therapy		90849	Encounter	30	115	$21,218	$707	$185	4
Therapy-Family Therapy		90849	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853	Encounter	7,965	84,269	$5,632,154	$707	$67	11
Therapy-Group Therapy		90857	Encounter	919	69,993	$342,937	$373	$5	76
Medication Review		90862	Encounter	65,674	283,523	$26,113,943	$398	$92	4
Additional Codes-ECT Physician		90870	Encounter	51	495	$50,334	$987	$102	10
Assessments-Other		90887	Encounter	1,700	2,762	$83,292	$49	$30	2
Speech & Language Therapy		92506	Encounter	16	19	$3,463	$216	$182	1
Speech & Language Therapy		92507	Encounter	8	44	$3,906	$488	$89	6
Speech & Language Therapy		92508	Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526	Encounter	1	23	$2,519	$2,519	$110	23
Speech & Language Therapy		92610	Encounter	17	43	$7,349	$432	$171	3
Assessments-Testing		96100	Hour	806	2,209	$272,531	$338	$123	3
Assessments-Other		96105	Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110	Encounter	58	74	$14,086	$243	$190	1
Assessments-Other		96111	Encounter	30	55	$9,053	$302	$165	2
Assessments-Testing		96115	Hour	41	90	$4,903	$120	$54	2
Assessments-Testing		96117	Hour	11	20	$2,227	$202	$111	2
Physical Therapy		97001	Encounter	14	14	$1,773	$127	$127	1
Physical Therapy		97002	Encounter	8	15	$2,455	$307	$164	2
Occupational Therapy		97003	Encounter	472	534	$118,886	$252	$223	1
Occupational Therapy		97004	Encounter	146	230	$37,717	$258	$164	2
Occupational or Physical Therapy		97110	15 Minutes	45	2,937	$18,621	$414	$6	65
Occupational or Physical Therapy		97112	15 Minutes	1	1	$17	$17	$17	1
Occupational or Physical Therapy		97113	15 Minutes	0	0	$0	$0	$0	0

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97116	15 Minutes	1	39	$2,180	$2,180	$56	39
Occupational or Physical Therapy		97124	15 Minutes	2	54	$3,050	$1,525	$56	27
Occupational or Physical Therapy		97140	15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150	Encounter	754	5,996	$246,485	$327	$41	8
Occupational Therapy		97504	15 Minutes	1	1	$171	$171	$171	1
Occupational or Physical Therapy		97530	15 Minutes	72	952	$47,974	$666	$50	13
Occupational or Physical Therapy		97532	15 Minutes	4	58	$7,904	$1,976	$136	15
Occupational or Physical Therapy		97533	15 Minutes	3	5	$83	$28	$17	2
Occupational or Physical Therapy		97535	15 Minutes	33	779	$36,943	$1,119	$47	24
Occupational or Physical Therapy		97537	15 Minutes	81	1,381	$42,697	$527	$31	17
Occupational or Physical Therapy		97542	15 Minutes	1	23	$1,523	$1,523	$66	23
Occupational Therapy		97703	15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750	15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755	15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802	15 Minutes	1,311	5,588	$205,216	$157	$37	4
Assessment or Health Services		97803	15 Minutes	364	2,796	$183,763	$505	$66	8
Health Services		97804	30 Minutes	2	15	$586	$293	$39	8
Additional Codes-Physician Services		99201	Encounter	6	6	$337	$56	$56	1
Additional Codes-Physician Services		99202	Encounter	40	44	$4,691	$117	$107	1
Additional Codes-Physician Services		99203	Encounter	20	21	$3,771	$189	$180	1
Additional Codes-Physician Services		99204	Encounter	9	9	$2,273	$253	$253	1
Additional Codes-Physician Services		99205	Encounter	56	56	$13,229	$236	$236	1
Additional Codes-Physician Services		99211	Encounter	267	1,916	$115,941	$434	$61	7
Additional Codes-Physician Services		99212	Encounter	28	31	$1,580	$56	$51	1
Additional Codes-Physician Services		99213	Encounter	886	1,336	$169,641	$191	$127	2
Additional Codes-Physician Services		99214	Encounter	528	1,506	$130,829	$248	$87	3
Additional Codes-Physician Services		99215	Encounter	161	182	$50,165	$312	$276	1
Additional Codes-Physician Services		99221		359	405	$45,772	$127	$113	1
Additional Codes-Physician Services		99222		1,497	1,736	$158,068	$106	$91	1
Additional Codes-Physician Services		99223		282	310	$26,600	$94	$86	1
Additional Codes-Physician Services		99231		1,147	6,030	$322,820	$281	$54	5
Additional Codes-Physician Services		99232		1,315	4,535	$306,869	$233	$68	3
Additional Codes-Physician Services		99233		239	382	$24,567	$103	$64	2
Additional Codes-Physician Services		99238	30 Minutes or less	626	764	$46,496	$74	$61	1
Additional Codes-Physician Services		99241	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242	Encounter	33	33	$2,863	$87	$87	1
Additional Codes-Physician Services		99243	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251	Encounter	85	87	$4,643	$55	$53	1
Additional Codes-Physician Services		99252	Encounter	182	185	$20,266	$111	$110	1
Additional Codes-Physician Services		99253	Encounter	556	646	$75,453	$136	$117	1
Additional Codes-Physician Services		99254	Encounter	117	129	$15,618	$133	$121	1
Additional Codes-Physician Services		99255	Encounter	7	7	$902	$129	$129	1
Additional Codes-Physician Services		99261	Encounter	19	24	$1,504	$79	$63	1

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99262	Encounter	63	105	$41,415	$657	$394	2
Additional Codes-Physician Services		99263	Encounter	42	65	$5,157	$123	$79	2
Additional Codes-Physician Services		99271	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	$0	$0	$0	0
Medication Administration		99506	Encounter	260	1,937	$149,284	$574	$77	7
Transportation		A0080	Per mile	39	5,861	$13,337	$342	$2	150
Transportation		A0090	Per mile	0	0	$0	$0	$0	0
Transportation		A0100	Per one-way trip	382	800	$4,758	$12	$6	2
Transportation		A0110	Per one-way trip	86	1,206	$106,575	$1,239	$88	14
Transportation		A0120		45	3,025	$22,230	$494	$7	67
Transportation		A0130		0	0	$0	$0	$0	0
Transportation		A0140		0	0	$0	$0	$0	0
Transportation		A0170		0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425	Per Mile	315	8,573	$39,788	$126	$5	27
Additional Codes-Transportation		A0427	Refer to Code Descriptions	941	1,121	$52,878	$56	$47	1
Additional codes - Transportation		A0428		31	35	$4,177	$135	$119	1
General dental services		D0150		257	2,899	$706,502	$2,749	$244	11
Comp periodontal evaluation		D0180	Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220		0	0	$0	$0	$0	0
Intraoral periapical		D0230		0	0	$0	$0	$0	0
Bitewings		D0274		0	0	$0	$0	$0	0
Prophylaxis Adult		D1110		2	3	$238	$119	$79	2
Resin based comp-one surface, ant		D2330		0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331		1	1	$166	$166	$166	1
Resin based comp-three surfaces, an		D2332		1	1	$179	$179	$179	1
Resin based comp-one surface, post		D2391		0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392		0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393		0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750		0	0	$0	$0	$0	0
Peridontal, main		D4910		0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210		0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920		0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177	Encounter	64	324	$45,008	$703	$139	5
Medication administration		G0351		317	1,979	$111,446	$352	$56	6
Assessment		H0002	Encounter	12,149	15,577	$3,157,203	$260	$203	1
Crisis Residential Services		H0018	Days	3,713	35,080	$9,080,917	$2,446	$259	9
Prevention Services - Direct Model		H0025	Face to Face Contact	519	2,642	$245,113	$472	$93	5
Assessment		H0031	Encounter	29,726	47,094	$6,581,460	$221	$140	2
Treatment Planning		H0032	Encounter	28,370	55,022	$5,996,421	$211	$109	2
Health Services		H0034	15 Minutes	6,347	25,825	$1,065,811	$168	$41	4

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	1,848	243,084	$1,656,700	$896	$7	132
Peer Directed and Operated Support Services		NA		606	5,120	$2,631,705	$4,343	$514	8
Assertive Community Treatment (ACT)		H0039	15 Minutes	6,316	1,071,400	$50,961,505	$8,069	$48	170
Community Living Supports in Independent living/own home		H0043	Per diem	178	26,763	$384,856	$2,162	$14	150
Respite		H0045	Per Diem	21	230	$27,632	$1,316	$120	11
Behavior Management Review		H2000	Encounter	625	987	$87,721	$140	$89	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	19,127	138,023	$9,724,055	$508	$70	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	5,162	3,812,930	$13,923,944	$2,697	$4	739
Community Living Supports (15 Minutes)		H2015	15 Minutes	3,980	6,760,668	$24,703,697	$6,207	$4	1,699
Community Living Supports (Daily)		H2016	Per Diem	3,269	477,019	$25,253,152	$7,725	$53	146
Community Living Supports (Daily)		H2016	Per Diem	1,429	237,234	$12,229,488	$8,558	$52	166
Community Living Supports (Daily)		H2016	Per Diem	2,933	529,779	$61,527,817	$20,978	$116	181
Behavior Services		H2019	15 Minutes	15	395	$9,432	$629	$24	26
Supported Employment Services		H2023	15 minutes	2,149	947,097	$9,658,927	$4,495	$10	441
Mental Health Therapy		H2027	15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	4,210	5,242,999	$22,777,723	$5,410	$4	1,245
Medication Review		M0064	Encounter Face-to-Face	9,818	28,004	$1,963,709	$200	$70	3
Transportation		S0209	Per Mile	0	0	$0	$0	$0	0
Transportation		S0215	Per Mile	1,381	30,019	$111,390	$81	$4	22
Family Training		S5110	15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111	Encounter	848	4,675	$583,374	$688	$125	6
Foster Care		S5140	Days	33	779	$78,252	$2,371	$100	24
Foster Care		S5145	Days	2	183	$43,427	$21,714	$237	92
Respite		S5150	15 Minutes	39	20,557	$30,797	$790	$1	527
Respite		S5151	Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161	Month	13	136	$90,984	$6,999	$669	10
Environmental Modification		S5165	Service	1	1	$556	$556	$556	1
Enhanced Medical Equipment-Supplies		S5199	Items	2	2	$209	$105	$105	1
Occupational or Physical Therapy		S8990	Encounter	0	0	$0	$0	$0	0
Health Services		S9445	Encounter	7,573	36,966	$1,962,893	$259	$53	5
Health Services		S9446	Encounter	1,367	10,446	$400,262	$293	$38	8
Health Services		S9470	Encounter	285	1,058	$134,444	$472	$127	4
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	8,512	58,083	$10,555,974	$1,240	$182	7
Reidential Room and Board		S9976	Days	771	26,492	$543,917	$705	$21	34
Assessment		T1001	Encounter	8,626	15,890	$1,147,604	$133	$72	2
Health Services		T1002	Up to 15 min	12,690	85,662	$6,949,351	$548	$81	7
Health Services		T1003	Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005	15 minutes	193	217,302	$829,555	$4,298	$4	1,126
Supports Coordination/Wrap Facilitation		T1016	15 minutes	2,450	66,826	$6,641,125	$2,711	$99	27
Targeted Case Management		T1017	15 minutes	43,856	1,563,414	$86,103,701	$1,963	$55	36
Nursing Home Mental Health Monitoring		T1017	15 minutes	1,891	21,631	$1,315,584	$696	$61	11
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4,160	658,616	$16,087,399	$3,867	$24	158

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1,552	230,501	$11,094,691	$7,149	$48	149
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1,109	173,658	$13,284,236	$11,979	$76	157
Assessments		T1023	Encounter	15,583	24,755	$4,549,696	$292	$184	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	1,212	5,843	$360,013	$297	$62	5
Transportation		T2001		19	18	$8,074	$425	$449	1
Transportation		T2002	Per Diem	252	6,246	$90,179	$358	$14	25
Transportation		T2003	Encounter / Trip	3,011	23,617	$1,045,562	$347	$44	8
Transportation		T2004		34	2,476	$4,901	$144	$2	73
Transportation		T2005		0	0	$0	$0	$0	0
PASRR Level II Screens		T2011	Evaluation	4,444	13,843	$4,113,610	$926	$297	3
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	4	4	$1,844	$461	$461	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	8	25	$3,672	$459	$147	3
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	3	10	$1,420	$473	$142	3
Housing Assistance		T2038	Month	1,988	10,191	$2,874,991	$1,446	$282	5
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				3,360	0	$5,177,481	$1,541	$0	0
Other				307	0	$1,076,369	$3,506	$0	0
Total Population and Cost				**135,292**		**$710,555,123**			

Statewide summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	285	21,160	$6,035,808	$21,178	$285	74
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	109	$31,893	$31,893	$293	109
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1,063	10,060	$5,360,987	$5,043	$533	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1,346	11,510	$6,267,974	$4,657	$545	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			1	23	$1,995	$1,995	$87	23
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	1	1	$450	$450	$450	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762		Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912		Days	471	3,473	$558,772	$1,186	$161	7
Outpatient Partial Hospitalization	0913		Days	8	27	$35,332	$4,417	$1,309	3
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	$0	$0	$0	0
Medication Administration		90782	Encounter	106	791	$10,804	$102	$14	7
Medication Administration		90788	Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801	Encounter	11,621	13,971	$3,599,322	$310	$258	1
Assessment-Psychiatric Assessment		90802	Encounter	462	492	$65,309	$141	$133	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	4,438	15,981	$959,933	$216	$60	4
Therapy-Individual Therapy		90805	Encounter 20-30 Min	839	2,312	$263,173	$314	$114	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	13,167	75,441	$7,539,791	$573	$100	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	315	1,000	$90,642	$288	$91	3

Statewide summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1,495	9,774	$945,707	$633	$97	7
Therapy-Individual Therapy		90809	Encounter 75-80 Min	6	8	$3,551	$592	$444	1
Therapy-Individual Therapy		90810	Encounter 20-30 Min	148	231	$21,979	$149	$95	2
Therapy-Individual Therapy		90811	Encounter 20-30 Min	108	386	$21,484	$199	$56	4
Therapy-Individual Therapy		90812	Encounter 45-50 Min	577	2,564	$301,151	$522	$117	4
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	130	587	$82,843	$637	$141	5
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	1	1	$57	$57	$57	1
Therapy-Individual Therapy		90817	Encounter 20-30 Min	75	645	$26,342	$351	$41	9
Therapy-Individual Therapy		90818	Encounter 45-50 Min	1	1	$85	$85	$85	1
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	3	4	$197	$66	$49	1
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	3	4	$339	$113	$85	1
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	509	3,464	$602,739	$1,184	$174	7
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	3	$0	$0	$0	0
Therapy-Family Therapy		90846	Encounter	2,426	8,315	$982,743	$405	$118	3
Therapy-Family Therapy		90847	Encounter	8,370	43,216	$5,827,207	$696	$135	5
Therapy-Family Therapy		90849	Encounter	1	1	$468	$468	$468	1
Therapy-Family Therapy		90849	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853	Encounter	1,837	11,678	$795,260	$433	$68	6
Therapy-Group Therapy		90857	Encounter	193	447	$16,774	$87	$38	2
Medication Review		90862	Encounter	11,196	43,511	$4,350,052	$389	$100	4
Additional Codes-ECT Physician		90870	Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887	Encounter	510	843	$78,492	$154	$93	2
Speech & Language Therapy		92506	Encounter	12	33	$7,627	$636	$231	3
Speech & Language Therapy		92507	Encounter	4	64	$18,503	$4,626	$289	16
Speech & Language Therapy		92508	Encounter	2	10	$2,095	$1,047	$209	5
Speech & Language Therapy		92526	Encounter	1	40	$9,649	$9,649	$241	40
Speech & Language Therapy		92610	Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100	Hour	1,647	3,372	$333,766	$203	$99	2
Assessments-Other		96105	Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110	Encounter	1,281	1,306	$199,701	$156	$153	1
Assessments-Other		96111	Encounter	15	20	$2,760	$184	$138	1
Assessments-Testing		96115	Hour	88	183	$51,976	$591	$284	2
Assessments-Testing		96117	Hour	11	22	$4,665	$424	$212	2
Physical Therapy		97001	Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002	Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003	Encounter	61	65	$21,624	$354	$333	1
Occupational Therapy		97004	Encounter	32	182	$45,117	$1,410	$248	6

Statewide summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97110	15 Minutes	2	31	$1,683	$842	$54	16
Occupational or Physical Therapy		97112	15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113	15 Minutes	2	31	$597	$299	$19	16
Occupational or Physical Therapy		97116	15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124	15 Minutes	2	169	$3,214	$1,607	$19	85
Occupational or Physical Therapy		97140	15 Minutes	1	18	$756	$756	$42	18
Occupational or Physical Therapy		97150	Encounter	4	58	$637	$159	$11	15
Occupational Therapy		97504	15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530	15 Minutes	26	634	$24,982	$961	$39	24
Occupational or Physical Therapy		97532	15 Minutes	1	4	$647	$647	$162	4
Occupational or Physical Therapy		97533	15 Minutes	4	22	$1,526	$381	$69	6
Occupational or Physical Therapy		97535	15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703	15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750	15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755	15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802	15 Minutes	13	96	$10,321	$794	$108	7
Assessment or Health Services		97803	15 Minutes	5	61	$6,966	$1,393	$114	12
Health Services		97804	30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201	Encounter	2	2	$112	$56	$56	1
Additional Codes-Physician Services		99202	Encounter	5	7	$746	$149	$107	1
Additional Codes-Physician Services		99203	Encounter	6	6	$1,077	$180	$180	1
Additional Codes-Physician Services		99204	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205	Encounter	34	35	$10,524	$310	$301	1
Additional Codes-Physician Services		99211	Encounter	19	26	$558	$29	$21	1
Additional Codes-Physician Services		99212	Encounter	1	1	$56	$56	$56	1
Additional Codes-Physician Services		99213	Encounter	57	100	$5,488	$96	$55	2
Additional Codes-Physician Services		99214	Encounter	89	274	$36,017	$405	$131	3
Additional Codes-Physician Services		99215	Encounter	191	213	$75,333	$394	$354	1
Additional Codes-Physician Services		99221		8	8	$465	$58	$58	1
Additional Codes-Physician Services		99222		92	99	$7,742	$84	$78	1
Additional Codes-Physician Services		99223		23	23	$2,013	$88	$88	1
Additional Codes-Physician Services		99231		60	164	$6,082	$101	$37	3
Additional Codes-Physician Services		99232		108	340	$13,625	$126	$40	3
Additional Codes-Physician Services		99233		5	17	$976	$195	$57	3
Additional Codes-Physician Services		99238	30 Minutes or less	4	4	$183	$46	$46	1
Additional Codes-Physician Services		99241	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245	Encounter	13	13	$5,018	$386	$386	1
Additional Codes-Physician Services		99251	Encounter	1	1	$92	$92	$92	1
Additional Codes-Physician Services		99252	Encounter	13	13	$879	$68	$68	1

Statewide summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99253	Encounter	19	19	$2,865	$151	$151	1
Additional Codes-Physician Services		99254	Encounter	5	6	$674	$135	$112	1
Additional Codes-Physician Services		99255	Encounter	1	1	$113	$113	$113	1
Additional Codes-Physician Services		99261	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	$0	$0	$0	0
Medication Administration		99506	Encounter	2	4	$385	$193	$96	2
Transportation		A0080	Per mile	10	244	$8,010	$801	$33	24
Transportation		A0090	Per mile	0	0	$0	$0	$0	0
Transportation		A0100	Per one-way trip	13	24	$143	$11	$6	2
Transportation		A0110	Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		0	0	$0	$0	$0	0
Transportation		A0130		0	0	$0	$0	$0	0
Transportation		A0140		0	0	$0	$0	$0	0
Transportation		A0170		0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425	Per Mile	20	746	$2,707	$135	$4	37
Additional Codes-Transportation		A0427	fer to Code Descriptic	101	121	$40,251	$399	$333	1
Additional codes - Transportation		A0428		1	1	$119	$119	$119	1
General dental services		D0150		0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220		0	0	$0	$0	$0	0
Intraoral periapical		D0230		0	0	$0	$0	$0	0
Bitewings		D0274		0	0	$0	$0	$0	0
Prophylaxis Adult		D1110		0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330		0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331		0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332		0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391		0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392		0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393		0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750		0	0	$0	$0	$0	0
Peridontal, main		D4910		0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210		0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920		0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177	Encounter	11	27	$3,925	$357	$145	2
Medication administration		G0351		3	9	$607	$202	$67	3
Assessment		H0002	Encounter	4,189	4,835	$1,151,845	$275	$238	1

Statewide summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Residential Services		H0018	Days	187	2,320	$570,719	$3,052	$246	12
Prevention Services - Direct Model		H0025	Face to Face Contact	1,371	18,248	$2,264,526	$1,652	$124	13
Assessment		H0031	Encounter	11,517	27,896	$2,855,347	$248	$102	2
Treatment Planning		H0032	Encounter	9,906	19,515	$2,336,765	$236	$120	2
Health Services		H0034	15 Minutes	332	502	$21,773	$66	$43	2
Home Based Services		H0036	15 Minutes	5,749	705,894	$33,680,406	$5,858	$48	123
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	4	74	$332	$83	$4	19
Peer Directed and Operated Support Services		NA		0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	28	566	$33,298	$1,189	$59	20
Community Living Supports in Independent living/own home		H0043	Per diem	106	355	$37,381	$353	$105	3
Respite		H0045	Per Diem	127	1,164	$145,887	$1,149	$125	9
Behavior Management Review		H2000	Encounter	58	95	$16,025	$276	$169	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	4,712	34,172	$2,298,315	$488	$67	7
Community Living Supports (15 Minutes)		H2015	15 Minutes	654	414,976	$1,992,489	$3,047	$5	635
Community Living Supports (Daily)		H2016	Per Diem	57	5,242	$428,029	$7,509	$82	92
Community Living Supports (Daily)		H2016	Per Diem	37	2,177	$136,703	$3,695	$63	59
Community Living Supports (Daily)		H2016	Per Diem	155	18,501	$2,761,523	$17,816	$149	119
Behavior Services		H2019	15 Minutes	11	319	$7,614	$692	$24	29
Wraparound		H2022	Days	632	6,671	$1,075,881	$1,702	$161	11
Supported Employment Services		H2023	15 minutes	99	26,136	$257,646	$2,602	$10	264
Mental Health Therapy		H2027	15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	14	3,263	$11,541	$824	$4	233
Medication Review		M0064	ncounter Face-to-Fac	677	1,425	$97,691	$144	$69	2
Transportation		S0209	Per Mile	0	0	$0	$0	$0	0
Transportation		S0215	Per Mile	99	2,583	$9,552	$96	$4	26
Family Training		S5110	15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111	Encounter	2,103	17,705	$2,057,599	$978	$116	8
Foster Care		S5140	Days	0	0	$0	$0	$0	0
Foster Care		S5145	Days	39	2,241	$519,973	$13,333	$232	57
Respite		S5150	15 Minutes	613	427,466	$535,685	$874	$1	697
Respite		S5151	Per Diem	105	1,305	$172,212	$1,640	$132	12
Personal Emergency Response System (PERS)		S5160	Encounter	2	2	$480	$240	$240	1
Personal Emergency Response System (PERS)		S5161	Month	2	14	$9,366	$4,683	$669	7
Environmental Modification		S5165	Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	1	1	$204	$204	$204	1
Occupational or Physical Therapy		S8990	Encounter	19	203	$25,643	$1,350	$126	11
Health Services		S9445	Encounter	356	853	$23,878	$67	$28	2
Health Services		S9446	Encounter	4	4	$114	$29	$29	1
Health Services		S9470	Encounter	8	17	$5,602	$700	$330	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	603	1,532	$317,678	$527	$207	3
Reidential Room and Board		S9976	Days	2	128	$1,725	$862	$13	64
Assessment		T1001	Encounter	899	1,495	$93,316	$104	$62	2

Statewide summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		T1002	Up to 15 min	1,716	6,180	$581,979	$339	$94	4
Health Services		T1003	Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005	15 minutes	1,349	972,451	$2,642,009	$1,958	$3	721
Supports Coordination/Wrap Facilitation		T1016	15 minutes	965	33,338	$2,786,782	$2,888	$84	35
Targeted Case Management		T1017	15 minutes	5,885	143,816	$8,882,640	$1,509	$62	24
Nursing Home Mental Health Monitoring		T1017	15 minutes	5	34	$1,819	$364	$54	7
Personal Care in Licensed Specialized Residential Setting		T1020	Days	129	11,843	$345,956	$2,682	$29	92
Personal Care in Licensed Specialized Residential Setting		T1020	Days	50	4,263	$221,632	$4,433	$52	85
Personal Care in Licensed Specialized Residential Setting		T1020	Days	41	5,009	$576,309	$14,056	$115	122
Assessments		T1023	Encounter	2,834	4,232	$839,839	$296	$198	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	30	115	$3,715	$124	$32	4
Transportation		T2001		0	0	$0	$0	$0	0
Transportation		T2002	Per Diem	33	823	$14,057	$426	$17	25
Transportation		T2003	Encounter / Trip	101	138	$13,789	$137	$100	1
Transportation		T2004		0	0	$0	$0	$0	0
Transportation		T2005		0	0	$0	$0	$0	0
PASRR Level II Screens		T2011	Evaluation	16	166	$19,317	$1,207	$116	10
Enhanced Medical Equipment-Supplies		T2028	Items	1	1	$855	$855	$855	1
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	44	448	$39,402	$896	$88	10
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	51	311	$29,769	$584	$96	6
Housing Assistance		T2038	Month	19	21	$7,872	$414	$375	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				42	0	$90,250	$2,149	$0	0
Other				167	0	$266,170	$1,594	$0	0
Total Population and Cost				**39,199**		**$119,174,175**			

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	104	18,104	$6,509,078	$62,587	$360	174
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	164	45,144	$9,313,959	$56,792	$206	275
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	79	1,226	$646,617	$8,185	$527	16
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	315	4,848	$3,160,110	$10,032	$652	15
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710			0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762		Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912		Days	12	104	$18,772	$1,564	$180	9
Outpatient Partial Hospitalization	0913		Days	11	107	$41,084	$3,735	$384	10
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	$0	$0	$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	$0	$0	$0	0
Medication Administration		90782	Encounter	241	1,707	$111,134	$461	$65	7
Medication Administration		90788	Encounter	2	2	$121	$61	$61	1
Assessment-Psychiatric Assessment		90801	Encounter	5,537	6,567	$1,426,506	$258	$217	1
Assessment-Psychiatric Assessment		90802	Encounter	22	22	$5,171	$235	$235	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	985	4,945	$349,766	$355	$71	5
Therapy-Individual Therapy		90805	Encounter 20-30 Min	193	487	$58,063	$301	$119	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	2,679	17,474	$1,768,648	$660	$101	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	77	429	$44,772	$581	$104	6
Therapy-Individual Therapy		90808	Encounter 75-80 Min	470	1,923	$384,720	$819	$200	4
Therapy-Individual Therapy		90809	Encounter 75-80 Min	43	165	$13,987	$325	$85	4
Therapy-Individual Therapy		90810	Encounter 20-30 Min	24	43	$4,014	$167	$93	2
Therapy-Individual Therapy		90811	Encounter 20-30 Min	1	7	$358	$358	$51	7

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812	Encounter 45-50 Min	29	131	$14,511	$500	$111	5
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	3	10	$1,819	$606	$182	3
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	4	11	$1,443	$361	$131	3
Therapy-Individual Therapy		90817	Encounter 20-30 Min	10	61	$2,621	$262	$43	6
Therapy-Individual Therapy		90818	Encounter 45-50 Min	2	21	$2,409	$1,205	$115	11
Therapy-Individual Therapy		90819	Encounter 45-50 Min	1	1	$195	$195	$195	1
Therapy-Individual Therapy		90821	Encounter 75-80 Min	1	7	$1,571	$1,571	$224	7
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	2	2	$73	$36	$36	1
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	64	576	$98,383	$1,537	$171	9
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846	Encounter	293	958	$159,441	$544	$166	3
Therapy-Family Therapy		90847	Encounter	782	3,032	$394,741	$505	$130	4
Therapy-Family Therapy		90849	Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853	Encounter	803	5,734	$402,656	$501	$70	7
Therapy-Group Therapy		90857	Encounter	32	137	$8,323	$260	$61	4
Medication Review		90862	Encounter	9,178	37,026	$3,979,190	$434	$107	4
Additional Codes-ECT Physician		90870	Encounter	1	1	$29	$29	$29	1
Assessments-Other		90887	Encounter	888	1,692	$96,599	$109	$57	2
Speech & Language Therapy		92506	Encounter	753	999	$236,522	$314	$237	1
Speech & Language Therapy		92507	Encounter	590	6,526	$624,349	$1,058	$96	11
Speech & Language Therapy		92508	Encounter	99	1,154	$78,733	$795	$68	12
Speech & Language Therapy		92526	Encounter	614	895	$155,718	$254	$174	1
Speech & Language Therapy		92610	Encounter	234	545	$118,589	$507	$218	2
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	$0	$0	$0	0
Assessments-Testing		96100	Hour	2,342	5,507	$862,993	$368	$157	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	$0	$0	$0	0
Assessments-Other		96105	Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110	Encounter	1,048	1,512	$192,137	$183	$127	1
Assessments-Other		96111	Encounter	158	380	$36,971	$234	$97	2
Assessments-Testing		96115	Hour	1,073	3,900	$587,731	$548	$151	4
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	$0	$0	$0	0
Assessments-Testing		96117	Hour	7	21	$4,401	$629	$215	3
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	$0	$0	$0	0
Physical Therapy		97001	Encounter	488	611	$81,504	$167	$133	1
Physical Therapy		97002	Encounter	317	699	$113,808	$359	$163	2

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97003	Encounter	2,768	3,196	$1,083,786	$392	$339	1
Occupational Therapy		97004	Encounter	2,076	4,968	$872,895	$420	$176	2
Occupational or Physical Therapy		97110	15 Minutes	609	23,915	$531,124	$872	$22	39
Occupational or Physical Therapy		97112	15 Minutes	90	524	$29,639	$329	$57	6
Occupational or Physical Therapy		97113	15 Minutes	9	193	$11,357	$1,262	$59	21
Occupational or Physical Therapy		97116	15 Minutes	112	625	$60,063	$536	$96	6
Occupational or Physical Therapy		97124	15 Minutes	26	2,140	$59,420	$2,285	$28	82
Occupational or Physical Therapy		97140	15 Minutes	14	541	$47,144	$3,367	$87	39
Occupational or Physical Therapy		97150	Encounter	83	884	$190,525	$2,295	$216	11
Occupational Therapy		97504	15 Minutes	127	741	$54,552	$430	$74	6
Occupational or Physical Therapy		97530	15 Minutes	1,014	20,472	$852,024	$840	$42	20
Occupational or Physical Therapy		97532	15 Minutes	39	426	$28,165	$722	$66	11
Occupational or Physical Therapy		97533	15 Minutes	321	5,831	$174,520	$544	$30	18
Occupational or Physical Therapy		97535	15 Minutes	426	2,321	$182,059	$427	$78	5
Occupational or Physical Therapy		97537	15 Minutes	21	196	$4,894	$233	$25	9
Occupational or Physical Therapy		97542	15 Minutes	588	3,233	$364,928	$621	$113	5
Occupational Therapy		97703	15 Minutes	26	124	$6,614	$254	$53	5
Occupational Therapy		97750	15 Minutes	7	48	$2,738	$391	$57	7
Occupational Therapy		97755	15 Minutes	63	327	$27,190	$432	$83	5
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	$0	$0	$0	0
Assessment or Health Services		97802	15 Minutes	973	5,547	$356,216	$366	$64	6
Assessment or Health Services		97803	15 Minutes	3,141	20,148	$1,148,163	$366	$57	6
Health Services		97804	30 Minutes	7	17	$790	$113	$46	2
Additional Codes-Physician Services		99201	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202	Encounter	2	2	$213	$107	$107	1
Additional Codes-Physician Services		99203	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205	Encounter	2	2	$104	$52	$52	1
Additional Codes-Physician Services		99211	Encounter	56	204	$9,475	$169	$46	4
Additional Codes-Physician Services		99212	Encounter	32	115	$2,875	$90	$25	4
Additional Codes-Physician Services		99213	Encounter	81	137	$6,417	$79	$47	2
Additional Codes-Physician Services		99214	Encounter	134	195	$23,121	$173	$119	1
Additional Codes-Physician Services		99215	Encounter	4	4	$739	$185	$185	1
Additional Codes-Physician Services		99221		4	6	$727	$182	$121	2
Additional Codes-Physician Services		99222		27	29	$3,008	$111	$104	1
Additional Codes-Physician Services		99223		3	3	$236	$79	$79	1
Additional Codes-Physician Services		99231		28	169	$7,786	$278	$46	6
Additional Codes-Physician Services		99232		16	40	$2,257	$141	$56	3
Additional Codes-Physician Services		99233		0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	21	23	$992	$47	$43	1
Additional Codes-Physician Services		99241	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245	Encounter	2	2	$924	$462	$462	1
Additional Codes-Physician Services		99251	Encounter	5	5	$193	$39	$39	1
Additional Codes-Physician Services		99252	Encounter	7	7	$824	$118	$118	1

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99253	Encounter	9	9	$1,001	$111	$111	1
Additional Codes-Physician Services		99254	Encounter	1	1	$77	$77	$77	1
Additional Codes-Physician Services		99255	Encounter	1	1	$192	$192	$192	1
Additional Codes-Physician Services		99261	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262	Encounter	1	1	$35	$35	$35	1
Additional Codes-Physician Services		99263	Encounter	2	3	$252	$126	$84	2
Additional Codes-Physician Services		99271	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	$0	$0	$0	0
Medication Administration		99506	Encounter	18	69	$6,398	$355	$93	4
Transportation		A0080	Per mile	14	10,115	$4,920	$351	$0	723
Transportation		A0090	Per mile	0	0	$0	$0	$0	0
Transportation		A0100	Per one-way trip	22	85	$565	$26	$7	4
Transportation		A0110	Per one-way trip	339	24,076	$525,570	$1,550	$22	71
Transportation		A0120		588	188,243	$1,855,827	$3,156	$10	320
Transportation		A0130		2	46	$2,935	$1,468	$64	23
Transportation		A0140		0	0	$0	$0	$0	0
Transportation		A0170		0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425	Per Mile	13	508	$2,503	$193	$5	39
Additional Codes-Transportation		A0427	Refer to Code Descriptions	12	13	$1,063	$89	$82	1
Additional codes - Transportation		A0428		2	2	$239	$119	$119	1
General dental services		D0150		268	1,238	$440,105	$1,642	$355	5
Comp periodontal evaluation		D0180	Encounter	26	46	$104,702	$4,027	$2,276	2
Intraoral periapical		D0220		6	6	$174	$29	$29	1
Intraoral periapical		D0230		3	3	$31	$10	$10	1
Bitewings		D0274		4	4	$128	$32	$32	1
Prophylaxis Adult		D1110		36	52	$3,730	$104	$72	1
Resin based comp-one surface, ant		D2330		12	23	$2,591	$216	$113	2
Resin based comp-two surfaces, ant		D2331		5	12	$1,696	$339	$141	2
Resin based comp-three surfaces, an		D2332		3	6	$600	$200	$100	2
Resin based comp-one surface, post		D2391		6	12	$1,322	$220	$110	2
Resin based comp-two surfaces, post		D2392		1	1	$219	$219	$219	1
Resin based comp-three surfaces, post		D2393		2	2	$258	$129	$129	1
Crown, porc, fused to high		D2750		1	4	$2,653	$2,653	$663	4
Peridontal, main		D4910		101	150	$13,051	$129	$87	1
Surgical removal of erupted tooth		D7210		14	40	$19,087	$1,363	$477	3
Alveoloplasty in conjunction with extractions, per quadrant		D7310		1	1	$300	$300	$300	1
Behavior Management/dental, by report		D9920		65	106	$6,107	$94	$58	2
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	325	570	$124,082	$382	$218	2
Activity Therapy (Children's Waiver)		G0176	Encounter	40	851	$55,477	$1,387	$65	21
Family Training/Support EBP only		G0177	Encounter	0	0	$0	$0	$0	0
Medication administration		G0351		23	157	$7,969	$346	$51	7
Assessment		H0002	Encounter	1,023	1,228	$383,307	$375	$312	1
Crisis Residential Services		H0018	Days	78	716	$208,345	$2,671	$291	9
Prevention Services - Direct Model		H0025	Face to Face Contact	277	1,754	$176,201	$636	$100	6

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		H0031	Encounter	4,986	11,912	$1,755,982	$352	$147	2
Treatment Planning		H0032	Encounter	7,728	26,449	$5,987,621	$775	$226	3
Health Services		H0034	15 Minutes	984	3,408	$208,632	$212	$61	3
Home Based Services		H0036	15 Minutes	253	26,901	$1,182,977	$4,676	$44	106
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	212	75,947	$590,478	$2,785	$8	358
Peer Directed and Operated Support Services		NA		0	0	$484,454	$0	$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	154	10,389	$379,854	$2,467	$37	67
Community Living Supports in Independent living/own home		H0043	Per diem	137	15,155	$2,208,023	$16,117	$146	111
Respite		H0045	Per Diem	1,136	18,312	$2,337,284	$2,057	$128	16
Behavior Management Review		H2000	Encounter	4,376	8,927	$952,937	$218	$107	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	970	8,010	$466,552	$481	$58	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	13,242	37,148,378	$118,557,053	$8,953	$3	2,805
Community Living Supports (15 Minutes)		H2015	15 Minutes	9,362	56,661,861	$181,094,290	$19,344	$3	6,052
Community Living Supports (Daily)		H2016	Per Diem	3,211	853,326	$26,228,531	$8,168	$31	266
Community Living Supports (Daily)		H2016	Per Diem	2,352	658,349	$37,137,141	$15,790	$56	280
Community Living Supports (Daily)		H2016	Per Diem	4,681	1,408,316	$159,359,564	$34,044	$113	301
Behavior Services		H2019	15 Minutes	84	1,503	$37,178	$443	$25	18
Wraparound		H2022	Days	24	692	$104,000	$4,333	$150	29
Supported Employment Services		H2023	15 minutes	4,866	5,460,554	$24,412,999	$5,017	$4	1,122
Mental Health Therapy		H2027	15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	255	405,953	$1,589,661	$6,234	$4	1,592
Medication Review		M0064	Encounter Face-to-Face	1,024	3,887	$382,079	$373	$98	4
Transportation		S0209	Per Mile	0	0	$0	$0	$0	0
Transportation		S0215	Per Mile	0	0	$0	$0	$0	0
Family Training		S5110	15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111	Encounter	1,027	6,799	$1,095,062	$1,066	$161	7
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	159	2,241	$121,896	$767	$54	14
Chore Services		S5120	15 Minutes	7	347	$2,290	$327	$7	50
Foster Care		S5140	Days	18	2,159	$325,519	$18,084	$151	120
Foster Care		S5145	Days	35	10,445	$2,175,995	$62,171	$208	298
Respite		S5150	15 Minutes	3,329	3,049,610	$5,658,420	$1,700	$2	916
Respite		S5151	Per Diem	137	1,157	$242,167	$1,768	$209	8
Personal Emergency Response System (PERS)		S5160	Encounter	3	3	$816	$272	$272	1
Personal Emergency Response System (PERS)		S5161	Month	149	1,698	$1,084,735	$7,280	$639	11
Environmental Modification		S5165	Service	109	144	$201,676	$1,850	$1,401	1
Enhanced Medical Equipment-Supplies		S5199	Items	241	847	$68,825	$286	$81	4
Occupational or Physical Therapy		S8990	Encounter	178	11,137	$496,947	$2,792	$45	63
Private Duty Nursing	0582	S9123	Hour	25	40,606	$806,867	$32,275	$20	1,624
Private Duty Nursing	0582	S9124	Hour	22	34,722	$726,044	$33,002	$21	1,578
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445	Encounter	1,954	6,986	$401,071	$205	$57	4
Health Services		S9446	Encounter	655	2,264	$174,826	$267	$77	3
Health Services		S9470	Encounter	822	2,733	$274,196	$334	$100	3
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	229	1,467	$181,762	$794	$124	6
Reidential Room and Board		S9976	Days	223	67,782	$941,280	$4,221	$14	304

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		T1000	Up to 15 min	9	86,574	$1,123,246	$124,805	$13	9,619
Assessment		T1001	Encounter	5,468	12,151	$2,197,018	$402	$181	2
Health Services		T1002	Up to 15 min	10,194	126,363	$7,773,833	$763	$62	12
Health Services		T1003	Up to 15 min	2	2,706	$22,007	$11,004	$8	1,353
Health Services		T1005	15 minutes	3,758	4,999,548	$16,982,275	$4,519	$3	1,330
Supports Coordination/Wrap Facilitation		T1016	15 minutes	34,996	805,620	$71,220,500	$2,035	$88	23
Targeted Case Management		T1017	15 minutes	5,162	162,197	$9,438,721	$1,829	$58	31
Nursing Home Mental Health Monitoring		T1017	15 minutes	171	6,412	$353,660	$2,068	$55	37
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6,630	1,243,624	$35,203,897	$5,310	$28	188
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4,015	691,690	$34,665,329	$8,634	$50	172
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6,412	874,447	$78,966,537	$12,315	$90	136
Assessments		T1023	Encounter	915	2,090	$473,946	$518	$227	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	3,388	15,148	$359,713	$106	$24	4
Transportation		T2001		0	0	$0	$0	$0	0
Transportation		T2002	Per Diem	1,074	64,659	$744,122	$693	$12	60
Transportation		T2003	Encounter / Trip	1,549	387,624	$2,481,195	$1,602	$6	250
Transportation		T2004		21	4,760	$8,139	$388	$2	227
Transportation		T2005		0	0	$0	$0	$0	0
PASRR Level II Screens		T2011	Evaluation	855	4,399	$946,121	$1,107	$215	5
Out of Home Prevocational Service		T2015	Hour	35,260	966,835	$10,738,049	$305	$11	27
Targeted Case Management (Children's Waiver)		T2023	Month	250	4,572	$1,141,871	$4,567	$250	18
Enhanced Medical Equipment-Supplies		T2028	Items	501	870	$182,387	$364	$210	2
Enhanced Medical Equipment-Supplies		T2029	Items	193	263	$83,226	$431	$316	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	97	983	$155,081	$1,599	$158	10
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	54	293	$41,902	$776	$143	5
Housing Assistance		T2038	Month	1,123	3,961	$932,574	$830	$235	4
Enhanced Medical Equipment-Supplies		T2039	Items	17	17	$42,398	$2,494	$2,494	1
Pharmacy (Drugs and Other Biologicals)				64	0	$174,789	$2,731	$0	0
Other				88	0	$793,894	$9,022	$0	0
Total Population and Cost				**35,483**		**$899,900,861**			

Prevention Indirect Service Model

Fiscal Year 2004-2005

State of Michigan

CMH Name	Prevention Indirect Cost	Total Service Expenditures	Percentage
Allegan	$374,583	$17,214,261	2.18%
AuSable Valley	$1,233,864	$11,458,825	10.77%
Barry	$0	$4,677,432	0.00%
Bay-Arenac	$63,019	$31,678,753	0.20%
Berrien	$0	$26,887,896	0.00%
Clinton Eaton Ingham	$0	$66,965,078	0.00%
CMH for Central Michigan	$126,824	$64,519,799	0.20%
Copper Country	$0	$13,190,745	0.00%
Detroit-Wayne	$0	$476,305,142	0.00%
Genesee	$0	$100,024,835	0.00%
Gogebic	$73,726	$5,959,686	1.24%
Gratiot	$44,140	$9,636,276	0.46%
Hiawatha	$0	$15,547,567	0.00%
Huron	$0	$8,013,064	0.00%
Ionia	$149,140	$9,199,503	1.62%
Kalamazoo	$0	$56,630,995	0.00%
Lapeer	$99,732	$12,020,703	0.83%
Lenawee	$0	$15,930,651	0.00%
Lifeways	$0	$37,011,142	0.00%
Livingston	$0	$17,302,775	0.00%
Macomb	$0	$135,271,714	0.00%
Manistee-Benzie	$0	$13,919,960	0.00%
Monroe	$0	$25,409,989	0.00%
Montcalm	$0	$6,845,888	0.00%
Muskegon	$0	$41,326,989	0.00%
Network180	$803,499	$88,607,897	0.91%
Newaygo	$15,264	$7,378,655	0.21%
North Country	$47,330	$28,793,474	0.16%
Northeast Michigan	$0	$19,339,720	0.00%
Northern Lakes	$53,609	$37,614,641	0.14%
Northpointe	$72,448	$14,461,168	0.50%
Oakland	$1,394,466	$220,004,923	0.63%
Ottawa	$114,950	$27,583,145	0.42%
Pathways	$208,479	$39,123,968	0.53%
Pines	$0	$8,197,355	0.00%
Saginaw	$0	$43,157,995	0.00%
Sanilac	$0	$15,416,434	0.00%
Shiawassee	$0	$12,356,585	0.00%
St. Clair	$0	$37,132,885	0.00%
St. Joseph	$0	$10,391,546	0.00%
Summit Pointe	$0	$29,055,418	0.00%
Tuscola	$20,800	$13,240,383	0.16%
Van Buren	$62,741	$13,167,930	0.48%
Washtenaw	$171,252	$43,879,264	0.39%
West Michigan	$45,999	$12,847,895	0.36%
Woodlands	$0	$9,063,592	0.00%
State Totals	$5,175,865	$1,953,764,539	0.26%